

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2002
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) STORMONT VAIL HEALTHCARE 1500 SW 10TH AVE TOPEKA, KS 66604-1301
2b	Employer Identification Number (EIN) 48-0543789
2c	Plan Sponsor's telephone number 785-354-6000
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.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	LAURIE RUESCHHOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 7467
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) 5973 6a(2) 5980 6b 38 6c 1539 6d 7557 6e 22 6f 7579 6g(1) 7278 6g(2) 7394 6h 180
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:

2L 2M 2G 2K 2S

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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT VAIL HEALTHCARE	D Employer Identification Number (EIN) 48-0543789	

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.
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1 Coverage Information:

(a) Name of insurance carrier THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65678	896090+007	1380	10/01/2024	09/30/2025

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

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

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	20951365
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5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
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6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
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c Premiums due but unpaid at the end of the year	6c	
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d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
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e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP VARIABLE ANNUITY WITH GUARANTEED FUND**

b Balance at the end of the previous year	7b	22881098
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c Additions: (1) Contributions deposited during the year	7c(1)	1431052	
	7c(2)		
	7c(3)	584011	
	7c(4)	4184641	
	7c(5)	57308	

▶ **LOAN REPAYMENT P&I, VENDOR EXCH**

(6) Total additions	7c(6)	6257012
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d Total of balance and additions (add lines 7b and 7c(6))	7d	29138110
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4371561	
	7e(2)	30912	
	7e(3)	3636043	
	7e(4)	148229	

▶ **LOAN WITHDRAWAL AND ADJUSTMENT**

(5) Total deductions	7e(5)	8186745
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20951365
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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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT VAIL HEALTHCARE	D Employer Identification Number (EIN) 48-0543789	

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.
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1 Coverage Information:

(a) Name of insurance carrier
SECURITY BENEFIT LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
48-0409770	68675	1042270006	0	10/01/2024	09/30/2025

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1050652**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY WITH GUARANTEED FUND**b** Balance at the end of the previous year **7b** 1016297**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 78749
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)** 4041
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 82790**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1099087**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 44394(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 4041(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 48435**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1050652

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 ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT VAIL HEALTHCARE	D Employer Identification Number (EIN) 48-0543789

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

X

YesNo
- 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
CHARLES SCHWAB INVESTMENT MANAGEMEN	
94-3106735	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVS INST OP CO, INC.	
04-2647786	

(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)

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 50	NO RELATIONSHIP	575572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVS INST OP CO, INC.

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?
15 50	NO RELATIONSHIP	248041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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
FID INV INSTL OPS CO	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.
INVESCO EQUALLY WEIGHTED S&P 500 A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
INVESCO STEELPATH MLP ALPHA PLUS A 11 GREENWAY PLAZA STE 100 HOUSTON, TX 77046	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
GQG PARTNERS US QULTSELECT EQUITY 1 FREEDOM VALLEY DR OAKS, PA 19456	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
FID INV INSTL OPS CO	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.
ALGER FOCUS EQUITY CL Z 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
ALGER FOCUS EQUITY CL A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
IMAN FUND RETAIL SHARES 721 ENTERPRISE DR OAKBROOK, IL 60523	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
FID INV INSTL OPS CO	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 FUND TRUST INCOME 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
FID INV INSTL OPS CO	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 FUND 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
FID INV INSTL OPS CO	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 DEVELOPING WORLD FUND 1300 NORTH STATE ST BELLINGHAM, WA 98225	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
FID INV INSTL OPS CO	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 PARTICIPATION FD INVESTOR CLA 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
FID INV INSTL OPS CO	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 BEACON ARK TRANS INNOVTN I 220 E LAS COLINAS BLVD STE 1200 IRVING, TX 75039	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
AZZAD ETHICAL MID CAP FUND CL A 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147	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
FID INV INSTL OPS CO	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.
WISE CAPITAL FUND 8000 TOWN CENTRE DR STE 400 BROADVIEW HEIGHTS, OH 44147	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
BAIRD CORE PLUS BOND FD INVESTOR CL 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202	0.28%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
BARON PARTNERS FUND 767 5TH AVE 49TH FL NEW YORK, NY 10153	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
FID INV INSTL OPS CO	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 BOND FUND OF AMERICA CL F2 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
DFA US MICRO CAP PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
DFA INTERNATIONAL SMALL COMPANY POR 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

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
FID INV INSTL OPS CO	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.
DFA US SMALL CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
FEDERATED HERMES TTL RETURN BOND CL 4000 ERICSSON DR WARRENDALE, PA 15086	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
GOLDMAN SACHS GQG PARTNERS INTL OPP 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.17%

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
FID INV INSTL OPS CO	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 GROWTH FUND OF AMERICA CLAS 3500 WISEMAN BLVD SAN ANTONIO, TX 78251	\$18.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
JPMORGAN HEDGED EQUITY CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
JP MORGAN HEDGED EQUITY 2 FD I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	

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
FID INV INSTL OPS CO	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.
JPMORGAN EQUITY PREMINCOME CL I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
JPMORGAN EMERGING MKTS EQUITY CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
JPMORGAN EQUITY INCOME CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%

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
FID INV INSTL OPS CO	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.	
JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
JPMORGAN EQUITY INDEX FUND CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
MFS INTERNATIONAL EQUITY FUND CL I 111 HUNTINGTON AVE BOSTON, MA 02199	0.15%	

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
FID INV INSTL OPS CO	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.
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
MORGAN STANLEY INTL ADVANTAGE CL I 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
SIERRA TACTICAL CORE INCOME FUND IN 3420 OCEAN PARK BLVD SANTA MONICA, CA 90405	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
FID INV INSTL OPS CO	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.
HCM INCOME PLUS FUNDINVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
HCM DIVIDEND SECTOR PLUS FUND INVES 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
HCM TACTICAL GROWTH FUND INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	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
FID INV INSTL OPS CO	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%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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 TACTICMODERATE STRATE 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
FID INV INSTL OPS CO	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 FUNDS 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
FID INV INSTL OPS CO	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.
PARNASSUS VALUE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
PIMCO INTL BD U.S. DOLLAR-HEDGED I- 1633 BROADWAY NEW YORK, NY 10019	0.10%

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
FID INV INSTL OPS CO	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.
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
PRINCIPAL BLUE CHIP I SHARES 620 COOLIDGE DR STE 300 FOLSOM, CA 95630	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
BITCOIN STRATEGY FD INVESTOR 7501 WISCONSIN AVE STE 1000 E TOWER BETHESDA, MD 20814	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
FID INV INSTL OPS CO	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.	
PUTNAM GLOBAL TECHNOLOGY FUND CL A 1 POST OFFICE SQ MAILZONE G3C BOSTON, MA 02109	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.	
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

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
FID INV INSTL OPS CO	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.
T ROWE PRICE SCIENCE& TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
SPROTT GOLD EQUITY FUND INSTL 200 BAY ST STE 2600 TORONTO, TORONTO M5J 2J1 CA	0.12%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INSTL OPS CO	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 GLOBAL OPPORTUNITIES RETAIL 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	0.40%

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:	BT&CO. P.A.	b EIN:	40-1066439
c Position:	AUDITOR		
d Address:	4301 SW HUNTOON ST TOPEKA, KS 66604	e Telephone:	785-234-3427

Explanation: BT&CO, P.A. MERGED WITH SWINDOLL, JANZEN, HAWK & LOYD, LLC

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT VAIL HEALTHCARE	D Employer Identification Number (EIN) 48-0543789

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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3718172	4586172
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	507615098	584717559
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23897395	22002018
(15) Other.....	1c(15)	18249705	22570071

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	553480370	633875820
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	553480370	633875820

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)	19147657	
(B) Participants	2a(1)(B)	31885857	
(C) Others (including rollovers)	2a(1)(C)	2699799	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		53733313
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	316356	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		316356
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16765062	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		16765062
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		54039262
c Other income	2c		35624
d Total income. Add all income amounts in column (b) and enter total	2d		124889617

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43653015	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		43653015
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		12595
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	6047	
(3) Recordkeeping fees	2i(3)	246938	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	575572	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		828557
j Total expenses. Add all expense amounts in column (b) and enter total	2j		44494167

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		80395450
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SWINDOLL, JANZEN, HAWK & LLOYD LLC**

(2) EIN: **48-1041128**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan STORMONT-VAIL HEALTHCARE EMPLOYEE 403(B) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT VAIL HEALTHCARE		D Employer Identification Number (EIN) 48-0543789
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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)? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ 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..... ☐ Increase ☐ Decrease ☐ Both ☐ 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? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ 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.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
REQUIRED FOR FORM 5500
YEAR ENDED SEPTEMBER 30, 2025

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
REQUIRED FOR FORM 5500
Year Ended September 30, 2025

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Stormont-Vail HealthCare Employee 403(b) Plan

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

We have performed an audit of the financial statements of Stormont-Vail HealthCare Employee 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the year ended September 30, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are issued or 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

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

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of September 30, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated June 25, 2025 indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2024 supplemental schedule, other than the information in the 2024 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2024 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Swindoll, Janzen, Hawk & Loyd, LLC

June 25, 2026
Topeka, Kansas

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments at fair value:		
Mutual funds	\$ 584,620,479	\$ 507,517,364
Variable insurance funds	1,050,656	1,016,297
Guaranteed interest account	97,080	97,734
Self directed brokerage account	22,570,071	18,249,705
Investments at contract value:		
Guaranteed investment contract	<u>20,951,362</u>	<u>22,881,098</u>
Total investments	629,289,648	549,762,198
Receivables:		
Notes receivable from participants	<u>4,586,172</u>	<u>3,718,172</u>
Net assets available for benefits	<u><u>\$ 633,875,820</u></u>	<u><u>\$ 553,480,370</u></u>

See accompanying notes to financial statements.

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended September 30, 2025

Additions:

Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 16,765,062
Net appreciation in fair value of investments	54,039,262
Other income	35,624

70,839,948

Interest income on notes receivable from participants	<u>316,356</u>
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Contributions:

Employer	19,147,657
Participants	31,885,857
Rollovers	2,699,799

53,733,313

Total additions	<u>124,889,617</u>
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Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	43,653,015
Deemed distributions	12,595
Administrative expenses	828,557

Total deductions	<u>44,494,167</u>
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Net increase	80,395,450
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Net assets available for benefits:

Beginning of year	<u>553,480,370</u>
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End of year	<u><u>\$ 633,875,820</u></u>
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See accompanying notes to financial statements.

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2025

1 - Description of the Plan

The following description of the Stormont-Vail HealthCare Employee 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan organized under Section 403(b) of the Internal Revenue Code and covers employees of Stormont-Vail HealthCare, Inc. (the Company). Employees are eligible to make elective deferrals beginning on their hire date. Employees are eligible to receive employer contributions upon completion of one year of service (1,000 hours) and upon attainment of age 18. The Plan excludes independent contractors and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Company's Board of Directors is responsible for oversight of the Plan. The Board of Directors determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions

Each year, participants may contribute a percentage of their annual compensation, as defined by the Plan. Participants may elect to have their salary deferrals as pre-tax contributions, or on an after-tax basis as a Roth deferral. 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 distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they elect not to participate. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a specified Plan Investment Arrangement until changed by the participant. The automatic deferral percentage will increase 1% per year up to a maximum of 10% of eligible compensation. Participants may opt out of the increase at any time. Effective January 1, 2018, non-participants must affirmatively elect each Plan year not to participate, or they will be auto enrolled into the Plan. The Company may make a contribution equal to a percentage of participant's compensation. The 2025 employer plan contribution was 3% of compensation for all eligible participants. In addition, the Company matches employee deferrals dollar for dollar up to 2% of eligible compensation. Employer plan contributions are participant-directed. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of the Company's Plan contributions, if applicable, and Plan earnings and is charged for any withdrawals or distributions made by the participant and the participant's share of administrative fees and expenses paid out of the Plan, if any. 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's contribution portion of their accounts is based on years of service. A participant is 100% vested after 3 years of credited service.

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts. Participant loans cannot exceed 50% of the participant's nonforfeitable account balance, reduced by the current outstanding balance of all loans from the employer's qualified plans as of the date of the loan. The maximum dollar amount of a new loan to any participant may not exceed \$ 50,000, reduced by the highest outstanding loan balance of all loans from the employer's qualified plans during the 12-month period immediately preceding the date of the loan. A participant may not request a loan for less than \$ 1,000 and may have no more than one loan outstanding at any time. The loans are secured by the vested interest in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the Plan Administrator at the time the loan application is submitted. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon retirement under the Plan, a participant will automatically receive a 50% Qualified Joint and Survivor Annuity, unless a qualified election is made to waive this form of benefit. If a participant elects not to take a Qualified Joint and Survivor Annuity, benefits may be distributed. The participant is entitled to receive distributions under any of the payout options that may be provided under the participant's investment agreement.

Forfeited Accounts

At September 30, 2025 and 2024, forfeited nonvested accounts totaled \$ 253,223 and \$ 139,227, respectively. These amounts will be applied to reduce future employer matching contributions or used to pay Plan administrative expenses. During the plan year ended September 30, 2025, employer contributions were reduced by \$ 337,120 from forfeited nonvested accounts.

Administrative Expenses

Certain Plan administrative expenses are paid out of the Plan as a reduction in each participant's account. The Company pays most administrative expenses on behalf of the Plan. As the Plan does not reimburse the Company for the cost of such services, they are not included in these financial statements. Expenses relating to specific participant transactions (i.e., loan setup, distribution requests, etc.) are charged directly against the appropriate participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Board of Directors determines the Plan's valuation policies utilizing information provided by the

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

investment advisers and custodians. See Note 4 for discussion of fair value measurements and Note 6 for contract value measurements.

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.

The Plan has a guaranteed interest account with The Security Benefit Group of Companies (SBG). SBG maintains the contributions in the guaranteed interest account. The account is credited with earnings on underlying investments and charged for participant withdrawals and administrative expenses. There are certain restrictions on the amount of and how often transfers can be made from this account. The contract is not fully benefit-responsive and therefore, in accordance with FASB ASC 962-325-50, *Reporting of Investment Contracts Held by Health and Welfare Benefit Plans and Defined-Contribution Pension Plans*, is recorded at fair value which represents contributions and earnings.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2025 or 2024. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Subsequent Events

Subsequent events have been evaluated by management of the Plan through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

3 - Information Certified and Provided by Custodians

The following is a summary of the Plan's asset information as of September 30, 2025 and 2024, and for the year ended September 30, 2025, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company, Ascensus, LLC, T. Rowe Price Trust Company, Security Financial Resources, Inc., and Security Benefit Life Insurance Company (collectively, the certifying custodians) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the certifying custodians that information provided to the Plan

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Administrator by the certifying custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2025	2024
Investments, at fair value	\$ 606,476,622	\$ 525,256,855
Investments, at contract value	20,951,362	22,881,098
Notes receivable from participants	4,586,172	3,718,172

The certifying custodians also certified to the completeness and accuracy of \$ 53,912,818 of net appreciation in fair value of investments, \$ 16,654,087 of interest and dividends and \$ 316,356 of loan interest related to the aforementioned plan assets for the year ended September 30, 2025.

As of September 30, 2025 and 2024, plan assets of \$ 1,861,664 and \$ 1,624,245 were not certified by American Century Investments, one of the Plan's custodians. Also, net appreciation in fair value of investments of \$ 126,444 and interest and dividends of \$ 110,975 for the year ended September 30, 2025 were not certified by American Century.

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 under FASB ASC 820 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 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

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 September 30, 2025 and 2024.

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

Guaranteed interest account: Valued at the sum of all contributions and transfers to the account plus interest less any payments or transfers. Interest will be credited to the investment daily. This investment is not classified according to the fair value hierarchy, in accordance with Accounting Standards Codification 820, as the net asset value is used as a practical expedient to value the investment.

Self-directed brokerage account: Valued at the sum of all contributions and transfers to the account less any payments or transfers out of the account. All contributions and transfers in are subsequently invested in individual securities or mutual funds which are valued at net asset value (NAV) of shares held in the account at year end. This investment is not classified according to the fair value hierarchy, in accordance with Accounting Standards Codification 820, as the net asset value is used as a practical expedient to value the investment.

Variable insurance funds: Valued at the net asset value (NAV) which is calculated by dividing the market value of the securities in the fund plus the value of its other assets, less all liabilities, by the number of outstanding shares of the fund. With respect to portfolio securities and assets of a fund for which market quotations are not readily available, or which cannot be accurately valued with the fund's valuation procedures, the fund will measure the fair value of those securities and assets in good faith using methods approved by the fund's Board of Trustees. This investment is not classified according to the fair value hierarchy, in accordance with Accounting Standards Codification 820, as the net asset value is used as a practical expedient to value the investment.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

Assets at Fair Value as of September 30, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 584,620,479	\$ -	\$ -	\$ 584,620,479
Total assets in the fair value hierarchy	584,620,479	-	-	584,620,479
Investments measured at net asset value ^(a)	-	-	-	23,717,807
Total assets at fair value	<u>\$ 584,620,479</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 608,338,286</u>

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

Assets at Fair Value as of September 30, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 507,517,364	\$ -	\$ -	\$ 507,517,364
Total assets in the fair value hierarchy	507,517,364	-	-	507,517,364
Investments measured at net asset value ^(a)	-	-	-	19,363,736
Total assets at fair value	\$ 507,517,364	\$ -	\$ -	\$ 526,881,100

^(a) In accordance with Subtopic 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

5 - Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table summarizes investments measured at fair value based on the NAV per share as of September 30, 2025 and 2024, respectively:

Investment	Fair Value September 30, 2025	Fair Value September 30, 2024	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Guaranteed interest account (A)	\$ 97,080	\$ 97,734	\$ -	Daily	30 days
Self-directed brokerage account (B)	22,570,071	18,249,705	-	Daily	None
Variable insurance funds (C)	1,050,656	1,016,297	-	Daily	None
	<u>\$ 23,717,807</u>	<u>\$ 19,363,736</u>	<u>\$ -</u>		

(A) The account invests in shares of open-end mutual funds, which process contract holders' directed purchases, sales and transfers on a daily basis at the funds' computed net asset values (NAVs). The fair value of the account's assets is based on the NAVs of mutual funds, which are obtained from the custodians and reflect the fair values of the mutual fund investments. The NAV is calculated daily and is based on the fair values of the underlying securities.

(B) This fund seeks as high a level of current income as is consistent with preservation of capital by investing in money market securities with varying maturities, as well as investment securities and mutual funds.

(C) Variable insurance funds (VIFs) seek to exceed the total return of the S&P 500 Index (the "Index"). VIFs pursue their objective by investing, under normal circumstances, at least 80% of their assets (net assets, plus the amount of any borrowings for investment purposes) in: (i) equity securities issued by companies that have market capitalizations within the range of companies in the Index; (ii) investment vehicles that provide exposure to companies that have market capitalizations within the range of companies in the Index; and (iii) equity derivatives that, when purchased, provide exposure to (i.e., economic characteristics similar to) equity securities of companies with market capitalizations usually

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

within the range of companies in the Index, and equity derivatives based on large-capitalization indices, including large-capitalization growth indices and large-capitalization value indices deemed appropriate by Security Investors, LLC, also known as Guggenheim Investments. VIFs will usually also invest in fixed-income securities and cash investments to collateralize derivatives positions and to increase investment return.

6 - Fully Benefit-Responsive Guaranteed Investment Contract

The Plan has a fully benefit-responsive guaranteed investment contract with Lincoln Financial Trust Company, Inc. (Lincoln) totaling \$ 20,951,362 for 2025 and \$ 22,881,098 for 2024. Lincoln maintains the contributions in the Lincoln Stable Value Account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a quarterly basis for resetting. For the years ended September 30, 2025 and 2024, the crediting rate was 2.65% and 2.65%, respectively. The guaranteed investment contract does not permit Lincoln to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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

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

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

STORMONT-VAIL HEALTHCARE EMPLOYEE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
(Continued)

7 - Related Party Transactions

The guaranteed interest account is managed by Security Financial Resources, Inc. (SFR), and certain Plan investments are shares of mutual funds managed by SFR, Security Benefit Life Insurance Company (SBL), T. Rowe Price Trust Company, Fidelity Management Trust Company, American Century Investments, and Ascensus, LLC. SFR, SBL, T. Rowe Price, Fidelity, American Century and Ascensus are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Most investment management and administrative fees are paid by the Company. Fees paid by the Plan for the year ended September 30, 2025 amounted to \$ 828,557.

8 - Termination

Although it has not expressed any 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 would become 100 percent vested in their employer contributions.

9 - Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b).

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

10 - Risks and Uncertainties

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

SUPPLEMENTARY INFORMATION REQUIRED FOR FORM 5500

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
September 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Fidelity Management Trust Company	Allspring Special Mid Cap Value Fund Class R6	\$	5,759,347
*	Fidelity Management Trust Company	American Century Inflation-Adjusted Bond Fund Class R6		3,891,459
*	Fidelity Management Trust Company	American Funds EuroPacific Growth Fund Class R6		7,463,046
*	Fidelity Management Trust Company	Columbia Dividend Income Fund Class I3		12,875,358
*	Fidelity Management Trust Company	DFA US Target Value I		4,374,929
*	Fidelity Management Trust Company	Dodge & Cox Income Fund Class X		42,772,886
*	Fidelity Management Trust Company	Fidelity 500 Index Fund		152,061,843
*	Fidelity Management Trust Company	Fidelity BrokerageLink Fund		22,570,071
*	Fidelity Management Trust Company	Fidelity Freedom Index 2020 Fund Institutional Premium Class		3,411,826
*	Fidelity Management Trust Company	Fidelity Freedom Index 2025 Fund Institutional Premium Class		14,094,510
*	Fidelity Management Trust Company	Fidelity Freedom Index 2030 Fund Institutional Premium Class		24,486,579
*	Fidelity Management Trust Company	Fidelity Freedom Index 2035 Fund Institutional Premium Class		20,800,644
*	Fidelity Management Trust Company	Fidelity Freedom Index 2040 Fund Institutional Premium Class		28,754,117
*	Fidelity Management Trust Company	Fidelity Freedom Index 2045 Fund Institutional Premium Class		22,754,204
*	Fidelity Management Trust Company	Fidelity Freedom Index 2050 Fund Institutional Premium Class		28,432,791
*	Fidelity Management Trust Company	Fidelity Freedom Index 2055 Fund Institutional Premium Class		32,926,034
*	Fidelity Management Trust Company	Fidelity Freedom Index 2060 Fund Institutional Premium Class		11,647,889
*	Fidelity Management Trust Company	Fidelity Freedom Index 2065 Fund Institutional Premium Class		9,557,982
*	Fidelity Management Trust Company	Fidelity Freedom Index 2070 Fund Institutional Premium Class		683,044
*	Fidelity Management Trust Company	Fidelity Freedom Index Income Fund Institutional Premium Class		3,675,162
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund Class K6		253,071
*	Fidelity Management Trust Company	Fidelity International Index Fund		60,101,465
*	Fidelity Management Trust Company	Fidelity Investments Money Market Government Portfolio Institutional Class		156,376
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		11,200,915
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund		16,976,037
*	Fidelity Management Trust Company	Fidelity U.S. Bond Index Fund		9,500,205
*	Fidelity Management Trust Company	Lincoln Stable Value Fund		20,951,362
*	Fidelity Management Trust Company	MFS Massachusetts Investors Growth Stock Fund Class R6		20,786,132
*	Fidelity Management Trust Company	MFS Mid Cap Growth Fund Class R6		7,398,020
*	Fidelity Management Trust Company	Nationwide Geneva Small Cap Growth Class R6		3,381,839
*	Fidelity Management Trust Company	Principal Real Estate Securities Fund Class R6		2,706,793
*	Ascensus, LLC	Vanguard 500 Index Fund Admiral Shares		2,580,685
*	Ascensus, LLC	Vanguard Cash Reserves Federal Money Market Fund Admiral Shares		185,329
*	Ascensus, LLC	Vanguard Emerging Markets Stock Index Fund Admiral Shares		6,611
*	Ascensus, LLC	Vanguard Energy Fund Admiral Shares		53,485

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Ascensus, LLC	Vanguard Equity-Income Fund Admiral Shares	\$	108,417
*	Ascensus, LLC	Vanguard European Stock Index Fund Admiral Shares		98,780
*	Ascensus, LLC	Vanguard Explorer Fund Admiral Shares		2,190
*	Ascensus, LLC	Vanguard Extended Market Index Fund Admiral Shares		59,484
*	Ascensus, LLC	Vanguard Federal Money Market Fund		126
*	Ascensus, LLC	Vanguard Global Capital Cycles Fund Investor Shares		13,458
*	Ascensus, LLC	Vanguard Global Equity Fund Investor Shares		15,859
*	Ascensus, LLC	Vanguard GNMA Fund Admiral Shares		6,919
*	Ascensus, LLC	Vanguard Growth and Income Fund Admiral Shares		55,011
*	Ascensus, LLC	Vanguard Growth Index Fund Admiral Shares		136,384
*	Ascensus, LLC	Vanguard Health Care Fund Admiral Shares		527,124
*	Ascensus, LLC	Vanguard Inflation-Protected Securities Fund Admiral Shares		96,517
*	Ascensus, LLC	Vanguard Intermediate-Term Bond Index Fund Admiral Shares		893
*	Ascensus, LLC	Vanguard International Growth Fund Admiral Shares		12,438
*	Ascensus, LLC	Vanguard LifeStrategy Conservative Growth Fund Investor Shares		24,835
*	Ascensus, LLC	Vanguard LifeStrategy Growth Fund Investor Shares		161,410
*	Ascensus, LLC	Vanguard LifeStrategy Moderate Growth Fund Investor Shares		181,283
*	Ascensus, LLC	Vanguard Long-Term Bond Index Fund Admiral Shares		2,292
*	Ascensus, LLC	Vanguard Long-Term Investment-Grade Fund Admiral Shares		26,627
*	Ascensus, LLC	Vanguard Mid-Cap Index Fund Admiral Shares		63,014
*	Ascensus, LLC	Vanguard Pacific Stock Index Fund Admiral Shares		35,136
*	Ascensus, LLC	Vanguard Real Estate Index Fund Admiral Shares		13,288
*	Ascensus, LLC	Vanguard Selected Value Fund Investor Shares		96,974
*	Ascensus, LLC	Vanguard Small-Cap Growth Index Fund Admiral Shares		1,923
*	Ascensus, LLC	Vanguard Small-Cap Index Fund Admiral Shares		209,111
*	Ascensus, LLC	Vanguard STAR Fund Investor Shares		159,224
*	Ascensus, LLC	Vanguard Strategic Equity Fund Investor Shares		39,668
*	Ascensus, LLC	Vanguard Target Retirement 2035 Fund		160,557
*	Ascensus, LLC	Vanguard Target Retirement 2045 Fund		5,916
*	Ascensus, LLC	Vanguard Target Retirement Income Fund		8,943
*	Ascensus, LLC	Vanguard Total Bond Market Index Fund Admiral Shares		40,781
*	Ascensus, LLC	Vanguard Total International Stock Index Fund Admiral Shares		33,047
*	Ascensus, LLC	Vanguard Total Stock Market Index Fund Admiral Shares		219,962
*	Ascensus, LLC	Vanguard Treasury Money Market Fund		43,555
*	Ascensus, LLC	Vanguard U.S. Growth Fund Admiral Shares		74,541
*	Ascensus, LLC	Vanguard Wellesley Income Fund Admiral Shares		16,296
*	Ascensus, LLC	Vanguard Wellington Fund Admiral Shares		38,596
*	Ascensus, LLC	Vanguard Windsor Fund Admiral Shares		28,040

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Ascensus, LLC	Vanguard Windsor Fund Investor Shares	\$	206,249
*	Ascensus, LLC	Vanguard Windsor II Fund Admiral Shares		33,013
*	T. Rowe Price Trust Company	T. Rowe Price Blue Chip Growth Fund		7,657
*	T. Rowe Price Trust Company	T. Rowe Price Capital Appreciation Fund		534,630
*	T. Rowe Price Trust Company	T. Rowe Price Communications & Technology Fund		4,016
*	T. Rowe Price Trust Company	T. Rowe Price Emerging Markets Stock Fund		1,545
*	T. Rowe Price Trust Company	T. Rowe Price Equity Income Fund		42,624
*	T. Rowe Price Trust Company	T. Rowe Price Government Money Fund		4,056
*	T. Rowe Price Trust Company	T. Rowe Price Health Sciences Fund		3,174
*	T. Rowe Price Trust Company	T. Rowe Price International Discovery Fund		6,931
*	T. Rowe Price Trust Company	T. Rowe Price International Stock Fund		33,925
*	T. Rowe Price Trust Company	T. Rowe Price International Value Equity Fund		9,778
*	T. Rowe Price Trust Company	T. Rowe Price Mid-Cap Growth Fund		59,340
*	T. Rowe Price Trust Company	T. Rowe Price New Era Fund		262
*	T. Rowe Price Trust Company	T. Rowe Price New Income Fund		6,219
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund		24,347
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund		71,190
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund		90,757
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund		18,585
*	T. Rowe Price Trust Company	T. Rowe Price Science & Technology Fund		426,106
*	T. Rowe Price Trust Company	T. Rowe Price Small-Cap Stock Fund		28,637
*	T. Rowe Price Trust Company	T. Rowe Price Small-Cap Value Fund		3,841
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Conservative Allocation Fund		2,298
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Diversified Equity Fund		3,840
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Moderate Allocation Fund		30,704
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Moderate Growth Allocation Fund		36,098
*	Fidelity Management Trust Company	Fidelity 500 Index Fund		1,876,130
*	Fidelity Management Trust Company	Fidelity Asset Manager 50% Fund		386,316
*	Fidelity Management Trust Company	Fidelity Asset Manager 70% Fund		78,698
*	Fidelity Management Trust Company	Fidelity Balanced Fund		135,628
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund		1,286,508
*	Fidelity Management Trust Company	Fidelity Blue Chip Value Fund		5,436
*	Fidelity Management Trust Company	Fidelity Canada Fund		633
*	Fidelity Management Trust Company	Fidelity Capital & Income Fund		24,670
*	Fidelity Management Trust Company	Fidelity Contrafund		686,751
*	Fidelity Management Trust Company	Fidelity Convertible Securities Fund		26,303
*	Fidelity Management Trust Company	Fidelity Corporate Bond Fund		151,952

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Fidelity Management Trust Company	Fidelity Disciplined Equity Fund	\$	89,510
*	Fidelity Management Trust Company	Fidelity Diversified International Fund		24,865
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund		3,763
*	Fidelity Management Trust Company	Fidelity Emerging Markets Fund		29,259
*	Fidelity Management Trust Company	Fidelity Emerging Markets Index Fund		95,801
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund		82,286
*	Fidelity Management Trust Company	Fidelity Floating Rate High Income Fund		128,947
*	Fidelity Management Trust Company	Fidelity Focused Stock Fund		3,192
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund Class K		47,477
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund Class K		39,388
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund Class K		13,724
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund Class K		134,510
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund Class K		159,320
*	Fidelity Management Trust Company	Fidelity Fund		2,146
*	Fidelity Management Trust Company	Fidelity Government Cash Reserves		6,589
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund		50,313
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund Premium Class		84,341
*	Fidelity Management Trust Company	Fidelity Growth & Income Portfolio		188,272
*	Fidelity Management Trust Company	Fidelity Growth Company Fund		226,101
*	Fidelity Management Trust Company	Fidelity Growth Strategies Fund		12,877
*	Fidelity Management Trust Company	Fidelity High Income Fund		91,518
*	Fidelity Management Trust Company	Fidelity International Discovery Fund		102,499
*	Fidelity Management Trust Company	Fidelity Internation Index		206,381
*	Fidelity Management Trust Company	Fidelity International Small Cap Fund		73,585
*	Fidelity Management Trust Company	Fidelity Investment Grade Bond Fund		68,649
*	Fidelity Management Trust Company	Fidelity Leveraged Company Stock Fund		9,364
*	Fidelity Management Trust Company	Fidelity Low-Priced Stock Fund		342,816
*	Fidelity Management Trust Company	Fidelity Magellan Fund		53,493
*	Fidelity Management Trust Company	Fidelity Mid Cap Stock Fund		25,728
*	Fidelity Management Trust Company	Fidelity Mid Cap Value Fund		30,294
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		113,708
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund		25,320
*	Fidelity Management Trust Company	Fidelity New Millennium Fund		3,997
*	Fidelity Management Trust Company	Fidelity Nordic Fund		1,670
*	Fidelity Management Trust Company	Fidelity OTC Portfolio		50,670
*	Fidelity Management Trust Company	Fidelity Overseas Fund		136,956
*	Fidelity Management Trust Company	Fidelity Puritan Fund		2,465
*	Fidelity Management Trust Company	Fidelity Real Estate Income Fund		1,532

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Portfolio	\$	357,039
*	Fidelity Management Trust Company	Fidelity Select Consumer Staples Portfolio		6,664
*	Fidelity Management Trust Company	Fidelity Select Energy Portfolio		116,053
*	Fidelity Management Trust Company	Fidelity Select Enterprise Technology Services Portfolio		3,570
*	Fidelity Management Trust Company	Fidelity Select FinTech Portfolio		27,265
*	Fidelity Management Trust Company	Fidelity Select Gold Portfolio		21,188
*	Fidelity Management Trust Company	Fidelity Select Health Care Portfolio		166,959
*	Fidelity Management Trust Company	Fidelity Select Pharmaceuticals Portfolio		65,753
*	Fidelity Management Trust Company	Fidelity Select Retailing Portfolio		59,629
*	Fidelity Management Trust Company	Fidelity Select Semiconductors Portfolio		352,259
*	Fidelity Management Trust Company	Fidelity Select Software and IT Services Portfolio		201,934
*	Fidelity Management Trust Company	Fidelity Select Technology Portfolio		166,439
*	Fidelity Management Trust Company	Fidelity Select Telecommunications Portfolio		115,402
*	Fidelity Management Trust Company	Fidelity Short-Term Treasury Bond Index Fund		19,859
*	Fidelity Management Trust Company	Fidelity Small Cap Growth Fund		9,887
*	Fidelity Management Trust Company	Fidelity Small Cap Value Fund		4,392
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund		110,232
*	Fidelity Management Trust Company	Fidelity Stock Selector Fund		9,772
*	Fidelity Management Trust Company	Fidelity Stock Selector Large Cap Value Fund		39,791
*	Fidelity Management Trust Company	Fidelity Strategic Dividend & Income Fund		22,802
*	Fidelity Management Trust Company	Fidelity Strategic Income Fund		206,488
*	Fidelity Management Trust Company	Fidelity Telecom and Utilities Fund		6,002
*	Fidelity Management Trust Company	Fidelity Total Bond Fund		206,531
*	Fidelity Management Trust Company	Fidelity Total Market Index Fund		190,688
*	Fidelity Management Trust Company	Fidelity U.S. Bond Index Fund		278,919
*	Fidelity Management Trust Company	Fidelity Value Fund		31,575
*	Fidelity Management Trust Company	Fidelity Value Strategies Fund		573
*	American Century Investments	American Century Balanced Fund		111,212
*	American Century Investments	American Century Capital Preservation Fund		4,869
*	American Century Investments	American Century Disciplined Core Value Fund		21,644
*	American Century Investments	American Century Equity Growth Fund		100,501
*	American Century Investments	American Century Equity Income Fund		178,151
*	American Century Investments	American Century Focused Large Cap Value Fund		13,408
*	American Century Investments	American Century Global Gold Fund		103,826
*	American Century Investments	American Century Growth Fund		186,837
*	American Century Investments	American Century Heritage Fund		321,410
*	American Century Investments	American Century International Growth Fund		34,029
*	American Century Investments	American Century Large Cap Equity Fund		19,139

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	American Century Investments	American Century One Choice Portfolio: Moderate	\$	48,166
*	American Century Investments	American Century Prime Money Market Fund		48,889
*	American Century Investments	American Century Real Estate Fund		86,934
*	American Century Investments	American Century Select Fund		25,505
*	American Century Investments	American Century Small Cap Value Fund		13,310
*	American Century Investments	American Century Small Company Fund		18,143
*	American Century Investments	American Century Strategic Allocation: Moderate Fund		6,439
*	American Century Investments	American Century Ultra Fund		229,604
*	American Century Investments	American Century Value Fund		289,648
*	Security Financial Resources, Inc.	Allspring Small Company Value Fund		1,931
*	Security Financial Resources, Inc.	American Century Equity Income Fund		7,202
*	Security Financial Resources, Inc.	American Century Heritage Fund		9,061
*	Security Financial Resources, Inc.	American Century International Growth Fund		10,332
*	Security Financial Resources, Inc.	American Funds American Balanced Fund		25,902
*	Security Financial Resources, Inc.	American Funds Washington Mutual Investors Fund		4,269
*	Security Financial Resources, Inc.	Federated Hermes Corporate Bond Fund		1,979
*	Security Financial Resources, Inc.	General Fixed Account		97,080
*	Security Financial Resources, Inc.	Guggenheim Core Bond Fund		183,984
*	Security Financial Resources, Inc.	Guggenheim High Yield Fund		110,130
*	Security Financial Resources, Inc.	Invesco Core Plus Bond Fund		148
*	Security Financial Resources, Inc.	Invesco Equity and Income Fund		12,558
*	Security Financial Resources, Inc.	Janus Henderson Overseas Fund		2,132
*	Security Financial Resources, Inc.	JPMorgan U.S. Government Money Market Fund		198
*	Security Financial Resources, Inc.	JP Morgan Growth Advantage Fund		4,342
*	Security Financial Resources, Inc.	Macquarie Mid Cap Growth Fund		2,935
*	Security Financial Resources, Inc.	New Age Alpha Large Cap Value Fund		31,719
*	Security Financial Resources, Inc.	New Age Alpha Large Core Fund		182,201
*	Security Financial Resources, Inc.	New Age Alpha Mid Growth Fund		111,401
*	Security Financial Resources, Inc.	New Age Alpha Opportunity Fund		36,696
*	Security Financial Resources, Inc.	New Age Alpha SMid Cap Value Fund		1,106,948
*	Security Financial Resources, Inc.	New Age Alpha World Equity Income Fund		117,631
*	Security Financial Resources, Inc.	Royce Small-Cap Value Fund		17,116
*	Security Financial Resources, Inc.	Rydex U.S. Government Money Market Fund		150,388
*	Security Financial Resources, Inc.	T. Rowe Price Capital Appreciation Fund		98,561
*	Security Financial Resources, Inc.	T. Rowe Price Growth Stock Fund		8,124
*	Security Financial Resources, Inc.	Vanguard 500 Index Fund		27,494
*	Security Financial Resources, Inc.	Vanguard Developed Markets Index Fund		25,804
*	Security Financial Resources, Inc.	Vanguard Growth Index Fund		1,509

(Continued)

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Security Financial Resources, Inc.	Vanguard Mid Cap Index Fund	\$	25,440
*	Security Financial Resources, Inc.	Vanguard Mid Cap Growth Index Fund		791
*	Security Financial Resources, Inc.	Vanguard Small Cap Growth Index Fund		819
*	Security Benefit Life Insurance Company	Guggenheim VIF High Yield Series		31
*	Security Benefit Life Insurance Company	Guggenheim VIF Total Return Bond Series		27,840
*	Security Benefit Life Insurance Company	Invesco V.I. Comstock Fund		869
*	Security Benefit Life Insurance Company	Invesco V.I. Equity and Income Fund		26,451
*	Security Benefit Life Insurance Company	Invesco V.I. Government Money Market Fund		18,740
*	Security Benefit Life Insurance Company	Neuberger Berman AMT Sustainable Equity Portfolio		4,063
*	Security Benefit Life Insurance Company	New Age Alpha All Cap Value Series		142,944
*	Security Benefit Life Insurance Company	New Age Alpha Large Cap Value Series		36,482
*	Security Benefit Life Insurance Company	New Age Alpha Large Core Series		144,916
*	Security Benefit Life Insurance Company	New Age Alpha Large Growth Series		149,102
*	Security Benefit Life Insurance Company	New Age Alpha Mid Cap Growth Series		164,244
*	Security Benefit Life Insurance Company	New Age Alpha Small Cap Value Series		84,923
*	Security Benefit Life Insurance Company	New Age Alpha Small Growth Series		16,253
*	Security Benefit Life Insurance Company	New Age Alpha SMid Cap Value Series		169,643
*	Security Benefit Life Insurance Company	New Age Alpha World Equity Income Series		64,155
*	Fidelity Management Trust Company	Participant Loans, interest rate range 4.25% to 9.50%		4,563,995
*	Security Financial Resources, Inc.	Participant Loans, interest rate range 4.25% to 9.50%		22,177
*	Party-in-interest			

¹Column information is omitted because transactions are participant-directed

STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
September 30, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Fidelity Management Trust Company	Allspring Special Mid Cap Value Fund Class R6	\$	5,759,347
*	Fidelity Management Trust Company	American Century Inflation-Adjusted Bond Fund Class R6		3,891,459
*	Fidelity Management Trust Company	American Funds EuroPacific Growth Fund Class R6		7,463,046
*	Fidelity Management Trust Company	Columbia Dividend Income Fund Class I3		12,875,358
*	Fidelity Management Trust Company	DFA US Target Value I		4,374,929
*	Fidelity Management Trust Company	Dodge & Cox Income Fund Class X		42,772,886
*	Fidelity Management Trust Company	Fidelity 500 Index Fund		152,061,843
*	Fidelity Management Trust Company	Fidelity BrokerageLink Fund		22,570,071
*	Fidelity Management Trust Company	Fidelity Freedom Index 2020 Fund Institutional Premium Class		3,411,826
*	Fidelity Management Trust Company	Fidelity Freedom Index 2025 Fund Institutional Premium Class		14,094,510
*	Fidelity Management Trust Company	Fidelity Freedom Index 2030 Fund Institutional Premium Class		24,486,579
*	Fidelity Management Trust Company	Fidelity Freedom Index 2035 Fund Institutional Premium Class		20,800,644
*	Fidelity Management Trust Company	Fidelity Freedom Index 2040 Fund Institutional Premium Class		28,754,117
*	Fidelity Management Trust Company	Fidelity Freedom Index 2045 Fund Institutional Premium Class		22,754,204
*	Fidelity Management Trust Company	Fidelity Freedom Index 2050 Fund Institutional Premium Class		28,432,791
*	Fidelity Management Trust Company	Fidelity Freedom Index 2055 Fund Institutional Premium Class		32,926,034
*	Fidelity Management Trust Company	Fidelity Freedom Index 2060 Fund Institutional Premium Class		11,647,889
*	Fidelity Management Trust Company	Fidelity Freedom Index 2065 Fund Institutional Premium Class		9,557,982
*	Fidelity Management Trust Company	Fidelity Freedom Index 2070 Fund Institutional Premium Class		683,044
*	Fidelity Management Trust Company	Fidelity Freedom Index Income Fund Institutional Premium Class		3,675,162
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund Class K6		253,071
*	Fidelity Management Trust Company	Fidelity International Index Fund		60,101,465
*	Fidelity Management Trust Company	Fidelity Investments Money Market Government Portfolio Institutional Class		156,376
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		11,200,915
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund		16,976,037
*	Fidelity Management Trust Company	Fidelity U.S. Bond Index Fund		9,500,205
*	Fidelity Management Trust Company	Lincoln Stable Value Fund		20,951,362
*	Fidelity Management Trust Company	MFS Massachusetts Investors Growth Stock Fund Class R6		20,786,132
*	Fidelity Management Trust Company	MFS Mid Cap Growth Fund Class R6		7,398,020
*	Fidelity Management Trust Company	Nationwide Geneva Small Cap Growth Class R6		3,381,839
*	Fidelity Management Trust Company	Principal Real Estate Securities Fund Class R6		2,706,793
*	Ascensus, LLC	Vanguard 500 Index Fund Admiral Shares		2,580,685
*	Ascensus, LLC	Vanguard Cash Reserves Federal Money Market Fund Admiral Shares		185,329
*	Ascensus, LLC	Vanguard Emerging Markets Stock Index Fund Admiral Shares		6,611
*	Ascensus, LLC	Vanguard Energy Fund Admiral Shares		53,485

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost ¹	Current value
*	Ascensus, LLC	Vanguard Equity-Income Fund Admiral Shares	\$	108,417
*	Ascensus, LLC	Vanguard European Stock Index Fund Admiral Shares		98,780
*	Ascensus, LLC	Vanguard Explorer Fund Admiral Shares		2,190
*	Ascensus, LLC	Vanguard Extended Market Index Fund Admiral Shares		59,484
*	Ascensus, LLC	Vanguard Federal Money Market Fund		126
*	Ascensus, LLC	Vanguard Global Capital Cycles Fund Investor Shares		13,458
*	Ascensus, LLC	Vanguard Global Equity Fund Investor Shares		15,859
*	Ascensus, LLC	Vanguard GNMA Fund Admiral Shares		6,919
*	Ascensus, LLC	Vanguard Growth and Income Fund Admiral Shares		55,011
*	Ascensus, LLC	Vanguard Growth Index Fund Admiral Shares		136,384
*	Ascensus, LLC	Vanguard Health Care Fund Admiral Shares		527,124
*	Ascensus, LLC	Vanguard Inflation-Protected Securities Fund Admiral Shares		96,517
*	Ascensus, LLC	Vanguard Intermediate-Term Bond Index Fund Admiral Shares		893
*	Ascensus, LLC	Vanguard International Growth Fund Admiral Shares		12,438
*	Ascensus, LLC	Vanguard LifeStrategy Conservative Growth Fund Investor Shares		24,835
*	Ascensus, LLC	Vanguard LifeStrategy Growth Fund Investor Shares		161,410
*	Ascensus, LLC	Vanguard LifeStrategy Moderate Growth Fund Investor Shares		181,283
*	Ascensus, LLC	Vanguard Long-Term Bond Index Fund Admiral Shares		2,292
*	Ascensus, LLC	Vanguard Long-Term Investment-Grade Fund Admiral Shares		26,627
*	Ascensus, LLC	Vanguard Mid-Cap Index Fund Admiral Shares		63,014
*	Ascensus, LLC	Vanguard Pacific Stock Index Fund Admiral Shares		35,136
*	Ascensus, LLC	Vanguard Real Estate Index Fund Admiral Shares		13,288
*	Ascensus, LLC	Vanguard Selected Value Fund Investor Shares		96,974
*	Ascensus, LLC	Vanguard Small-Cap Growth Index Fund Admiral Shares		1,923
*	Ascensus, LLC	Vanguard Small-Cap Index Fund Admiral Shares		209,111
*	Ascensus, LLC	Vanguard STAR Fund Investor Shares		159,224
*	Ascensus, LLC	Vanguard Strategic Equity Fund Investor Shares		39,668
*	Ascensus, LLC	Vanguard Target Retirement 2035 Fund		160,557
*	Ascensus, LLC	Vanguard Target Retirement 2045 Fund		5,916
*	Ascensus, LLC	Vanguard Target Retirement Income Fund		8,943
*	Ascensus, LLC	Vanguard Total Bond Market Index Fund Admiral Shares		40,781
*	Ascensus, LLC	Vanguard Total International Stock Index Fund Admiral Shares		33,047
*	Ascensus, LLC	Vanguard Total Stock Market Index Fund Admiral Shares		219,962
*	Ascensus, LLC	Vanguard Treasury Money Market Fund		43,555
*	Ascensus, LLC	Vanguard U.S. Growth Fund Admiral Shares		74,541
*	Ascensus, LLC	Vanguard Wellesley Income Fund Admiral Shares		16,296
*	Ascensus, LLC	Vanguard Wellington Fund Admiral Shares		38,596
*	Ascensus, LLC	Vanguard Windsor Fund Admiral Shares		28,040

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Ascensus, LLC	Vanguard Windsor Fund Investor Shares	\$	206,249
*	Ascensus, LLC	Vanguard Windsor II Fund Admiral Shares		33,013
*	T. Rowe Price Trust Company	T. Rowe Price Blue Chip Growth Fund		7,657
*	T. Rowe Price Trust Company	T. Rowe Price Capital Appreciation Fund		534,630
*	T. Rowe Price Trust Company	T. Rowe Price Communications & Technology Fund		4,016
*	T. Rowe Price Trust Company	T. Rowe Price Emerging Markets Stock Fund		1,545
*	T. Rowe Price Trust Company	T. Rowe Price Equity Income Fund		42,624
*	T. Rowe Price Trust Company	T. Rowe Price Government Money Fund		4,056
*	T. Rowe Price Trust Company	T. Rowe Price Health Sciences Fund		3,174
*	T. Rowe Price Trust Company	T. Rowe Price International Discovery Fund		6,931
*	T. Rowe Price Trust Company	T. Rowe Price International Stock Fund		33,925
*	T. Rowe Price Trust Company	T. Rowe Price International Value Equity Fund		9,778
*	T. Rowe Price Trust Company	T. Rowe Price Mid-Cap Growth Fund		59,340
*	T. Rowe Price Trust Company	T. Rowe Price New Era Fund		262
*	T. Rowe Price Trust Company	T. Rowe Price New Income Fund		6,219
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2010 Fund		24,347
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2020 Fund		71,190
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2030 Fund		90,757
*	T. Rowe Price Trust Company	T. Rowe Price Retirement 2035 Fund		18,585
*	T. Rowe Price Trust Company	T. Rowe Price Science & Technology Fund		426,106
*	T. Rowe Price Trust Company	T. Rowe Price Small-Cap Stock Fund		28,637
*	T. Rowe Price Trust Company	T. Rowe Price Small-Cap Value Fund		3,841
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Conservative Allocation Fund		2,298
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Diversified Equity Fund		3,840
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Moderate Allocation Fund		30,704
*	T. Rowe Price Trust Company	T. Rowe Price Spectrum Moderate Growth Allocation Fund		36,098
*	Fidelity Management Trust Company	Fidelity 500 Index Fund		1,876,130
*	Fidelity Management Trust Company	Fidelity Asset Manager 50% Fund		386,316
*	Fidelity Management Trust Company	Fidelity Asset Manager 70% Fund		78,698
*	Fidelity Management Trust Company	Fidelity Balanced Fund		135,628
*	Fidelity Management Trust Company	Fidelity Blue Chip Growth Fund		1,286,508
*	Fidelity Management Trust Company	Fidelity Blue Chip Value Fund		5,436
*	Fidelity Management Trust Company	Fidelity Canada Fund		633
*	Fidelity Management Trust Company	Fidelity Capital & Income Fund		24,670
*	Fidelity Management Trust Company	Fidelity Contrafund		686,751
*	Fidelity Management Trust Company	Fidelity Convertible Securities Fund		26,303
*	Fidelity Management Trust Company	Fidelity Corporate Bond Fund		151,952

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Fidelity Management Trust Company	Fidelity Disciplined Equity Fund	\$	89,510
*	Fidelity Management Trust Company	Fidelity Diversified International Fund		24,865
*	Fidelity Management Trust Company	Fidelity Dividend Growth Fund		3,763
*	Fidelity Management Trust Company	Fidelity Emerging Markets Fund		29,259
*	Fidelity Management Trust Company	Fidelity Emerging Markets Index Fund		95,801
*	Fidelity Management Trust Company	Fidelity Equity Dividend Income Fund		82,286
*	Fidelity Management Trust Company	Fidelity Floating Rate High Income Fund		128,947
*	Fidelity Management Trust Company	Fidelity Focused Stock Fund		3,192
*	Fidelity Management Trust Company	Fidelity Freedom 2020 Fund Class K		47,477
*	Fidelity Management Trust Company	Fidelity Freedom 2025 Fund Class K		39,388
*	Fidelity Management Trust Company	Fidelity Freedom 2035 Fund Class K		13,724
*	Fidelity Management Trust Company	Fidelity Freedom 2040 Fund Class K		134,510
*	Fidelity Management Trust Company	Fidelity Freedom 2050 Fund Class K		159,320
*	Fidelity Management Trust Company	Fidelity Fund		2,146
*	Fidelity Management Trust Company	Fidelity Government Cash Reserves		6,589
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund		50,313
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund Premium Class		84,341
*	Fidelity Management Trust Company	Fidelity Growth & Income Portfolio		188,272
*	Fidelity Management Trust Company	Fidelity Growth Company Fund		226,101
*	Fidelity Management Trust Company	Fidelity Growth Strategies Fund		12,877
*	Fidelity Management Trust Company	Fidelity High Income Fund		91,518
*	Fidelity Management Trust Company	Fidelity International Discovery Fund		102,499
*	Fidelity Management Trust Company	Fidelity Internation Index		206,381
*	Fidelity Management Trust Company	Fidelity International Small Cap Fund		73,585
*	Fidelity Management Trust Company	Fidelity Investment Grade Bond Fund		68,649
*	Fidelity Management Trust Company	Fidelity Leveraged Company Stock Fund		9,364
*	Fidelity Management Trust Company	Fidelity Low-Priced Stock Fund		342,816
*	Fidelity Management Trust Company	Fidelity Magellan Fund		53,493
*	Fidelity Management Trust Company	Fidelity Mid Cap Stock Fund		25,728
*	Fidelity Management Trust Company	Fidelity Mid Cap Value Fund		30,294
*	Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		113,708
*	Fidelity Management Trust Company	Fidelity New Markets Income Fund		25,320
*	Fidelity Management Trust Company	Fidelity New Millennium Fund		3,997
*	Fidelity Management Trust Company	Fidelity Nordic Fund		1,670
*	Fidelity Management Trust Company	Fidelity OTC Portfolio		50,670
*	Fidelity Management Trust Company	Fidelity Overseas Fund		136,956
*	Fidelity Management Trust Company	Fidelity Puritan Fund		2,465
*	Fidelity Management Trust Company	Fidelity Real Estate Income Fund		1,532

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Fidelity Management Trust Company	Fidelity Select Biotechnology Portfolio	\$	357,039
*	Fidelity Management Trust Company	Fidelity Select Consumer Staples Portfolio		6,664
*	Fidelity Management Trust Company	Fidelity Select Energy Portfolio		116,053
*	Fidelity Management Trust Company	Fidelity Select Enterprise Technology Services Portfolio		3,570
*	Fidelity Management Trust Company	Fidelity Select FinTech Portfolio		27,265
*	Fidelity Management Trust Company	Fidelity Select Gold Portfolio		21,188
*	Fidelity Management Trust Company	Fidelity Select Health Care Portfolio		166,959
*	Fidelity Management Trust Company	Fidelity Select Pharmaceuticals Portfolio		65,753
*	Fidelity Management Trust Company	Fidelity Select Retailing Portfolio		59,629
*	Fidelity Management Trust Company	Fidelity Select Semiconductors Portfolio		352,259
*	Fidelity Management Trust Company	Fidelity Select Software and IT Services Portfolio		201,934
*	Fidelity Management Trust Company	Fidelity Select Technology Portfolio		166,439
*	Fidelity Management Trust Company	Fidelity Select Telecommunications Portfolio		115,402
*	Fidelity Management Trust Company	Fidelity Short-Term Treasury Bond Index Fund		19,859
*	Fidelity Management Trust Company	Fidelity Small Cap Growth Fund		9,887
*	Fidelity Management Trust Company	Fidelity Small Cap Value Fund		4,392
*	Fidelity Management Trust Company	Fidelity Small Cap Index Fund		110,232
*	Fidelity Management Trust Company	Fidelity Stock Selector Fund		9,772
*	Fidelity Management Trust Company	Fidelity Stock Selector Large Cap Value Fund		39,791
*	Fidelity Management Trust Company	Fidelity Strategic Dividend & Income Fund		22,802
*	Fidelity Management Trust Company	Fidelity Strategic Income Fund		206,488
*	Fidelity Management Trust Company	Fidelity Telecom and Utilities Fund		6,002
*	Fidelity Management Trust Company	Fidelity Total Bond Fund		206,531
*	Fidelity Management Trust Company	Fidelity Total Market Index Fund		190,688
*	Fidelity Management Trust Company	Fidelity U.S. Bond Index Fund		278,919
*	Fidelity Management Trust Company	Fidelity Value Fund		31,575
*	Fidelity Management Trust Company	Fidelity Value Strategies Fund		573
*	American Century Investments	American Century Balanced Fund		111,212
*	American Century Investments	American Century Capital Preservation Fund		4,869
*	American Century Investments	American Century Disciplined Core Value Fund		21,644
*	American Century Investments	American Century Equity Growth Fund		100,501
*	American Century Investments	American Century Equity Income Fund		178,151
*	American Century Investments	American Century Focused Large Cap Value Fund		13,408
*	American Century Investments	American Century Global Gold Fund		103,826
*	American Century Investments	American Century Growth Fund		186,837
*	American Century Investments	American Century Heritage Fund		321,410
*	American Century Investments	American Century International Growth Fund		34,029
*	American Century Investments	American Century Large Cap Equity Fund		19,139

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	American Century Investments	American Century One Choice Portfolio: Moderate	\$	48,166
*	American Century Investments	American Century Prime Money Market Fund		48,889
*	American Century Investments	American Century Real Estate Fund		86,934
*	American Century Investments	American Century Select Fund		25,505
*	American Century Investments	American Century Small Cap Value Fund		13,310
*	American Century Investments	American Century Small Company Fund		18,143
*	American Century Investments	American Century Strategic Allocation: Moderate Fund		6,439
*	American Century Investments	American Century Ultra Fund		229,604
*	American Century Investments	American Century Value Fund		289,648
*	Security Financial Resources, Inc.	Allspring Small Company Value Fund		1,931
*	Security Financial Resources, Inc.	American Century Equity Income Fund		7,202
*	Security Financial Resources, Inc.	American Century Heritage Fund		9,061
*	Security Financial Resources, Inc.	American Century International Growth Fund		10,332
*	Security Financial Resources, Inc.	American Funds American Balanced Fund		25,902
*	Security Financial Resources, Inc.	American Funds Washington Mutual Investors Fund		4,269
*	Security Financial Resources, Inc.	Federated Hermes Corporate Bond Fund		1,979
*	Security Financial Resources, Inc.	General Fixed Account		97,080
*	Security Financial Resources, Inc.	Guggenheim Core Bond Fund		183,984
*	Security Financial Resources, Inc.	Guggenheim High Yield Fund		110,130
*	Security Financial Resources, Inc.	Invesco Core Plus Bond Fund		148
*	Security Financial Resources, Inc.	Invesco Equity and Income Fund		12,558
*	Security Financial Resources, Inc.	Janus Henderson Overseas Fund		2,132
*	Security Financial Resources, Inc.	JPMorgan U.S. Government Money Market Fund		198
*	Security Financial Resources, Inc.	JP Morgan Growth Advantage Fund		4,342
*	Security Financial Resources, Inc.	Macquarie Mid Cap Growth Fund		2,935
*	Security Financial Resources, Inc.	New Age Alpha Large Cap Value Fund		31,719
*	Security Financial Resources, Inc.	New Age Alpha Large Core Fund		182,201
*	Security Financial Resources, Inc.	New Age Alpha Mid Growth Fund		111,401
*	Security Financial Resources, Inc.	New Age Alpha Opportunity Fund		36,696
*	Security Financial Resources, Inc.	New Age Alpha SMid Cap Value Fund		1,106,948
*	Security Financial Resources, Inc.	New Age Alpha World Equity Income Fund		117,631
*	Security Financial Resources, Inc.	Royce Small-Cap Value Fund		17,116
*	Security Financial Resources, Inc.	Rydex U.S. Government Money Market Fund		150,388
*	Security Financial Resources, Inc.	T. Rowe Price Capital Appreciation Fund		98,561
*	Security Financial Resources, Inc.	T. Rowe Price Growth Stock Fund		8,124
*	Security Financial Resources, Inc.	Vanguard 500 Index Fund		27,494
*	Security Financial Resources, Inc.	Vanguard Developed Markets Index Fund		25,804
*	Security Financial Resources, Inc.	Vanguard Growth Index Fund		1,509

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STORMONT-VAIL HEALTHCARE
EMPLOYEE 403(b) PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
PLAN NUMBER: 002 FEIN: 48-0543789
(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost ¹	(e) Current value
*	Security Financial Resources, Inc.	Vanguard Mid Cap Index Fund	\$	25,440
*	Security Financial Resources, Inc.	Vanguard Mid Cap Growth Index Fund		791
*	Security Financial Resources, Inc.	Vanguard Small Cap Growth Index Fund		819
*	Security Benefit Life Insurance Company	Guggenheim VIF High Yield Series		31
*	Security Benefit Life Insurance Company	Guggenheim VIF Total Return Bond Series		27,840
*	Security Benefit Life Insurance Company	Invesco V.I. Comstock Fund		869
*	Security Benefit Life Insurance Company	Invesco V.I. Equity and Income Fund		26,451
*	Security Benefit Life Insurance Company	Invesco V.I. Government Money Market Fund		18,740
*	Security Benefit Life Insurance Company	Neuberger Berman AMT Sustainable Equity Portfolio		4,063
*	Security Benefit Life Insurance Company	New Age Alpha All Cap Value Series		142,944
*	Security Benefit Life Insurance Company	New Age Alpha Large Cap Value Series		36,482
*	Security Benefit Life Insurance Company	New Age Alpha Large Core Series		144,916
*	Security Benefit Life Insurance Company	New Age Alpha Large Growth Series		149,102
*	Security Benefit Life Insurance Company	New Age Alpha Mid Cap Growth Series		164,244
*	Security Benefit Life Insurance Company	New Age Alpha Small Cap Value Series		84,923
*	Security Benefit Life Insurance Company	New Age Alpha Small Growth Series		16,253
*	Security Benefit Life Insurance Company	New Age Alpha SMid Cap Value Series		169,643
*	Security Benefit Life Insurance Company	New Age Alpha World Equity Income Series		64,155
*	Fidelity Management Trust Company	Participant Loans, interest rate range 4.25% to 9.50%		4,563,995
*	Security Financial Resources, Inc.	Participant Loans, interest rate range 4.25% to 9.50%		22,177
*	Party-in-interest			

¹Column information is omitted because transactions are participant-directed