

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>WINTER HAVEN HOSPITAL PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WINTER HAVEN HOSPITAL, INC.</u></p> <p><u>200 AVENUE F, NE</u> <u>WINTER HAVEN, FL 33881</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1971</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>59-0724462</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>863-293-1121</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/30/2025	NICOLE M. DAILY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  BAYCARE RETIREMENT COMMITTEE  2985 DREW ST. CLEARWATER, FL 33759		<b>3b</b> Administrator's EIN 59-2796965
		<b>3c</b> Administrator's telephone number 727-519-1322
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1510
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	564
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	533
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	162
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	719
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	1414
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	53
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	1467
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1C 3H 1I

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

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

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

<b>a Pension Schedules</b>		<b>b General Schedules</b>	
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)	
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)	
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)	
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)	

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>WINTER HAVEN HOSPITAL PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WINTER HAVEN HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>59-0724462</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>27829617</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>29247823</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>175</u>	<u>7421130</u>
	<b>b</b> For terminated vested participants .....	<u>771</u>	<u>14181609</u>
	<b>c</b> For active participants .....	<u>564</u>	<u>11206635</u>
	<b>d</b> Total .....	<u>1510</u>	<u>32619784</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.12 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>910000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>910000</u>

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>06/17/2025</u>
	<u>BRIAN KINGSBURY A.S.A E.A.</u>	Date
	Type or print name of actuary	<u>23-08211</u>
	<u>FIDELITY INVESTMENTS</u>	Most recent enrollment number
	Firm name	<u>617-563-7000</u>
	<u>245 SUMMER STREET, V1B</u> <u>BOSTON, MA 02210</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		

<b>Part VI Miscellaneous Items</b>	
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>26</b> Demographic and benefit information	
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>	
<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....		<b>31a</b>	910000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	5701165	569575	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		<b>34</b>	1479575
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	1479575	1479575
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	459969
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>38a</b>	459969
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	459969
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>	
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021	

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>WINTER HAVEN HOSPITAL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WINTER HAVEN HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0724462</b>	

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

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

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

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

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

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

**NORTHERN TRUST CORPORATION**

**36-2723087**

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

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

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

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

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

FIDELITY INVESTMENTS

04-3532603

(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?
13 50	NONE	314081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KPMG LLP

13-5565207

(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?
10 50	NONE	44000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HILL WARD & HENDORSON

59-2678550

(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?
29 50	NONE	12152	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

MONDRIAN INVESTMENT PARTNER 29

98-0117968

(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?
28 50	NONE	4076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>WINTER HAVEN HOSPITAL PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WINTER HAVEN HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>59-0724462</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE S&amp;P 500 INDEX FUND NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2541990</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT AGGREGATE BOND INDEX FUND NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
<b>c</b> EIN-PN <u>45-6138589-088</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2728297</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM BROAD MARKET HIGH YIELD BD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
<b>c</b> EIN-PN <u>81-6969601-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1198467</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU U.S. LONG DURATION CORP BD</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
<b>c</b> EIN-PN <u>23-6994310-159</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13083219</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM EMERGING MARKETS DEBT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
<b>c</b> EIN-PN <u>81-6699192-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1490129</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALLSPRING SPECIAL SMALL CAP VALUE C</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST</u>		
<b>c</b> EIN-PN <u>83-6834374-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1005679</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL RUSSELL 2000 GROWTH INDX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-120</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>857492</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL ACW EX-US NL INVEST MKT IDX

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

<b>c</b> EIN-PN 45-6138589-125	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 942853
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN INTERNATIONAL EQUITY FUND,

**b** Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP US, INC.

<b>c</b> EIN-PN 36-7205063-001	<b>d</b> Entity code E	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1154181
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>WINTER HAVEN HOSPITAL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WINTER HAVEN HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0724462</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	500000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1927178	1154181
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	19786589	23848127
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3794045	3494024
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	2792343	2068553

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	28300155	31064885
<b>Liabilities</b>			
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
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	28300155	31064885

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	500000	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		500000
<b>b Earnings on investments:</b>			
(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)		
(F) Other .....	2b(1)(F)	731926	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		731926
(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)	173990	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		173990
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	10107653	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	6610918	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		3496735
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	1015106	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		1015106

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		8
<b>c</b> Other income .....	<b>2c</b>		18948
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5936713

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2404231	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2404231
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	316273	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	44000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4076	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	12152	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	391251	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		767752
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3171983

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2764730
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539439.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>WINTER HAVEN HOSPITAL PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WINTER HAVEN HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>59-0724462</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<b>0</b>
---	----------	----------

**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): 36-1561860

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>30</b>
--	----------	-----------

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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

**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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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: 45.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 43.0 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 2.0 % Other: 10.0 %

**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 \_\_\_\_\_.



**WINTER HAVEN HOSPITAL PENSION PLAN**

Financial Statements

September 30, 2024 and 2023

(With Independent Auditors' Report Thereon)

## WINTER HAVEN HOSPITAL PENSION PLAN

### Table of Contents

	<b>Pages</b>
Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Accumulated Plan Benefits	6
Statements of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8-17
<b>Supplemental Schedule</b>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	18



KPMG LLP  
Suite 1700  
100 North Tampa Street  
Tampa, FL 33602-5145

## Independent Auditors' Report

BayCare Retirement Committee  
Winter Haven Hospital Pension Plan:

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

We have performed audits of the financial statements of Winter Haven Hospital Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of September 30, 2024 and September 30, 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and September 30, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### *Opinion*

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

- The amounts and disclosures in the 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 U.S. generally accepted accounting principles.
- The information in the accompanying 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).

### *Basis for Opinion*

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



### *Responsibilities of Management for the Financial Statements*

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

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

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

### *Auditors' Responsibilities for the Audit of the Financial Statements*

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

In performing an audit in accordance with GAAS, we:

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

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



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. generally accepted accounting principles.

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.

*Supplemental Schedule Required by ERISA*

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*KPMG LLP*

Tampa, Florida  
June 26, 2025

**WINTER HAVEN HOSPITAL PENSION PLAN**

Statements of Net Assets Available for Benefits

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value	\$ 30,564,885	28,300,155
Employer contribution receivable	500,000	—
Total assets	<u>31,064,885</u>	<u>28,300,155</u>
Net assets available for benefits	<u>\$ 31,064,885</u>	<u>28,300,155</u>

See accompanying notes to financial statements.

## WINTER HAVEN HOSPITAL PENSION PLAN

### Statements of Changes in Net Assets Available for Benefits

Years ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment income:		
Dividend and interest income	\$ 905,916	665,868
Net appreciation in fair value of investments	4,530,797	2,253,303
Total investment income	<u>5,436,713</u>	<u>2,919,171</u>
Employer contribution	500,000	—
Deductions from net assets attributed to:		
Benefits paid to participants	2,404,231	2,069,881
Administrative expenses	767,752	729,262
Total deductions	<u>3,171,983</u>	<u>2,799,143</u>
Increase in net assets	2,764,730	120,028
Net assets available for benefits:		
Beginning of year	<u>28,300,155</u>	<u>28,180,127</u>
End of year	<u>\$ 31,064,885</u>	<u>28,300,155</u>

See accompanying notes to financial statements.

## WINTER HAVEN HOSPITAL PENSION PLAN

### Statements of Accumulated Plan Benefits

September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 7,165,498	7,422,087
Participants entitled to deferred benefits	14,884,018	14,323,896
Other participants	<u>11,501,126</u>	<u>11,109,939</u>
Total vested benefits	33,550,642	32,855,922
Nonvested benefits	<u>140,756</u>	<u>189,683</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 33,691,398</u>	<u>33,045,605</u>

See accompanying notes to financial statements.

**WINTER HAVEN HOSPITAL PENSION PLAN**

Statements of Changes in Accumulated Plan Benefits

Years ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 33,045,605	33,206,693
Increase (decrease) attributable to:		
Benefits accumulated and experience gains	474,395	(319,951)
Changes due to decrease in discount period	1,576,971	1,673,613
Benefits paid	(2,404,231)	(2,069,881)
Change in actuarial assumptions	998,658	555,131
Net increase (decrease)	<u>645,793</u>	<u>(161,088)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 33,691,398</u>	<u>33,045,605</u>

See accompanying notes to financial statements.

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

### (1) Description of Plan

The following description of the Winter Haven Hospital Pension Plan, formerly, the Mid-Florida Medical Services, Inc. Pension Plan (the Plan), provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The BayCare Retirement Committee (the Retirement Committee) is responsible for the oversight, and governance of the Plan. Administration of the Plan's investments is the responsibility of the Investment Sub-Committee of BayCare Health System, Inc. (BayCare). The eight member Investment Sub-Committee of BayCare reports to the BayCare Finance Committee and determines the appropriateness of the Plan's investment offerings as well as monitors the Plan's investment performance. The Chief Financial Officer of BayCare reports the Investment Sub-Committee's findings to the Retirement Committee.

#### (a) General

The Plan is a noncontributory defined-benefit plan, with certain characteristics of a defined-contribution plan, covering substantially all employees of Winter Haven Hospital, Inc. (the Company or Plan sponsor) and certain affiliated entities of the Company hired before January 1, 2011. The Northern Trust Company (Northern Trust) serves as the trustee for the Plan. The Plan was established in 1971 and has been amended and restated at various dates subsequent to 1971. The Plan provides for retirement and death benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On October 26, 2010, the Plan was amended to freeze enrollment in the Plan for employees hired on or after January 1, 2011. Effective August 30, 2013, the Plan sponsor was changed from Mid-Florida Medical Services, Inc. (Mid-Florida) to Winter Haven Hospital, Inc. This change was made in light of the fact that Mid-Florida no longer had any employees or substantive operations and that the Company is the employer of all actively employed participants and virtually all terminated participants of the Plan, and further that the Company holds the financial assets and generates the cash flow from operations, which is used to fund employer contributions to the Plan. Effective December 31, 2013, the Plan was frozen and additions to participant accounts other than interest ended.

A pension benefit election window was offered from September 15, 2021 through October 22, 2021 for certain active participants over 59 ½ and 571 deferred vested participants who were not otherwise eligible to commence their pension benefit as of December 31, 2021. Approximately \$10,200,000 in lump sum payments were made following the pension benefit election window. The lump sum payments are equivalent to a reduction in the October 1, 2021 present value of accrued benefits of approximately \$9,000,000.

#### (b) Participant Accounts

Under the Plan provisions, amounts are credited by the Plan to the participants' hypothetical accounts. The accounts are allocated investment credits at the end of every Plan year. The amount of the investment credit is a flat 2.5% per year.

#### (c) Contributions

Contributions are made by the Plan sponsor in amounts as determined by the application of accepted actuarial methods and assumptions (note 3).

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

### **(d) Vesting**

Effective December 31, 2013, all participants became 100% vested in their account balance.

### **(e) Pension Benefits**

Under the Plan, employees accumulate an account balance. The account balance represents the actuarial value of the participant's accrued benefits as of September 30, 1986, plus additions for each ensuing year of credited service (up until December 31, 2013) and interest at a stated interest rate. For the plan year beginning before October 1, 2009, the additions were equal to 3.75% of allowable compensation for each of the first 10 years of service and 5% for 10 or more later years of service. Effective October 1, 2009, the Plan was amended to change the additions to participants' accounts. For plan years beginning on or after October 1, 2009, the additions are equal to 3.25% of allowable compensation for each of the first three years of service, 3.75% for service years between three to nine years, and 5.00% for 10 or more later years of service. A year of credited service is defined as any plan year before January 1, 2014 in which the employee completes at least 1,000 hours of service. Effective December 31, 2013, the Plan was amended to no longer provide additions to the participant's account other than interest. For the short period of October 1, 2013 to December 31, 2013, participants who completed 250 hours of service earned credit for compensation earned during the period October 1, 2013 to December 31, 2013.

Employees with five or more years of service are entitled to annual pension benefits beginning at the normal retirement age (65) equal to their account balance divided by a life annuity factor. Effective October 1, 2008, the Plan was amended to change the years of service required to three years instead of five. Early retirement is allowed at ages 55–64. Employees forfeit their accumulated plan benefits if they terminate before rendering the required years of service. Employees may elect to receive their pension benefit in the form of a joint and survivor annuity. Employees may also elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

### **(f) Death and Disability Benefits**

If a vested participant dies while in active employment or after termination with a deferred vested pension, his spouse or designated beneficiary will be entitled to receive a death benefit. Such benefit will commence between the first of the month following the later of the participant's 55th birthday or his date of death and the date the deceased participant would have attained the age of 70½. The death benefit will be actuarially reduced for commencement prior to the participant's Normal Retirement Date. The benefit amount is the amount payable to the spouse under the joint and 50% survivor payment form. An unmarried participant's benefit is calculated as if he were married to a spouse his own age, and is payable as a single sum. Active employees who become totally and permanently disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits. Such disability benefits are deducted from the long term disability benefits otherwise payable.

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

### (2) Summary of Significant Accounting Policies

#### (a) *Basis of Accounting*

The accompanying financial statements are prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (GAAP).

#### (b) *Use of Estimates*

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of the accumulated plan benefits reported in the accompanying financial statements. Actual results could differ from those estimates.

#### (c) *Investment Valuation and Income Recognition*

Investments are reported at fair 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 Plan's Investment Sub-Committee determines the Plan's valuation policies utilizing information provided by the trustee. See note 5 for a discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) presented in the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold (i.e., realized gains/losses) as well as held during the year (i.e., unrealized appreciation (depreciation)). Purchases and sales are recorded on a trade-date basis.

#### (d) *Payment of Benefits*

Benefits are recorded when paid.

#### (e) *Administrative Expenses*

Administrative expenses of the Plan are paid by the Plan (directly with Plan assets), as provided in the Plan agreement. Certain accounting and other administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan for such services provided.

#### (f) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service participants have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. The accumulated plan benefits are based on participants' actual compensation histories. Benefits payable under all circumstances such as retirement, death,

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

disability and termination of employment are included to the extent they are deemed attributable to participants' service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The valuation date used by the Plan is as of the end of the plan year. The statements of accumulated plan benefits and changes in accumulated plan benefits as of and for the years ended September 30, 2024 and 2023, are presented from information provided by the actuary as of October 1, 2023 and 2022. There has been no significant change in the Plan's provisions or coverage through September 30, 2024 and 2023.

The significant actuarial assumptions used in the valuation of accumulated plan benefits prepared by the Plan's actuary for the years ended September 30, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Discount rate – expected rate of return on Plan's assets	4.6%	5.0%
Mortality	Mortality for 2024 is assumed to follow Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct mortality tables without collar adjustment projected generationally with scale MP 2021.	Mortality for 2023 is assumed to follow Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct mortality tables without collar adjustment projected generationally with scale MP 2021.
Employee turnover	Based on a unique set of assumptions based on actual experience	Based on a unique set of assumptions based on actual experience
Disability rates	Function of age – as ages increase from 25 to 65, the disability incidence rates increase from 0.038% to 1.256% and 0.047% to 1.159% for males and females, respectively, from the 1985 Pension Disability Table Class 1.	Function of age – as ages increase from 25 to 65, the disability incidence rates increase from 0.038% to 1.256% and 0.047% to 1.159% for males and females, respectively, from the 1985 Pension Disability Table Class 1.

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

Employees accumulate an account balance that represents the actuarial value of the participant's accrued benefits at September 30, 1986, plus additions for each ensuing year of credited service (through December 31, 2013) and interest at a stated rate. The stated interest rate is 2.5%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

### **(g) Income Taxes**

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The Plan is not subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2020.

### **(3) Funding Policy**

The Plan sponsor's funding policy is to make contributions to the Plan in amounts that are not less than the minimum funding requirements set forth by ERISA. Additional company contributions may also be considered to close the funding gap, to the extent such additional contributions do not adversely affect the Plan sponsor's cash flow needs, and to the extent such additional contributions are the most strategic use of the Plan sponsor's assets. The actuarial valuations are prepared by the consulting actuary from data submitted by the Company. The Company has met the minimum funding requirements set forth by ERISA for the years ended September 30, 2024 and 2023, as determined by the actuarial valuation. Employer contributions totaled \$500,000 and \$0 for the years ended September 30, 2024 and 2023, respectively. As of September 30, 2024 and 2023, employer contributions of \$500,000 and \$0, respectively were included in employer contribution receivable in the accompanying statements of net assets available for benefits.

### **(4) Information Certified or Provided by the Trustee**

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2024 and 2023, and net (depreciation) appreciation in fair value of investments, interest and dividends for the years ended September 30, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust (a qualified institution and the trustee of the Plan). Accordingly, as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors to perform an ERISA Section 103(a)(3)(C) audit and accordingly, the auditor did not perform any auditing procedures with respect to this information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedule.

### **(5) 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 measurements) and the lowest

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Funds valued using a daily available net asset value (NAV)
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at September 30, 2024 and 2023.

Following is a description of the valuation methodologies used for investments measured at fair value:

*Shares of registered investment companies (mutual funds):* Valued at the closing price reported on the active market on which the individual securities are traded.

*Pooled separate accounts:* Valued based on the NAV of units of the pooled separate account. The NAV, as provided by Northern Trust, is based upon the fair value of the underlying investments comprising the trust less its liabilities. This value is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

*Common or collective trusts funds:* Valued based on the NAV of units of the common or collective trust. The NAV, as provided by Northern Trust, is based upon the fair value of the underlying investments comprising the trust less its liabilities. This value is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Investments for which fair value is measured using net asset value per share as a practical expedient have not been categorized within the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by major type and level, within the fair value hierarchy, the Plan's investments measured at fair value as of September 30, 2024 and 2023:

<b>Investment assets at fair value</b>			
	<b>September 30, 2024</b>	<b>Level 1</b>	<b>Level 2</b>
Assets class:			
Cash and cash equivalents	\$ 38,505	38,505	—
Registered investment companies	3,455,518	3,455,518	—
Common-collective trusts	23,848,127	—	23,848,127
	27,342,150	\$ 3,494,023	23,848,127
Recorded at net asset value	3,222,735		
	\$ 30,564,885		

<b>Investment assets at fair value</b>			
	<b>September 30, 2023</b>	<b>Level 1</b>	<b>Level 2</b>
Assets class:			
Cash and cash equivalents	\$ 470,538	470,538	—
Registered investment companies	3,323,507	3,323,507	—
Common-collective trusts	19,786,589	—	19,786,589
Pooled separate accounts	1,927,178	—	1,927,178
	25,507,812	3,794,045	21,713,767
Recorded at net asset value	2,792,343		
	\$ 28,300,155		

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

The fair value of the following pension plan assets have been estimated using the net asset value per share of the investments as of September 30, 2024 and 2023. There are no unfunded commitments on any of these funds as of September 30, 2024 and 2023.

	September 30,		Redemption	Redemption
	2024	2023	frequency	notice period
Asset category:				
Hedge fund of funds (a)	\$ 3,222,735	2,792,343	semi-annually	95 days

- (a) The hedge fund of funds' objective is to develop and actively maintain an investment portfolio of long-term returns, with low volatility and downside protection qualities.

### (6) Parties in Interest

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Accordingly, the contributions of the Plan sponsor are considered party-in-interest transactions.

Northern Trust is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fidelity is the Plan's actuary and also qualifies as a party-in-interest. In addition, certain administrative functions are performed by employees of the Company, who receive no compensation from the Plan. Fees paid by the Plan to Northern Trust, Fidelity (the recordkeeper), Hill Ward and Henderson (the legal counselor), and KPMG LLP (the independent auditor), amounted to approximately \$372,000 and \$347,000, respectively, during the years ended September 30, 2024 and 2023 and are included as administrative expenses in the accompanying statements of changes in net assets available for benefits.

### (7) Income Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated February 18, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

### (8) Plan Termination

When the Plan is terminated, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (i.e., vested benefits not insured by the PBGC).
- d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of benefits that the PBGC guarantees. For Plan terminations occurring during 2024 that ceiling is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

### **(9) Risks and Uncertainties**

The Plan invests in various investment securities. These 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 and the level of uncertainty related to changes in the values of the 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 the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

## WINTER HAVEN HOSPITAL PENSION PLAN

Notes to Financial Statements

September 30, 2024 and 2023

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is based on the plan's Funding Target Attainment Percentage (FTAP). A plan's Adjusted Funding Target Attainment Percentage (AFTAP) determines whether the plan is subject to benefit restrictions. As of October 1, 2023, the Plan's preliminary FTAP is 82.62% and preliminary AFTAP is 82.62%, before reflecting any contributions to the October 1, 2023 plan year. Should BayCare elect to make a contribution to the Plan on or before June 15, 2024, the FTAP and AFTAP will be updated/increased accordingly. Because the Plan's final FTAP will equal or exceed 80%, the Plan is not "At-Risk." Because the Plan's final AFTAP will equal or exceed 80%, the Plan is not subject to any benefit restrictions.

### **(10) Subsequent Events**

The Plan Administrator has evaluated events and transactions occurring subsequent to September 30, 2024 as of June 26, 2025 which is the date the financial statements were available to be issued.

In March 2025 the Winter Haven Hospital Board of Directors approved the termination of the Plan effective September 30, 2025. The Board also delegated authority to the Retirement Committee with respect to the Plan termination. The Plan termination will include a plan termination election window and the purchase of a group annuity contract to secure payment of all future benefits of participants who do not elect a lump sum payout.

**WINTER HAVEN HOSPITAL PENSION PLAN**

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

September 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents	Northern Trust Disbursement account	38,505	38,505
	Registered Investment companies:			
	Ballie Gifford	Ballie Gifford EAFE Fund	858,830	1,001,537
	Northern Trust Global Investments	Cash Reserves	19,537	19,537
	PIMCO	PIMCO All Asset Fund	1,417,071	1,425,867
	T Rowe Price	Institutional Floating Rate Fund	1,050,819	1,008,577
	Common-collective trusts:			
*	Northern Trust Global Investments Aggregate Bond	Northern Trust Global Investments Aggregate Bond Fund NL	2,668,685	2,728,297
*	Northern Trust Global Investments S&P 500	Northern Trust Global Investments Collective S&P 500 Index Fund NL	1,750,888	2,541,990
*	Northern Trust Global Investments US Small Cap	Northern Trust Global Investments Collective US Small Cap	923,445	857,492
*	Northern Trust Global Investments ACWI EX-US NL	Northern Trust Global Investments Collective ACWI EX-US NL	695,180	942,854
	Prudential	PGIM Emerging Markets Debt Fund	1,661,887	1,490,129
	Prudential	PGIM Broad Market High Yield Bond Fund	1,238,943	1,198,467
	Prudential	Prudential U.S. Long Duration Corporate Bond Fund	13,566,689	13,083,219
	Allspring	Allspring Collective Investment Trust	447,530	1,005,679
	Hedge funds:			
	Mondrian International	Mondrian International Equity Fund, LP	1,003,673	1,154,181
	Blackstone	Blackstone – BPIF Non-Taxable LP	1,736	2,068,553
		Total investments	\$ <u>27,343,417</u>	<u>30,564,885</u>

This supplemental schedule lists assets held for investment purposes at September 30, 2024 as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

\* Indicates a party in interest as defined by ERISA

See accompanying independent auditors' report.

2023 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 26a – Schedule of Active Participant Data  
 Winter Haven Hospital, Inc.  
 Winter Haven Hospital Pension Plan  
 For Plan Year Ended September 30, 2024

EIN: 59-0724462  
 Plan Number: 001

**Age and Service Distribution of Active Members**

Attained Age	Completed Years of Credited Service on October 1, 2023										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	5	1	0	0	0	0	0	0	0	0	6
35-39	1	18	25	0	0	0	0	0	0	0	0	44
40-44	2	25	39	16	1	0	0	0	0	0	0	83
45-49	0	12	50	17	3	0	0	0	0	0	0	82
50-54	0	16	54	36	17	8	0	0	0	0	0	131
55-59	2	17	40	21	13	14	18	0	0	0	0	125
60-64	0	8	15	11	12	6	4	6	0	0	0	62
65-69	1	1	7	4	7	1	2	3	3	0	0	29
Over 69	0	0	1	0	1	0	0	0	0	0	0	2
<b>Total</b>	<b>6</b>	<b>102</b>	<b>232</b>	<b>105</b>	<b>54</b>	<b>29</b>	<b>24</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>564</b>

## Actuarial Assumptions and Methods

**ERISA Interest Rates** as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2023 Plan Year		2022 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	3.03%	4.75%	1.02%
Next 15 years	5.00%	4.11%	5.18%	2.80%
Over 20 years	5.74%	4.27%	5.92%	3.38%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

**Expected Long-Term Return on Plan Assets for Actuarial Value of Assets:** 4.95% for plan years beginning 2024 (previously 5.20% for plan years beginning 2023 and 3.90% for plan years beginning 2022). Taking into account the plan’s current investment mix of 45%-50% bonds, 45%-50% stocks, 5%-10% other, and 0% cash and a review of the historical returns of indices, this assumption appears reasonable.

**Projected Interest Crediting Rate:** Interest on Cash Balance Accounts will be credited at a rate 2.50%

**Increase in Consumer Price Index:** 2.50%. This is based on long-term historical inflation rates of about 2.00% - 3.00%.

**Increase in Social Security Taxable Wage Base:** N/A

**Salary Increases:** N/A

**Actuarial Assumptions and Methods** (continued)

**Administrative Expenses:** Estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years plus estimated PBGC premiums for the current year.

**Mortality:**

PPA Liability: IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430 (previously IRS 2022 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430). These tables include future mortality improvement of 8 years for males and 9 years for females with the following adjustments: For ages below 80, the projection period is increased by 1 year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by 1/3 year for each year above 80. This plan does not have a large enough population to vary from the standard tables.

**Retirement Rates:** Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement:

Age	Rate
Under 55	0%
55	5%
56	5%
57	5%
58	5%
59	5%
60	10%
61	5%
62	15%
63	5%
64	15%
65	20%
66	15%
67	10%
68	5%
69	5%
70	100%

**Actuarial Assumptions and Methods** (continued)

**Termination:** Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

Age	Rate
25	21.5%
30	17.0%
35	13.8%
40	11.4%
45	9.6%
50	8.1%
55 and above	0.0%

**Disability:** Rates varying by age and gender based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

Age	Male Rate	Female Rate
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65 and above	0.000%	0.000%

**Marital Status:** 80% of males and females are assumed married, with females 3 years younger than males based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

### Actuarial Assumptions and Methods (continued)

**Primary Form of Payment:** Form varying by status. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Status	Form
Active Retirements	Immediate Lump Sum
Future Deferred Vested	Lump Sum Deferred to 65
Future Disableds	Single Life Annuity
Future Deaths (Married)	Single Life Annuity
Future Deaths (Single)	Immediate Lump Sum
Current Deferred Vested	Lump Sum Deferred to 65

**Maximum Benefit:** \$265,000 for 2023. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

### Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
  - i) 67% of the prior year, and
  - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 3.90%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

**Shortfall Amortization Charge for ERISA Funding Purposes:** Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

### **Actuarial Assumptions and Methods** (continued)

**Actuarial Cost Method:** The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount purposes. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan WINTER HAVEN HOSPITAL PENSION PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINTER HAVEN HOSPITAL, INC.		<b>D</b> Employer Identification Number (EIN) 59-0724462	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>			
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	27,829,617	
<b>b</b> Actuarial value.....	<b>2b</b>	29,247,823	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	175	7,421,130	7,421,130
<b>b</b> For terminated vested participants.....	771	14,181,609	14,181,609
<b>c</b> For active participants.....	564	11,017,045	11,206,635
<b>d</b> Total.....	1,510	32,619,784	32,809,374
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.12%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses.....	<b>6b</b>	910,000	
<b>c</b> Target normal cost.....	<b>6c</b>	910,000	

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>BRIAN KINGSBURY BJK</u>	<u>6/17/2025</u>
	Signature of actuary	Date
<u>BRIAN KINGSBURY A.S.A E.A.</u>	<u>2308211</u>	
Type or print name of actuary	Most recent enrollment number	
<u>FIDELITY INVESTMENTS</u>	<u>617-563-7000</u>	
Firm name	Telephone number (including area code)	
<u>245 SUMMER STREET, V1B</u>		
<u>BOSTON MA 02210</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4

22 Weighted average retirement age ..... 22 64

23 Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  Yes  No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.  Yes  No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... 27

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

**Part VIII Minimum Required Contribution For Current Year**

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	910,000
b Excess assets, if applicable, but not greater than line 31a.....	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	5,701,165	569,575
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... 33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... 34 1,479,575

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	1,479,575	1,479,575

36 Additional cash requirement (line 34 minus line 35)..... 36 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... 37 459,969

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36).....	38a	459,969
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	459,969

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 39 0

40 Unpaid minimum required contributions for all years..... 40 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

2023 Form 5500 Schedule SB Attachments  
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments  
Winter Haven Hospital, Inc.  
Winter Haven Hospital Pension Plan  
For Plan Year Ended September 30, 2024

EIN: 59-0724462  
Plan Number: 001

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2023	801,984	2,837,523	1,092,013	4,731,520
2024	963,373	415,709	986,845	2,365,927
2025	805,292	788,639	859,042	2,452,973
2026	745,772	939,598	687,723	2,373,093
2027	1,147,451	1,323,128	589,195	3,059,774
2028	989,898	1,449,962	555,585	2,995,445
2029	814,852	1,515,550	543,252	2,873,654
2030	778,287	960,428	498,517	2,237,231
2031	659,884	1,433,368	454,163	2,547,415
2032	891,235	909,433	426,048	2,226,716
2033	875,427	668,706	404,848	1,948,982
2034	745,047	481,644	385,689	1,612,379
2035	797,814	1,068,271	365,654	2,231,739
2036	873,934	673,945	342,829	1,890,708
2037	550,358	975,853	320,920	1,847,131
2038	701,567	456,532	298,655	1,456,754
2039	569,168	404,077	276,317	1,249,563
2040	454,950	676,224	253,859	1,385,033
2041	537,786	376,033	231,465	1,145,284
2042	424,452	224,547	209,327	858,326
2043	370,937	431,665	187,639	990,241
2044	423,980	368,395	166,597	958,972
2045	324,175	195,339	146,407	665,921
2046	427,586	447,072	127,267	1,001,925
2047	332,478	187,392	109,358	629,229
2048	269,163	280,889	92,840	642,892
2049	258,774	266,242	77,838	602,854
2050	271,374	191,450	64,430	527,254
2051	165,678	170,681	52,647	389,006
2052	92,927	105,269	42,468	240,663
2053	68,939	17,944	33,822	120,705

**2023 Form 5500 Schedule SB Attachments**  
**Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments**  
**Winter Haven Hospital, Inc.**  
**Winter Haven Hospital Pension Plan**  
**For Plan Year Ended September 30, 2024**

**EIN: 59-0724462**  
**Plan Number: 001**

2054	76,911	4,816	26,602	108,330
2055	44,053	4,479	20,674	69,206
2056	34,794	4,144	15,885	54,822
2057	29,370	3,814	12,072	45,257
2058	26,305	3,493	9,081	38,879
2059	24,138	3,182	6,764	34,084
2060	20,996	2,883	4,991	28,869
2061	18,751	2,598	3,648	24,997
2062	16,617	2,328	2,641	21,586
2063	14,612	2,075	1,893	18,579
2064	12,750	1,839	1,341	15,929
2065	11,040	1,621	937	13,598
2066	9,489	1,420	646	11,554
2067	8,094	1,236	438	9,767
2068	6,854	1,069	291	8,213
2069	5,760	918	190	6,868
2070	4,805	783	121	5,709
2071	3,977	663	75	4,716
2072	3,266	557	46	3,869

2023 Form 5500 Schedule SB Attachments  
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
 Winter Haven Hospital, Inc.  
 Winter Haven Hospital Pension Plan  
 For Plan Year Ended September 30, 2024

EIN: 59-0724462  
 Plan Number: 001

**Development of Weighted Average Retirement Age**

(1) <u>Age</u>	(2) <u>Lives</u>		(3) <u>Retirement Decrement</u>	=	(4) <u>Number Retiring</u>	(5) <u>Age X Number Retiring (1) X (4)</u>
55	1,000	X	5.00%	=	50	2,750
56	950	X	5.00%	=	48	2,688
57	902	X	5.00%	=	45	2,565
58	857	X	5.00%	=	43	2,494
59	814	X	5.00%	=	41	2,419
60	773	X	10.00%	=	77	4,620
61	696	X	5.00%	=	35	2,135
62	661	X	15.00%	=	99	6,138
63	562	X	5.00%	=	28	1,764
64	534	X	15.00%	=	80	5,120
65	454	X	20.00%	=	91	5,915
66	363	X	15.00%	=	54	3,564
67	309	X	10.00%	=	31	2,077
68	278	X	5.00%	=	14	952
69	264	X	5.00%	=	13	897
70	251	X	100.00%	=	<u>251</u>	<u>17,570</u>
					1,000	63,668

Total of (5) Divided by Number Retiring

63,668 / 1,000

**Weighted Average Retirement Age:**

**63.67**

**Rounded Weighted Average Retirement Age:**

**64**

## Plan Provisions

**Name of Plan:** Winter Haven Hospital Pension Plan.

**Effective Date:** January 1, 1971. Restated as of October 1, 2015 and most recently amended as of September 15, 2021.

**Plan Year:** A Plan Year is the period from October 1 through September 30.

**Covered Employees:** All employees of Winter Haven Hospital and Lake Wales Hospital, excluding PRN employees. Effective December 1, 2002, Lake Wales Hospital employees are no longer participants. Effective February 1, 2003, Good Shepard Hospice employees no longer participate. Effective October 1, 2006, ACE team is a participating employer. Effective December 31, 2013, the Plan is frozen to all new employees.

**Participation Date:** Date of becoming a covered employee.

### Definitions:

**Vesting service:** One year of vesting service shall be credited to an employee for each plan year in which he has completed 1,000 or more hours of service.

**Vesting percent:** Effective December 31, 2013, all participants are 100% vested in their accrued benefit.

**Credited service:** One year of vesting service shall be credited to an employee for each plan year in which he has completed 1,000 or more hours of service. Effective December 31, 2013, the credited service is frozen.

**Normal retirement date (NRD):** First of month coincident with or next following the attainment of age 65.

**Early retirement date:** First of the month coincident with or next following retirement and attainment of age 55.

**Account balance:** The account balance of a participant as of October 1, 1986, is the present value of his accrued benefit under the prior plan as of September 30, 1986. It is then increased annually by:

- a) Current year allocation, and
- b) The participant's prior year account balance plus one-half the current year allocation, multiplied by the plan interest crediting rate.

## **Plan Provisions** (continued)

For a former participant in the Lake Wales Medical Centers, Inc. Pension Plan, his Account Balance as of October 1, 1994, (the date he becomes a Participant in this Plan) is set equal to his account balance as of September 30, 1994, under the Lake Wales Medical Centers, Inc. Pension Plan. Such account balance is then increased annually in accordance with the above methodology. The plan froze effective December 31, 2013, and no further allocations are provided.

*Investment credits:* For participants who are not in payment status, their account balance will be credited at the end of each plan year in an amount equal to their account balance at the end of the prior plan year multiplied by 2.5%.

*Plan actuarial equivalence:* The account balance is converted using the current 417(e) applicable mortality table and the 30-year treasury rate for the month of August immediately preceding the plan year.

### **Benefits Paid Upon the Following Events:**

*Normal retirement:* Monthly pension benefit determined as of NRD that is the greater of the participant's grandfathered 2003 annuity benefit, if applicable, and the participant's account balance divided by an immediate annuity benefit factor or a lump sum equal to the participant's account balance.

*Early retirement:* Monthly pension benefit that is the greater of the participant's grandfathered 2003 annuity benefit and the participant's account balance projected to NRD converted into an annuity and reduced based on the plan actuarial equivalence to the early retirement date or a lump sum equal to the participant's account balance.

*Postponed retirement:*

Eligibility: Retirement after NRD.

Amount of Benefit: Monthly pension benefit determined as of late retirement date or a lump sum equal to the participant's Cash Balance Account.

If a participant is eligible for the grandfathered 2003 annuity benefit, the monthly pension is the greater of the benefit determined as of the late retirement date or the actuarial equivalent of the benefits as of normal retirement date.

## Plan Provisions (continued)

### *Deferred vested:*

Eligibility: Retirement before the early retirement date.

Amount of Benefit: Monthly pension benefit or lump sum equal to the account balance as of the commencement date no earlier than the early retirement date.

### *Disability Benefit:*

Eligibility: Termination due to disability.

Amount of Benefit: Monthly pension benefit, actuarially reduced for commencement prior to NRD. The disability benefit is payable while the total and permanent disability continues until NRD. On the participant's NRD, the participant is entitled to a normal retirement benefit as outlined above.

### *Pre-retirement spouse benefit:*

Eligibility: Death while eligible for normal, early, postponed or deferred vested retirement benefits.

Amount of Benefit: 50% of the monthly pension benefit as of the date of death, reduced for payment as early as the participant's early retirement date. The beneficiary may elect to receive an actuarially equivalent lump sum.

## Form of Pension:

*Normal:* Life annuity, single participants. 50% Joint and survivor, married participants.

*Options:* Lump sum; 50%, 75%, 100% Joint and survivor; 5, 10, 15 certain and life annuity; 5, 10, 15 certain annuity

**Maximum on Benefits and Pay:** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

**WINTER HAVEN HOSPITAL PENSION PLAN**

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

September 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents	Northern Trust Disbursement account	38,505	38,505
	Registered Investment companies:			
	Ballie Gifford	Ballie Gifford EAFE Fund	858,830	1,001,537
	Northern Trust Global Investments	Cash Reserves	19,537	19,537
	PIMCO	PIMCO All Asset Fund	1,417,071	1,425,867
	T Rowe Price	Institutional Floating Rate Fund	1,050,819	1,008,577
	Common-collective trusts:			
*	Northern Trust Global Investments Aggregate Bond	Northern Trust Global Investments Aggregate Bond Fund NL	2,668,685	2,728,297
*	Northern Trust Global Investments S&P 500	Northern Trust Global Investments Collective S&P 500 Index Fund NL	1,750,888	2,541,990
*	Northern Trust Global Investments US Small Cap	Northern Trust Global Investments Collective US Small Cap	923,445	857,492
*	Northern Trust Global Investments ACWI EX-US NL	Northern Trust Global Investments Collective ACWI EX-US NL	695,180	942,854
	Prudential	PGIM Emerging Markets Debt Fund	1,661,887	1,490,129
	Prudential	PGIM Broad Market High Yield Bond Fund	1,238,943	1,198,467
	Prudential	Prudential U.S. Long Duration Corporate Bond Fund	13,566,689	13,083,219
	Allspring	Allspring Collective Investment Trust	447,530	1,005,679
	Hedge funds:			
	Mondrian International	Mondrian International Equity Fund, LP	1,003,673	1,154,181
	Blackstone	Blackstone – BPIF Non-Taxable LP	1,736	2,068,553
		Total investments	\$ <u>27,343,417</u>	<u>30,564,885</u>

This supplemental schedule lists assets held for investment purposes at September 30, 2024 as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

\* Indicates a party in interest as defined by ERISA

See accompanying independent auditors' report.

2023 Form 5500 Schedule SB Attachments  
 Schedule SB, line 32 – Schedule of Amortization Bases  
 Winter Haven Hospital, Inc.  
 Winter Haven Hospital Pension Plan  
 For Plan Year Ended September 30, 2024

EIN: 59-0724462  
 Plan Number: 001

**Development of Shortfall Amortization Charge**

<u>Type of Base</u>	Present Value of Any Remaining <u>Installments</u>	<u>Valuation Date</u>	<u>Years</u> <u>Remaining</u>	Amortization <u>Installment</u>
2023 Shortfall	\$ (11,662)	10/1/2023	15	\$ (1,068)
2022 Shortfall	4,138,388	10/1/2022	14	397,377
2021 Shortfall	(738,963)	10/1/2021	13	(74,764)
2020 Shortfall	2,313,402	10/1/2020	12	248,030
Total	<u>\$ 5,701,165</u>			<u>\$ 569,575</u>