

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BAPTIST HEALTH CARE, INC. PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): BAPTIST HEALTH CARE, INC.
2b Employer Identification Number (EIN): 59-0657322
2c Plan Sponsor's telephone number: 850-469-5874
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BAPTIST HEALTH CARE, INC. ATTN CHRISTINE JOHNSON 125 BAPTIST WAY STE 6A PENSACOLA, FL 32503	3b Administrator's EIN 59-0657322																				
	3c Administrator's telephone number 904-993-9734																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN																				
	4d PN																				
5 Total number of participants at the beginning of the plan year	5 2960																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1"> <tr><td>6a(1)</td><td>294</td></tr> <tr><td>6a(2)</td><td>268</td></tr> <tr><td>6b</td><td>1498</td></tr> <tr><td>6c</td><td>937</td></tr> <tr><td>6d</td><td>2703</td></tr> <tr><td>6e</td><td>140</td></tr> <tr><td>6f</td><td>2843</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td>0</td></tr> </table>	6a(1)	294	6a(2)	268	6b	1498	6c	937	6d	2703	6e	140	6f	2843	6g(1)		6g(2)		6h	0
6a(1)	294																				
6a(2)	268																				
6b	1498																				
6c	937																				
6d	2703																				
6e	140																				
6f	2843																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

▶ **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.

A Name of plan <u>BAPTIST HEALTH CARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BAPTIST HEALTH CARE, INC.</u>	D Employer Identification Number (EIN) <u>59-0657322</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>87486754</u>
	b Actuarial value	2b	<u>94377138</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1544</u>	<u>66917791</u>
	b For terminated vested participants	<u>1122</u>	<u>28460336</u>
	c For active participants	<u>294</u>	<u>6287256</u>
	d Total	<u>2960</u>	<u>101665383</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	<u>5.08 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1456895</u>
	c Target normal cost	6c	<u>1456895</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.

SIGN HERE		
	Signature of actuary	<u>09/24/2025</u>
	<u>ERIKA STIFF</u>	Date
	Type or print name of actuary	<u>23-07811</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>336-728-2182</u>
	<u>MSC #17848 PO BOX 551343 ATLANTA, GA 30355</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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2541725
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1131447
9	Amount remaining (line 7 minus line 8)	0	1410278
10	Interest on line 9 using prior year's actual return of <u>10.57</u> %	0	149066
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		238
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		25
c	Total available at beginning of current plan year to add to prefunding balance		263
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1559344

Part III Funding Percentages			
14	Funding target attainment percentage	14	91.29 %
15	Adjusted funding target attainment percentage	15	91.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/10/2025	482101	0					
04/14/2025	935000	0					
07/14/2025	600000	0					
			Totals ▶	18(b)	2017101	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1891829
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 61
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 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			
26 Demographic and benefit information			
a 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 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			
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 1456895
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		8847589	859001
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 2315896
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	1559344
36 Additional cash requirement (line 34 minus line 35)			36 756552
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 1891829
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 1135277
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 1135277
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

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

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

A Name of plan BAPTIST HEALTH CARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BAPTIST HEALTH CARE, INC.	D Employer Identification Number (EIN) 59-0657322	

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

AON TRUST COMPANY LLC

37-6543784

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

NISA COLLECTIVE INVESTMENT TRUST

88-6547562

(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

(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

(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

(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

(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

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)

AON CONSULTING INC

22-2232264

(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?
11 13 16 50	NONE	252466	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)

AON INVESTMENTS USA INC.

98-1090818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	206599	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)

REGIONS BANK

59-2848700

(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?
21 50	TRUSTEE	110463	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)

FORVIS MAZARS LLP

44-0160260

(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	AUDITOR	17466	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>BAPTIST HEALTH CARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAPTIST HEALTH CARE, INC.</u>	D Employer Identification Number (EIN) <u>59-0657322</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7883265</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL REAL ESTATE FUND CL I</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53148</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL & MID CAP EQ FUND CL I</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1326496</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HEWITT GLOBAL EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5595699</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS FUND CL I</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93009</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND CLASS</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2173387</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND CLASS I</u>		
b Name of sponsor of entity listed in (a): <u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>26682767</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON MID DURATION LONG CREDIT BOND](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-039	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	82523
--	--	---	-----------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON NON US EQUITY FUND CL I](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5297519
--	--	---	-------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON NON-EQUITY INDEX FUND](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2712046
--	--	---	-------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON US INTERMEDIATE GOVT BD INDEX F](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	900505
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON US LONG GOVT BD INDEX FUND](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	453942
--	--	---	------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [AON MULTI-ASSET CREDIT FUND](#)

b Name of sponsor of entity listed in (a): [AON INVESTMENTS USA INC.](#)

c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7569103
--	--	---	-------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [NISA ULTRA MID TREASURY CIF](#)

b Name of sponsor of entity listed in (a): [NISA COLLECTIVE INVESTMENT TRUST](#)

c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4670868
--	--	---	-------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE: [NISA ULTRA LONG TREASURY CIF](#)

b Name of sponsor of entity listed in (a): [NISA COLLECTIVE INVESTMENT TRUST](#)

c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3968738
--	--	---	-------------------------

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BAPTIST HEALTH CARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BAPTIST HEALTH CARE, INC.	D Employer Identification Number (EIN) 59-0657322

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1870006	2017101
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1483653	1098849
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9899155	9285078
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	74298957	69463015
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	87551771	81864043
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	87551771	81864043

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2017101	
(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)		2017101
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	78784	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78784
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		831387
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		419
d Total income. Add all income amounts in column (b) and enter total	2d		2927691

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7014517	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7014517
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	167193	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17466	
(5) Investment advisory and investment management fees	2i(5)	206599	
(6) Bank or trust company trustee/custodial fees	2i(6)	110463	
(7) Actuarial fees	2i(7)	85273	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1013908	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1600902
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8615419

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-5687728
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548354.

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

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

A Name of plan <u>BAPTIST HEALTH CARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BAPTIST HEALTH CARE, INC.</u>	D Employer Identification Number (EIN) <u>59-0657322</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>63-6133220</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	50

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 29.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
 High-Yield Debt: 8.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 1.0 % Other: _____ %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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




Baptist Health Care, Inc. Pension Plan

EIN 59-0657322 PN 002

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



**Baptist Health Care, Inc. Pension Plan
Contents
December 31, 2024 and 2023**

Independent Auditor's Report 1

Financial Statements

 Statements of Net Assets Available for Benefits (Modified Cash Basis) 5

 Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis) 6

 Notes to Financial Statements 7

Supplemental Schedules – Modified Cash Basis

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 15

 Schedule H, Line 4j – Schedule of Reportable Transactions..... 16

Independent Auditor's Report

Plan Administrator
Baptist Health Care, Inc. Pension Plan
Pensacola, Florida

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

We have performed audits of the financial statements of Baptist Health Care, Inc. 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 (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) 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 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 December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate to the best of their knowledge and ability.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- 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 “Auditor’s Responsibilities for the Audit of the Financial Statements” section of our report. We are required to be independent of Baptist Health Care, Inc. Pension 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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances; 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 Baptist Health Care, Inc. Pension Plan’s ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Baptist Health Care, Inc. Pension 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 Baptist Health Care, Inc. Pension 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Forvis Mazars, LLP

**Kansas City, Missouri
October 3, 2025**

Federal Employer Identification Number: 44-0160260

**Baptist Health Care, Inc. Pension Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value		
Limited partnership	\$ 9,285,078	\$ 9,899,155
Collective investment trusts	69,463,015	74,298,957
Cash equivalents	<u>1,098,849</u>	<u>1,483,653</u>
	<u>79,846,942</u>	<u>85,681,765</u>
Net Assets Available for Benefits	<u>\$ 79,846,942</u>	<u>\$ 85,681,765</u>

Baptist Health Care, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)
Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment Income		
Net appreciation in fair value of investments	\$ 831,806	\$ 8,754,907
Interest	78,784	46,781
Net Investment Income	<u>910,590</u>	<u>8,801,688</u>
Contributions		
Employer	1,870,006	-
Total Additions	<u>2,780,596</u>	<u>8,801,688</u>
Deductions		
Benefits paid to participants	7,014,517	6,494,578
Administrative expenses	1,600,902	1,982,271
Total Deductions	<u>8,615,419</u>	<u>8,476,849</u>
Net Increase (Decrease)	(5,834,823)	324,839
Net Assets Available for Benefits, Beginning of Year	<u>85,681,765</u>	<u>85,356,926</u>
Net Assets Available for Benefits, End of Year	<u>\$ 79,846,942</u>	<u>\$ 85,681,765</u>

Note 1. Description of the Plan

General

The following description of Baptist Health Care, Inc. Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document and *Summary Plan Description* for a more complete description of the Plan’s provisions, which are available from the Plan Administrator.

The Plan is a non-contributory defined benefit plan covering substantially all employees of Baptist Health Care, Inc. (the Company, Plan Sponsor, or Plan Administrator) and its affiliates hired on or before February 28, 2007 and provides for retirement, death and disability benefits. Effective February 28, 2007, the Plan Sponsor froze the Plan and all benefit accruals ceased as of that date, and no new participants were allowed to join the Plan. Employees hired on or after March 1, 2007 are not eligible to participate in the Plan. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Regions Bank (Regions) is the trustee of the Plan.

The Plan is administered by the Company’s Retirement Committee (Committee), which is a committee appointed by the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the board of directors of the Company.

Contributions

Under the Plan, the Company voluntarily contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Company’s funding policy is to contribute annually to the Plan the maximum actuarially determined amount under the Internal Revenue Code (IRC). The Plan has met the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

The participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. Benefit payments are calculated by taking 1% of final average pay, times years of benefit service after 1981 and adding 0.5% of final average pay, times years of benefit service prior to 1982. The sum of a participant’s benefit service shall not exceed 40 years. If it does, benefit service after 1981 will be recognized first. Final average pay is defined as the monthly average of a participant’s pay for the five completed Plan years during which the participant received the largest total payout of the ten most recent completed Plan years.

Effective February 28, 2007, the Plan was frozen.

Effective January 1, 2024, the Plan was amended to increase the small, vested benefit cash out amount from \$5,000 to \$7,000.

Vesting

All participants are fully vested in the Plan. The Plan also provides for early retirement and disability retirement benefits. Under these benefit arrangements, when payments commence prior to the normal retirement age, the amount of monthly benefits payable is reduced by 0.5% for each month by which the month in which benefits commence precedes the normal retirement date.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. This method of accounting differs from the accrual basis of accounting primarily in the following respects:

Interest income and contribution income are recognized when cash is received rather than when earned. Expenses are recognized when cash is disbursed rather than when the related liability is incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting 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.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as discussed in Note 7. Because of the inherent uncertainties in estimated market value, it is reasonably possible that the estimates used will change within the near term. The net appreciation in the fair value of its investments in the statements of changes in net assets available for benefits (modified cash basis) consists of the realized gains on investments sold during the year and the unrealized appreciation (depreciation) on investments held at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded when paid.

Cash Equivalents

Investments, which are readily convertible to cash and are not susceptible to market fluctuations are considered to be cash equivalents.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Note 3. Plan Termination

In the event the Plan terminates, 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
- 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 (that is, 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 benefit 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 an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Regions Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate to the best of their knowledge and ability:

- Investments as shown in the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023.

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

- Investment income as shown in the statements of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2024 and 2023.
- Investment information included in the accompanying schedule of assets (held at end of year) (modified cash basis) as of December 31, 2024, and schedule of reportable transactions (modified cash basis) for the year ended December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 5. Accumulated Plan Benefits

Aon Hewitt Investment Consulting, the Plan's Actuary, determines the actuarial present value of accumulated plan benefits, which is the 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 accumulated plan benefit information as of the beginning of the plan year, January 1, 2024, was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 67,661,739
Other participants	36,122,092
	<u>103,783,831</u>
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 103,783,831</u>

Changes in the actuarial present value of accumulated plan benefits as of the beginning of the plan year, January 1, 2024, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 114,086,842</u>
Increase (decrease) during the year attributable to:	
Interest accumulation	4,712,556
Benefits paid	(6,494,578)
Assumption changes	(8,086,824)
Other	(434,165)
Net decrease	<u>(10,303,011)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 103,783,831</u>

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 4.50%
- Mortality basis: Pri-2012 mortality study projected generationally from 2012 with Scape MP-2024; Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021
- Retirement: Age at normal retirement (65)
- Asset valuation: Market

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1. Had the valuation been performed as of December 31, there would be no material differences.

Note 6. Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Certain plan investments are units of a cash sweep account held by Regions Bank. Regions Bank is considered the trustee as defined by the Plan and, therefore these transactions qualify as party-in-interest transactions. Aon Hewitt Investment Consulting, the Plan's Actuary, provides investment consulting services to the Plan and receives fees for such services. The Plan delegated investment risk management strategy to an affiliate of the Plan's actuary and the entire plan portfolio resides with Aon Hewitt Group Trust, which qualifies these transactions as party-in-interest transactions as well, as defined under ERISA guidelines. The Plan paid \$1,600,902 and \$1,982,271 of recordkeeping fees and custodial services, accounting and actuarial fees during 2024 and 2023, respectively.

The Plan Sponsor provides certain administrative services at no cost to the Plan.

Note 7. Disclosures About Fair Value of Plan Assets

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- | | |
|----------------|---|
| Level 1 | Quoted prices in active markets for identical assets or liabilities |
| Level 2 | Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities |
| Level 3 | Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities |

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Recurring Measurements

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

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Cash Equivalents: The fair value of the cash equivalents is based on quoted net asset values held by the Plan at year-end.

Collective trust and limited partnerships: Valued upon the NAV as published by the custodian of the fund. The NAV of the collective trust is based on the fair value of the underlying investments held by the fund less their liabilities.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits (modified cash basis) measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2024				
Cash equivalents	\$ 1,098,849	\$ 1,098,849	\$ -	\$ -
Investments measured at net asset value (A)	<u>78,748,093</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u><u>\$ 79,846,942</u></u>	<u><u>\$ 1,098,849</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>
December 31, 2023				
Cash equivalents	\$ 1,483,653	\$ 1,483,653	\$ -	\$ -
Investments measured at net asset value (A)	<u>84,198,112</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u><u>\$ 85,681,765</u></u>	<u><u>\$ 1,483,653</u></u>	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

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

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits (modified cash basis), as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 69,463,015	N/A	Daily	N/A
Limited partnerships	9,285,078	N/A	Daily	N/A
	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 74,298,957	N/A	Daily	N/A
Limited partnerships	9,899,155	N/A	Daily	N/A

Note 8. Risks and Uncertainties

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

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 estimation and assumption 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.

Baptist Health Care, Inc. Pension Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated May 1, 2018, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 79,846,942	\$ 85,681,765
Employer contribution receivable	<u>2,017,101</u>	<u>1,870,006</u>
Net assets available for benefits per Form 5500	<u>\$ 81,864,043</u>	<u>\$ 87,551,771</u>

The following is a reconciliation of net increase (decrease) per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) per the financial statements	\$ (5,834,823)	\$ 324,839
Change in employer contribution receivable	<u>147,095</u>	<u>1,870,006</u>
Net increase (decrease) in net assets available for benefits per the Form 5500	<u>\$ (5,687,728)</u>	<u>\$ 2,194,845</u>

Note 11. Subsequent Events

Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	2	4								
40-44	2	25 \$933	7							
45-49	1	28 \$1,049	16	2						
50-54	4	27 \$1,205	27 \$3,704	10						
55-59	2	22 \$894	13	12	7					
60-64	2	20 \$1,151	23 \$2,806	12	7	5	1			
65-69	1	7		2						
70+		2	1							

N-294

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	52% elect life annuity, 15% elect 10-year certain and life annuity, 18% elect 75% joint and survivor annuity, and 15% elect 50% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Valuation of Plan Asset

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.75%
2023 Plan Year	4.75%
2024 Plan Year	4.50%

Based on expected return assumption within a reasonable range based on target asset allocation and Aon Investments capital market assumption as of the third quarter of prior year using a 30-year horizon.

Trust Expenses Included in Target Normal Cost

The Prior year's administrative expenses, net of PBGC premiums plus current PBGC estimated premiums.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Table 1

Retirement Rates

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	20.00%
62	25.00%
63	20.00%
64	40.00%
65	55.00%
66	45.00%
67	55.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.00%	45	6.00%
16	9.00%	46	6.00%
17	9.00%	47	6.75%
18	9.00%	48	6.75%
19	9.00%	49	6.75%
20	9.00%	50	6.75%
21	9.00%	51	6.75%
22	9.00%	52	6.75%
23	9.00%	53	5.25%
24	9.00%	54	4.50%
25	9.00%	55	6.00%
26	9.00%	56	6.00%
27	9.00%	57	6.00%
28	9.00%	58	6.00%
29	9.00%	59	7.00%
30	9.00%	60	8.00%
31	9.00%	61	20.00%
32	9.00%	62	25.00%
33	9.00%	63	20.00%
34	8.25%	64	40.00%
35	8.25%	65	55.00%
36	8.25%	66	45.00%
37	8.25%	67	55.00%
38	8.25%	68	25.00%
39	6.75%	69	25.00%
40	6.00%	70+	100.00%
41	5.25%		
42	5.25%		
43	5.25%		
44	6.00%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.04%	45	0.34%
16	0.04%	46	0.37%
17	0.04%	47	0.41%
18	0.04%	48	0.46%
19	0.04%	49	0.51%
20	0.04%	50	0.56%
21	0.04%	51	0.62%
22	0.04%	52	0.68%
23	0.04%	53	0.75%
24	0.04%	54	0.82%
25	0.04%	55	0.89%
26	0.05%	56	0.96%
27	0.05%	57	1.04%
28	0.05%	58	1.12%
29	0.05%	59	1.19%
30	0.06%	60	1.27%
31	0.06%	61	1.34%
32	0.07%	62	1.41%
33	0.08%	63	1.47%
34	0.09%	64+	1.52%
35	0.10%		
36	0.11%		
37	0.13%		
38	0.14%		
39	0.16%		
40	0.18%		
41	0.21%		
42	0.24%		
43	0.27%		
44	0.30%		

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information

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

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

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>1a Name of plan BAPTIST HEALTH CARE, INC. PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 002</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>BAPTIST HEALTH CARE, INC.</p> <p>ATTENTION CHRISTINE JOHNSON 125 BAPTIST WAY SUITE 6A PENSACOLA FL 32522</p>	<p>1c Effective date of plan 04/01/1982</p> <p>2b Employer Identification Number (EIN) 59-0657322</p> <p>2c Plan Sponsor's telephone number 850-469-5874</p> <p>2d Business code (see instructions) 622000</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.

SIGN HERE	<p>Signed by: <i>Christine Johnson</i></p> <p>7794DA7401A84D2...</p>	10/3/2025	CHRISTINE JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<p>Signature of employer/plan sponsor</p>	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<p>Signature of DFE</p>	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BAPTIST HEALTH CARE, INC. ATTN CHRISTINE JOHNSON 125 BAPTIST WAY STE 6A PENSACOLA FL 32503	3b Administrator's EIN 59-0657322 3c Administrator's telephone number 904-993-9734
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	2,960
---	----------	-------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		
	6a(1)	294
	6a(2)	268
	6b	1,498
	6c	937
	6d	2,703
	6e	140
	6f	2,843
	6g(1)	
	6g(2)	
	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
---	----------	--

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Baptist Health Care, Inc. Pension Plan
EIN 59-0657322 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)
Year Ended December 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<u>Series of Transactions</u>						
Fidelity Government Portfolio	71 purchases	\$ 10,409,643	\$ -	\$ 10,409,643	\$ 10,409,643	\$ -
	96 sales	-	19,725,464	19,725,464	19,725,464	-
Regions Trust Cash Sweep - Institutional	14 purchase	\$ 2,940,959	\$ -	\$ 2,940,959	\$ 2,940,959	\$ -
	21 sales	-	7,360,550	7,360,550	7,360,550	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

▶ **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.

A Name of plan BAPTIST HEALTH CARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BAPTIST HEALTH CARE, INC.	D Employer Identification Number (EIN) 59-0657322	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	87,486,754
	b Actuarial value	2b	94,377,138
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,544	66,917,791
	b For terminated vested participants	1,122	28,460,336
	c For active participants	294	6,287,256
	d Total	2,960	101,665,383
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	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	4b	
5	Effective interest rate	5	5.08%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	1,456,895
	c Target normal cost	6c	1,456,895

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.

SIGN HERE	<div style="display: flex; align-items: center;"> <div style="flex: 1;">ERIKA STIFF</div> <div style="flex: 1; text-align: center;"> </div> </div>	09/24/2025
	Signature of actuary	Date
ERIKA STIFF		2307811
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		336-728-2182
Firm name		Telephone number (including area code)
MSC #17848 PO BOX 551343 ATLANTA GA 30355		
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: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 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
26 Demographic and benefit information		
a 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 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
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	1,456,895	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	8,847,589		859,001
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	2,315,896	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	1,559,344
36 Additional cash requirement (line 34 minus line 35).....	36	756,552	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,891,829	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,135,277	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,135,277	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.08%	Interest Adjusted Contribution
January 10, 2025 \$	482,101	375 \$	458,234
April 14, 2025	935,000	469	877,443
July 14, 2025	<u>600,000</u>	560	<u>556,152</u>
Total Contribution \$	2,017,101	\$	1,891,829

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	7.00%	0.7807	3.22
60	8.00%	0.7261	3.49
61	20.00%	0.6680	8.15
62	25.00%	0.5344	8.28
63	20.00%	0.4008	5.05
64	40.00%	0.3206	8.21
65	55.00%	0.1924	6.88
66	45.00%	0.0866	2.57
67	55.00%	0.0476	1.75
68	25.00%	0.0214	0.36
69	25.00%	0.0161	0.28
70	100.00%	0.0121	0.84
	Weighted Average		61.45

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Optional Payment Form Election Percentage	52% elect life annuity, 15% elect 10-year certain and life annuity, 18% elect 75% joint and survivor annuity, and 15% elect 50% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Valuation of Plan Asset

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year	4.75%
2023 Plan Year	4.75%
2024 Plan Year	4.50%

Based on expected return assumption within a reasonable range based on target asset allocation and Aon Investments capital market assumption as of the third quarter of prior year using a 30-year horizon.

Trust Expenses Included in Target Normal Cost

The Prior year's administrative expenses, net of PBGC premiums plus current PBGC estimated premiums.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Table 1

Retirement Rates

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	20.00%
62	25.00%
63	20.00%
64	40.00%
65	55.00%
66	45.00%
67	55.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.00%	45	6.00%
16	9.00%	46	6.00%
17	9.00%	47	6.75%
18	9.00%	48	6.75%
19	9.00%	49	6.75%
20	9.00%	50	6.75%
21	9.00%	51	6.75%
22	9.00%	52	6.75%
23	9.00%	53	5.25%
24	9.00%	54	4.50%
25	9.00%	55	6.00%
26	9.00%	56	6.00%
27	9.00%	57	6.00%
28	9.00%	58	6.00%
29	9.00%	59	7.00%
30	9.00%	60	8.00%
31	9.00%	61	20.00%
32	9.00%	62	25.00%
33	9.00%	63	20.00%
34	8.25%	64	40.00%
35	8.25%	65	55.00%
36	8.25%	66	45.00%
37	8.25%	67	55.00%
38	8.25%	68	25.00%
39	6.75%	69	25.00%
40	6.00%	70+	100.00%
41	5.25%		
42	5.25%		
43	5.25%		
44	6.00%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.04%	45	0.34%
16	0.04%	46	0.37%
17	0.04%	47	0.41%
18	0.04%	48	0.46%
19	0.04%	49	0.51%
20	0.04%	50	0.56%
21	0.04%	51	0.62%
22	0.04%	52	0.68%
23	0.04%	53	0.75%
24	0.04%	54	0.82%
25	0.04%	55	0.89%
26	0.05%	56	0.96%
27	0.05%	57	1.04%
28	0.05%	58	1.12%
29	0.05%	59	1.19%
30	0.06%	60	1.27%
31	0.06%	61	1.34%
32	0.07%	62	1.41%
33	0.08%	63	1.47%
34	0.09%	64+	1.52%
35	0.10%		
36	0.11%		
37	0.13%		
38	0.14%		
39	0.16%		
40	0.18%		
41	0.21%		
42	0.24%		
43	0.27%		
44	0.30%		

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

History

The effect of plan amendments on the Plan's liabilities is measured on the valuation date. Amendments reflected in recent valuations are described below.

Changes Reflected in the 2024 Valuation

The following plan change was reflected in the 2024 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2024 was increased to \$275,000 from \$265,000

Changes Reflected in the 2023 Valuation

The following plan change was reflected in the 2023 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2023 was increased to \$265,000 from \$245,000

Changes Reflected in the 2022 Valuation

The following plan change was reflected in the 2022 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2022 was increased to \$245,000 from \$230,000

Changes Reflected in the 2021 Valuation

No plan changes were reflected in the 2021 valuation.

Changes Reflected in the 2020 Valuation

The following plan change was reflected in the 2020 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2020 was increased to \$230,000 from \$225,000

Changes Reflected in the 2019 Valuation

The following plan change was reflected in the 2019 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2019 was increased to \$225,000 from \$220,000.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Plan Provisions

Effective Date	April 1, 1982, amended and restated January 1, 2012.
Participation	Employees who were participants in the prior defined contribution plan became participants April 1, 1982. Other employees become participants after attaining age 21 and completing one year of employment during which at least 1,000 hours are worked. No employees shall become participants after February 28, 2007.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	On attainment of age 55 and the completion of five years of vesting service.
Disability Retirement	Disabled after completion of five years of vesting service.
Deferred Vested	Upon termination of employment after completion of five years of vesting service.
Spouse's Benefit	Completion of five years of vesting service and married for the year prior to death.
Amount of Benefits	
Normal Retirement	1% of final average pay times years of benefit service after 1981, plus ½ of 1% of final average pay times years of benefit service prior to 1982.
Early Retirement	Normal retirement benefit accrued to date of early retirement reduced by ½ of 1% for each complete month payments commence prior to age 65.
Disability Retirement	Normal retirement benefit payable following elapse of five full calendar months of disability, based on final average pay and benefit service at time of disability. The benefit is reduced by ½ of 1% for each month payment precedes age 65.
Deferred Vested Retirement	Normal retirement benefit payable at age 65 accrued to date of termination. Benefits may commence after age 55, reduced in the same manner as early retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Spouse's Benefit

Early Retirement Eligible

50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.

Not Early Retirement Eligible

50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.

Form of Benefit

Automatic Form

A monthly amount reduced on an actuarial equivalent basis payable during the employee's lifetime and thereafter 50% of such monthly amount continuing to the surviving spouse until the spouse's death.

Normal Form

Life annuity.

Optional Form

Ten-year certain and life annuity, 75% joint and survivor annuity.

Payment of Small Amounts

If the single sum actuarial equivalent benefit is less than or equal to \$5,000, the benefit will be paid as a lump sum.

Definitions

Actuarial Equivalence

Mortality

Lump sums: Applicable mortality table prescribed by the Secretary of the Treasury.

Other: 1971 Group Annuity Table with annuity values weighted 20% male and 80% female.

Interest

Lump Sums: Three-segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year.

Other: 8.00%.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Final Average Pay

The monthly average of a participant's pay during the five highest plan years within the 10 completed plan years next preceding termination of employment. If a participant has less than five plan years of pay, the monthly average will be based on total pay for completed plan years.

Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.

Pay

Total compensation as reported on the federal W-2 form plus any tax-sheltered annuity contributions made on a salary reduction basis. If hours of service for a plan year are less than 2,080, pay is multiplied by 2,080 and divided by the hours of service. Pay shall not exceed the limit described in IRC section 401(a)(17).

Plan Year

Calendar year.

Service

Benefit Service

Primarily used for benefit accrual purposes (maximum of 40 years).

- (1) Prior to the effective date, the continuous period of employment with the Hospital ending on the effective date.
- (2) After the effective date, one-half of a year shall be credited if the hours worked are between 1,000 and 1,200. An additional tenth is credited for each 200 hours in excess of 1,200 such that a full year is credited if there are 2,000 or more hours of service in a plan year.

No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.

Vesting Service

Primarily used to determine eligibility for benefits.

One year of service shall be credited for the initial 12-month period of employment during which an employee completes 1,000 hours of service and each plan year an employee completes at least 1,000 hours of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Pension Plan Provisions for Atmore Employees

Effective Date January 1, 1971, amended and restated January 1, 2016.

Participation Employees become participants after attaining age 21 and completing one year of eligibility service. No employees shall become participants after February 28, 2007.

Effective March 1, 2016, all assets and liabilities under the Plan that represented the entire accrued benefit of all Atmore employees who were not entitled to any retirement benefits under the plan for service other than as an Atmore employee were transferred to the ACH Pension Plan. Atmore benefits were retained by the Baptist Plan for 10 Atmore employees also entitled to a retirement benefit under the Baptist provisions.

Eligibility for Benefits

Normal Retirement Age 65 and five years of participation or vesting service.

Early Retirement Age 55 and 10 years of vesting service.

Disability Retirement Disabled after completion of five years of vesting service.

Deferred Vested Upon termination of employment after completion of five years of vesting service.

Spouse's Benefit Completion of five years of vesting service and married for the year prior to death.

Amount of Benefits

Normal Retirement Annual benefit equal to (1) – (2):

(1) 50% of final average pay

(2) 55% of primary Social Security benefit

The amount determined above is reduced by 4% for each year of benefit service under 25.

The final benefit amount will not be less than \$240 annually.

Early Retirement Actuarial equivalent of accrued benefit, but not less than \$240 annually.

Disability Retirement Accrued benefit payable at normal retirement age, including the period of disability as years of benefit service. Benefit payable at age 55, reduced in the same manner as early retirement, with 10 years of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Deferred Vested

Accrued benefit payable at normal retirement age. For participants with 10 years of service at termination, actuarially equivalent benefits may commence as early as age 55 reduced in the same manner as early retirement.

Spouse's Benefit

Early Retirement Eligible

50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a 50% joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.

Not Early Retirement Eligible

50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a qualified joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.

Forms of Payment

Normal Form

Single

Life annuity.

Married

Actuarially equivalent 50% joint and survivor annuity.

Optional Forms Actuarially equivalent amounts in form of:

- 100% joint and survivor annuity
- 75% joint and survivor annuity
- 66 $\frac{2}{3}$ % joint and survivor annuity
- 50% joint and survivor annuity
- 10-year certain and life annuity
- Social Security level income annuity

Payment of Small Amounts

If the single sum actuarial equivalent benefit is less than or equal to \$5,000, the benefit will be paid as a lump sum.

Definitions

Accrued Benefit

Normal retirement benefit based on final average pay and primary Social Security benefit at determination date of years of benefit service assuming continued employment to normal retirement times a fraction (not to exceed one). The numerator equals years of benefit service at the determination date and the denominator equals years of benefit service assuming continued employment to normal retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Actuarial Equivalence

Mortality

Lump Sums: Applicable mortality table prescribed by the Secretary of the Treasury.

Other: 1983 Group Annuity Mortality Table (male rates set back one year).

Interest

Lump Sums: Three segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year.

Other: 5%.

Benefit Limits

Benefits are subject to IRC section 415 limits.

Final Average Pay

The monthly average of a participant's pay for the five consecutive years of benefit service within the 10 completed plan years next preceding termination of employment that produces the highest average. If a participant does not have five complete plan years of pay, the monthly average will be total pay averaged over period of benefit service.

Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.

Pay

W-2 pay plus deferrals, subject to IRC section 401(a)(17) limits.

Plan Year

Calendar year.

Primary Social Security Benefit

Estimated Social Security benefit payable at Age 65. Compensation assumed to remain level after termination. Compensation increases prior to termination assumed equal to increases in national average wages.

Service

Benefit Service

A participant is credited with one year of service for each plan year the participant earns 1,000 hours. A partial year of service will be credited for the year of hire and the year of termination only, equal to the number of hours earned divided by 1,000.

No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.

Eligibility Service

Twelve consecutive month period during which employee earns at least 1,000 hours. The first period begins on the date of hire. Following periods begin on January 1.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Vesting Service

Equal to years of benefit service, except that service prior to the age of 18 is disregarded and service after February 28, 2007 will be included.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the expected return on asset from 4.75% to 4.50%.

This change was made to better reflect anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 26a — Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	2	4								
40-44	2	25 \$933	7							
45-49	1	28 \$1,049	16	2						
50-54	4	27 \$1,205	27 \$3,704	10						
55-59	2	22 \$894	13	12	7					
60-64	2	20 \$1,151	23 \$2,806	12	7	5	1			
65-69	1	7		2						
70+		2	1							

N-294

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	64,630	770,823	6,457,993	7,293,446
2025	135,532	1,011,013	6,271,623	7,418,168
2026	198,100	1,178,377	6,101,040	7,477,517
2027	255,215	1,334,738	5,933,641	7,523,594
2028	300,550	1,544,211	5,752,717	7,597,478
2029	333,320	1,717,445	5,553,738	7,604,503
2030	364,347	1,820,497	5,348,443	7,533,287
2031	389,193	1,925,865	5,146,805	7,461,863
2032	413,006	2,043,592	4,938,300	7,394,898
2033	432,626	2,087,771	4,721,148	7,241,545
2034	449,844	2,153,724	4,497,189	7,100,757
2035	471,402	2,187,494	4,271,704	6,930,600
2036	486,972	2,233,665	4,041,468	6,762,105
2037	500,024	2,255,528	3,807,287	6,562,839
2038	516,702	2,247,389	3,570,055	6,334,146
2039	522,595	2,241,010	3,330,773	6,094,378
2040	524,398	2,225,090	3,090,561	5,840,049
2041	523,164	2,198,640	2,850,637	5,572,441
2042	517,822	2,143,185	2,612,319	5,273,326
2043	516,875	2,080,934	2,377,041	4,974,850
2044	513,087	2,011,090	2,146,353	4,670,530
2045	504,134	1,942,680	1,921,915	4,368,729
2046	492,075	1,865,737	1,705,502	4,063,314
2047	477,429	1,784,160	1,498,910	3,760,499
2048	461,612	1,697,310	1,303,873	3,462,795
2049	444,488	1,606,382	1,121,989	3,172,859
2050	425,265	1,512,168	954,589	2,892,022
2051	404,881	1,415,697	802,653	2,623,231
2052	383,507	1,317,837	666,749	2,368,093
2053	361,179	1,219,367	547,010	2,127,556
2054	338,214	1,121,146	443,135	1,902,495
2055	314,904	1,024,093	354,436	1,693,433
2056	291,470	929,135	279,905	1,500,510
2057	268,175	837,154	218,285	1,323,614
2058	245,245	748,955	168,168	1,162,368

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	222,906	665,239	128,068	1,016,213
2060	201,358	586,570	96,492	884,420
2061	180,747	513,370	72,014	766,131
2062	161,202	445,919	53,319	660,440
2063	142,820	384,356	39,236	566,412
2064	125,672	328,697	28,761	483,130
2065	109,809	278,842	21,051	409,702
2066	95,255	234,596	15,426	345,277
2067	82,011	195,698	11,347	289,056
2068	70,058	161,827	8,400	240,285
2069	59,354	132,619	6,274	198,247
2070	49,850	107,674	4,741	162,265
2071	41,487	86,580	3,632	131,699
2072	34,195	68,923	2,829	105,947
2073	27,898	54,301	2,245	84,444

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 12,111,037	January 1, 2023	14	\$ 1,155,911
Shortfall	\$ (3,263,448)	January 1, 2024	15	\$ (296,910)

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.08%	Interest Adjusted Contribution
January 10, 2025 \$	482,101	375 \$	458,234
April 14, 2025	935,000	469	877,443
July 14, 2025	<u>600,000</u>	560	<u>556,152</u>
Total Contribution \$	2,017,101	\$	1,891,829

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	7.00%	0.7807	3.22
60	8.00%	0.7261	3.49
61	20.00%	0.6680	8.15
62	25.00%	0.5344	8.28
63	20.00%	0.4008	5.05
64	40.00%	0.3206	8.21
65	55.00%	0.1924	6.88
66	45.00%	0.0866	2.57
67	55.00%	0.0476	1.75
68	25.00%	0.0214	0.36
69	25.00%	0.0161	0.28
70	100.00%	0.0121	0.84
	Weighted Average		61.45

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Schedule SB, line 26b – Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	64,630	770,823	6,457,993	7,293,446
2025	135,532	1,011,013	6,271,623	7,418,168
2026	198,100	1,178,377	6,101,040	7,477,517
2027	255,215	1,334,738	5,933,641	7,523,594
2028	300,550	1,544,211	5,752,717	7,597,478
2029	333,320	1,717,445	5,553,738	7,604,503
2030	364,347	1,820,497	5,348,443	7,533,287
2031	389,193	1,925,865	5,146,805	7,461,863
2032	413,006	2,043,592	4,938,300	7,394,898
2033	432,626	2,087,771	4,721,148	7,241,545
2034	449,844	2,153,724	4,497,189	7,100,757
2035	471,402	2,187,494	4,271,704	6,930,600
2036	486,972	2,233,665	4,041,468	6,762,105
2037	500,024	2,255,528	3,807,287	6,562,839
2038	516,702	2,247,389	3,570,055	6,334,146
2039	522,595	2,241,010	3,330,773	6,094,378
2040	524,398	2,225,090	3,090,561	5,840,049
2041	523,164	2,198,640	2,850,637	5,572,441
2042	517,822	2,143,185	2,612,319	5,273,326
2043	516,875	2,080,934	2,377,041	4,974,850
2044	513,087	2,011,090	2,146,353	4,670,530
2045	504,134	1,942,680	1,921,915	4,368,729
2046	492,075	1,865,737	1,705,502	4,063,314
2047	477,429	1,784,160	1,498,910	3,760,499
2048	461,612	1,697,310	1,303,873	3,462,795
2049	444,488	1,606,382	1,121,989	3,172,859
2050	425,265	1,512,168	954,589	2,892,022
2051	404,881	1,415,697	802,653	2,623,231
2052	383,507	1,317,837	666,749	2,368,093
2053	361,179	1,219,367	547,010	2,127,556
2054	338,214	1,121,146	443,135	1,902,495
2055	314,904	1,024,093	354,436	1,693,433
2056	291,470	929,135	279,905	1,500,510
2057	268,175	837,154	218,285	1,323,614
2058	245,245	748,955	168,168	1,162,368

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Baptist Health Care Corporation Pension Plan
 EIN: 59-0657322 PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	222,906	665,239	128,068	1,016,213
2060	201,358	586,570	96,492	884,420
2061	180,747	513,370	72,014	766,131
2062	161,202	445,919	53,319	660,440
2063	142,820	384,356	39,236	566,412
2064	125,672	328,697	28,761	483,130
2065	109,809	278,842	21,051	409,702
2066	95,255	234,596	15,426	345,277
2067	82,011	195,698	11,347	289,056
2068	70,058	161,827	8,400	240,285
2069	59,354	132,619	6,274	198,247
2070	49,850	107,674	4,741	162,265
2071	41,487	86,580	3,632	131,699
2072	34,195	68,923	2,829	105,947
2073	27,898	54,301	2,245	84,444

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

History

The effect of plan amendments on the Plan's liabilities is measured on the valuation date. Amendments reflected in recent valuations are described below.

Changes Reflected in the 2024 Valuation

The following plan change was reflected in the 2024 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2024 was increased to \$275,000 from \$265,000

Changes Reflected in the 2023 Valuation

The following plan change was reflected in the 2023 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2023 was increased to \$265,000 from \$245,000

Changes Reflected in the 2022 Valuation

The following plan change was reflected in the 2022 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2022 was increased to \$245,000 from \$230,000

Changes Reflected in the 2021 Valuation

No plan changes were reflected in the 2021 valuation.

Changes Reflected in the 2020 Valuation

The following plan change was reflected in the 2020 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2020 was increased to \$230,000 from \$225,000

Changes Reflected in the 2019 Valuation

The following plan change was reflected in the 2019 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2019 was increased to \$225,000 from \$220,000.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Plan Provisions

Effective Date	April 1, 1982, amended and restated January 1, 2012.
Participation	Employees who were participants in the prior defined contribution plan became participants April 1, 1982. Other employees become participants after attaining age 21 and completing one year of employment during which at least 1,000 hours are worked. No employees shall become participants after February 28, 2007.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	On attainment of age 55 and the completion of five years of vesting service.
Disability Retirement	Disabled after completion of five years of vesting service.
Deferred Vested	Upon termination of employment after completion of five years of vesting service.
Spouse's Benefit	Completion of five years of vesting service and married for the year prior to death.
Amount of Benefits	
Normal Retirement	1% of final average pay times years of benefit service after 1981, plus ½ of 1% of final average pay times years of benefit service prior to 1982.
Early Retirement	Normal retirement benefit accrued to date of early retirement reduced by ½ of 1% for each complete month payments commence prior to age 65.
Disability Retirement	Normal retirement benefit payable following elapse of five full calendar months of disability, based on final average pay and benefit service at time of disability. The benefit is reduced by ½ of 1% for each month payment precedes age 65.
Deferred Vested Retirement	Normal retirement benefit payable at age 65 accrued to date of termination. Benefits may commence after age 55, reduced in the same manner as early retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Spouse's Benefit

Early Retirement Eligible

50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.

Not Early Retirement Eligible

50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.

Form of Benefit

Automatic Form

A monthly amount reduced on an actuarial equivalent basis payable during the employee's lifetime and thereafter 50% of such monthly amount continuing to the surviving spouse until the spouse's death.

Normal Form

Life annuity.

Optional Form

Ten-year certain and life annuity, 75% joint and survivor annuity.

Payment of Small Amounts

If the single sum actuarial equivalent benefit is less than or equal to \$5,000, the benefit will be paid as a lump sum.

Definitions

Actuarial Equivalence

Mortality

Lump sums: Applicable mortality table prescribed by the Secretary of the Treasury.

Other: 1971 Group Annuity Table with annuity values weighted 20% male and 80% female.

Interest

Lump Sums: Three-segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year.

Other: 8.00%.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Final Average Pay	<p>The monthly average of a participant's pay during the five highest plan years within the 10 completed plan years next preceding termination of employment. If a participant has less than five plan years of pay, the monthly average will be based on total pay for completed plan years.</p> <p>Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.</p>
Pay	<p>Total compensation as reported on the federal W-2 form plus any tax-sheltered annuity contributions made on a salary reduction basis. If hours of service for a plan year are less than 2,080, pay is multiplied by 2,080 and divided by the hours of service. Pay shall not exceed the limit described in IRC section 401(a)(17).</p>
Plan Year	<p>Calendar year.</p>
Service	
Benefit Service	<p>Primarily used for benefit accrual purposes (maximum of 40 years).</p> <ol style="list-style-type: none">(1) Prior to the effective date, the continuous period of employment with the Hospital ending on the effective date.(2) After the effective date, one-half of a year shall be credited if the hours worked are between 1,000 and 1,200. An additional tenth is credited for each 200 hours in excess of 1,200 such that a full year is credited if there are 2,000 or more hours of service in a plan year. <p>No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.</p>
Vesting Service	<p>Primarily used to determine eligibility for benefits.</p> <p>One year of service shall be credited for the initial 12-month period of employment during which an employee completes 1,000 hours of service and each plan year an employee completes at least 1,000 hours of service.</p>

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Pension Plan Provisions for Atmore Employees

Effective Date January 1, 1971, amended and restated January 1, 2016.

Participation Employees become participants after attaining age 21 and completing one year of eligibility service. No employees shall become participants after February 28, 2007.

Effective March 1, 2016, all assets and liabilities under the Plan that represented the entire accrued benefit of all Atmore employees who were not entitled to any retirement benefits under the plan for service other than as an Atmore employee were transferred to the ACH Pension Plan. Atmore benefits were retained by the Baptist Plan for 10 Atmore employees also entitled to a retirement benefit under the Baptist provisions.

Eligibility for Benefits

Normal Retirement Age 65 and five years of participation or vesting service.

Early Retirement Age 55 and 10 years of vesting service.

Disability Retirement Disabled after completion of five years of vesting service.

Deferred Vested Upon termination of employment after completion of five years of vesting service.

Spouse's Benefit Completion of five years of vesting service and married for the year prior to death.

Amount of Benefits

Normal Retirement Annual benefit equal to (1) – (2):

(1) 50% of final average pay

(2) 55% of primary Social Security benefit

The amount determined above is reduced by 4% for each year of benefit service under 25.

The final benefit amount will not be less than \$240 annually.

Early Retirement Actuarial equivalent of accrued benefit, but not less than \$240 annually.

Disability Retirement Accrued benefit payable at normal retirement age, including the period of disability as years of benefit service. Benefit payable at age 55, reduced in the same manner as early retirement, with 10 years of service.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Deferred Vested

Accrued benefit payable at normal retirement age. For participants with 10 years of service at termination, actuarially equivalent benefits may commence as early as age 55 reduced in the same manner as early retirement.

Spouse's Benefit

Early Retirement Eligible

50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a 50% joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.

Not Early Retirement Eligible

50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a qualified joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.

Forms of Payment

Normal Form

Single

Life annuity.

Married

Actuarially equivalent 50% joint and survivor annuity.

Optional Forms Actuarially equivalent amounts in form of:

- 100% joint and survivor annuity
- 75% joint and survivor annuity
- 66 $\frac{2}{3}$ % joint and survivor annuity
- 50% joint and survivor annuity
- 10-year certain and life annuity
- Social Security level income annuity

Payment of Small Amounts

If the single sum actuarial equivalent benefit is less than or equal to \$5,000, the benefit will be paid as a lump sum.

Definitions

Accrued Benefit

Normal retirement benefit based on final average pay and primary Social Security benefit at determination date of years of benefit service assuming continued employment to normal retirement times a fraction (not to exceed one). The numerator equals years of benefit service at the determination date and the denominator equals years of benefit service assuming continued employment to normal retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Actuarial Equivalence

Mortality

Lump Sums: Applicable mortality table prescribed by the Secretary of the Treasury.

Other: 1983 Group Annuity Mortality Table (male rates set back one year).

Interest

Lump Sums: Three segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year.

Other: 5%.

Benefit Limits

Benefits are subject to IRC section 415 limits.

Final Average Pay

The monthly average of a participant's pay for the five consecutive years of benefit service within the 10 completed plan years next preceding termination of employment that produces the highest average. If a participant does not have five complete plan years of pay, the monthly average will be total pay averaged over period of benefit service.

Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.

Pay

W-2 pay plus deferrals, subject to IRC section 401(a)(17) limits.

Plan Year

Calendar year.

Primary Social Security Benefit

Estimated Social Security benefit payable at Age 65. Compensation assumed to remain level after termination. Compensation increases prior to termination assumed equal to increases in national average wages.

Service

Benefit Service

A participant is credited with one year of service for each plan year the participant earns 1,000 hours. A partial year of service will be credited for the year of hire and the year of termination only, equal to the number of hours earned divided by 1,000.

No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.

Eligibility Service

Twelve consecutive month period during which employee earns at least 1,000 hours. The first period begins on the date of hire. Following periods begin on January 1.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Vesting Service

Equal to years of benefit service, except that service prior to the age of 18 is disregarded and service after February 28, 2007 will be included.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Baptist Health Care, Inc. Pension Plan
EIN 59-0657322 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)
December 31, 2024

Identity of Issuer	Description of Investment		Current Value
* Regions Trust	Cash Equivalent	Regions Trust Cash Sweep	\$ 1,098,849
* Aon Hewitt Group Trust	Collective Trust	Aon Large Cap Equity Index Fund	7,883,265
* Aon Hewitt Group Trust	Collective Trust	Aon Global Real Estate Fund CI I	53,148
* Aon Hewitt Group Trust	Collective Trust	Aon Small & Mid Cap Eq Fund CI I	1,326,496
* Aon Hewitt Group Trust	Collective Trust	Aon Hewitt Global Equity	5,595,699
* Aon Hewitt Group Trust	Collective Trust	Aon High Yield Plus Fund CI I	93,009
* Aon Hewitt Group Trust	Collective Trust	Aon Intermediate Credit Bond Class I	2,173,387
* Aon Hewitt Group Trust	Collective Trust	Aon Long Credit Bond Class I	26,682,767
* Aon Hewitt Group Trust	Collective Trust	Aon Mid Duration Long Credit Bond	82,523
* Aon Hewitt Group Trust	Collective Trust	Aon Non US Equity Fund CI I	5,297,519
* Aon Hewitt Group Trust	Collective Trust	Aon Non-Equity Index Fund	2,712,046
* Aon Hewitt Group Trust	Collective Trust	Aon US Intermediate Govt Bd Index	900,505
* Aon Hewitt Group Trust	Collective Trust	Aon US Long Govt Bd Index Fund	453,942
* Aon Hewitt Group Trust	Collective Trust	Aon Multi-Asset Credit Fund	7,569,103
NISA	Bond	NISA Ultra Long Treasury CIF - Class A	3,968,738
NISA	Bond	NISA Ultra Mid Treasury CIF - Class A	4,670,868
			<u>69,463,015</u>
* Aon Hewitt Group Trust	Limited Partnership	Townsend Real Estate Alpha Fund-E	6,109,332
* Aon Hewitt Group Trust	Limited Partnership	Townsend Real Estate Alpha Fund III	3,175,746
			<u>9,285,078</u>
			<u>\$ 79,846,942</u>

*Represents party in interest

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 12,111,037	January 1, 2023	14	\$ 1,155,911
Shortfall	\$ (3,263,448)	January 1, 2024	15	\$ (296,910)

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Baptist Health Care Corporation Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, line 24 — Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the expected return on asset from 4.75% to 4.50%.

This change was made to better reflect anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.