Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/07/2025

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

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2010

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)
BAYLOR SCOTT & WHITE HEALTH

301 N. WASHINGTON AVENUE
DALLAS, TX 75246

2b Employer Identification Number (EIN)
46-3131350

2c Plan Sponsor's telephone number
844-417-5223

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/08/2026	TINA BOGAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/08/2026	TINA BOGAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name BAYLOR SCOTT & WHITE HOLDINGS

c Plan Name BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN

4b EIN 46-3130985

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	0
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	**6a(1)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1C 1I 3C

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] 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)** [X] **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 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/07/2025

A Name of plan
BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAYLOR SCOTT & WHITE HEALTH

D Employer Identification Number (EIN)
46-3131350

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 18 21 50	CONTRACT ADMINISTRATOR	59610	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [ ]

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

HAYNES & BOONES LLP

75-1312888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL	164	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H
(Form 5500)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/07/2025

A Name of plan
BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAYLOR SCOTT & WHITE HEALTH

D Employer Identification Number (EIN)
46-3131350

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1167936	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1167936	0
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1167936	0

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	25054	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25054
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25054
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
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)	59610	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	164	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	37370	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		97144
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		97144
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-72090
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1095846

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) [X] 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)** [X] 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: ARMANINO, LLP **(2)** EIN: 33-2514127

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**		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.)	**4j**	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?	**4k**	X		
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
BAYLOR SCOTT & WHITE HEALTH RETIREMENT SAVINGS PLAN	46-3131350	002

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 566603.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 07/07/2025

A Name of plan
BAYLOR SCOTT & WHITE HEALTH CONSOLIDATED FROZEN BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BAYLOR SCOTT & WHITE HEALTH

D Employer Identification Number (EIN)
46-3131350

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): _____ _____

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** 0

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Baylor Scott & White Health Consolidated Frozen Benefit Plan

Financial Statements
and Supplemental Schedules

July 7, 2025 and December 31, 2024 (In Liquidation)

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Benefits Operations
Committee of Baylor Scott & White Health
Consolidated Frozen Benefit Plan
Baylor Scott & White Health Consolidated Frozen Benefit Plan

Opinion

We have audited the accompanying financial statements of Baylor Scott & White Health Consolidated Frozen Benefit Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (in liquidation) as of July 7, 2025 and December 31, 2024, and the related statements of changes in net assets available for benefits (in liquidation) for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024, and the statements of accumulated plan benefits (in liquidation) as of July 7, 2025 and December 31, 2024, and the statements of changes in accumulated plan benefits (in liquidation) for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (in liquidation) of Baylor Scott & White Health Consolidated Frozen Benefit Plan as of July 7, 2025 and December 31, 2024, and the changes in its net assets available for benefits (in liquidation) for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024, and the accumulated plan benefits (in liquidation) as of July 7, 2025 and December 31, 2024, and the changes in its accumulated plan benefits (in liquidation) for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Baylor Scott & White Health Consolidated Frozen Benefit 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 audit opinion.

Emphasis of Matter - Plan Termination and Basis of Accounting

As further discussed in Note 1 to the financial statements, Baylor Scott and White Holdings, the Plan Sponsor, approved the termination of the Plan effective December 31, 2022 and management determined liquidation was imminent. As a result, the Plan's basis of accounting is the liquidation basis as of July 7, 2025 and December 31, 2024, and for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024. 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management 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 Audits of the Financial Statements

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 generally accepted auditing standards 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 audits in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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 Baylor Scott & White Health Consolidated Frozen Benefit 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.

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) (in liquidation) as of December 31, 2024 and reportable transactions (in liquidation) for the period from January 1, 2025 to July 7, 2025, and the year ended December 31, 2024 (collectively, "supplemental schedules") 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 has been subjected to the 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Austin, Texas

February 4, 2026

Baylor Scott & White Health Consolidated Frozen Benefit Plan
Statements of Net Assets Available for Benefits
July 7, 2025 and December 31, 2024 (In Liquidation)

	2025	2024
ASSETS		
Investments		
Investments, at fair value	$ -	$ 1,167,936
Total investments	-	1,167,936
Net assets available for benefits	$ -	$ 1,167,936

The accompanying notes are an integral part of these financial statements.

Baylor Scott & White Health Consolidated Frozen Benefit Plan
Statements of Changes in Net Assets Available for Benefits
For the Period from January 1, 2025 to July 7, 2025
and the Year Ended December 31, 2024 (In Liquidation)

	2025	2024
Additions		
Investment income		
Net depreciation of investments	$ -	$ (476,460)
Interest and dividends	25,054	103,704
Other gain	-	1,834,208
Net investment income	25,054	1,461,452
Other income		
Employer contributions	-	1,913,232
Total other income	-	1,913,232
Total additions	25,054	3,374,684
Deductions		
Benefits paid to participants	-	1,790,708
Purchase of annuity contracts to fund benefit payments	-	52,958,236
Administrative expenses	97,144	410,652
Total deductions	97,144	55,159,596
Net decrease in net assets available for benefits before transfers	(72,090)	(51,784,912)
Transfers		
Transfers from the plan	(1,095,846)	-
Total transfers	(1,095,846)	-
Net decrease in net assets available for benefits	(1,167,936)	(51,784,912)
Net assets available for benefits, beginning of year	1,167,936	52,952,848
Net assets available for benefits, end of year	$ -	$ 1,167,936

The accompanying notes are an integral part of these financial statements.

Baylor Scott & White Health Consolidated Frozen Benefit Plan
Statements of Accumulated Plan Benefits
July 7, 2025 and December 31, 2024 (In Liquidation)

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits	$ -	$ -
Total actuarial present value of accumulated plan benefits	$ -	$ -

The accompanying notes are an integral part of these financial statements.

Baylor Scott & White Health Consolidated Frozen Benefit Plan
Statements of Changes in Accumulated Plan Benefits
For the Period from January 1, 2025 to July 7, 2025
and the Year Ended December 31, 2024 (In Liquidation)

	2025	2024
Actuarial present value of accumulated plan benefits, beginning of year	$ -	$ 57,317,353
Increase (decrease) during the year attributable to		
Benefits accumulated	-	-
Increase for interest due to decrease in discount period	-	-
Benefits paid	-	(57,317,353)
Change in assumptions	-	-
Net increase (decrease)	-	(57,317,353)
Actuarial present value of accumulated plan benefits, end of year	$ -	$ -

The accompanying notes are an integral part of these financial statements.

Baylor Scott & White Health Consolidated Frozen Benefit Plan
Notes to Financial Statements
July 7, 2025 and December 31, 2024 (In Liquidation)

1. DESCRIPTION OF THE PLAN

The Baylor Scott & White Health Consolidated Frozen Benefit Plan (the "Plan") was formed March 31, 2017, to hold three formerly separate plans:

- THA Defined Benefit Retirement Plan for Scott & White Hospital Brenham ("Scott & White Brenham Plan")
- Texas Hospital Association Retirement Plan for King's Daughters Hospital ("King's Daughters Plan")
- All Saints Health System Pension Plan ("All Saints Plan")

In September 2020, the Plan administrator approved to merge the assets of the Scott & White Brenham Plan, the King's Daughters Plan, and the All Saints Plan into a single trust. Effective February 22, 2022, the Plan transitioned Trustees from Wells Fargo Bank N.A. to Principal Trust Company. On September 23, 2022, the Plan Sponsor authorized the termination of the Plan effective December 31, 2022. See Note 4 for further information regarding the prescribed process for terminating the Plan.

The Plan provisions under the three formerly separate plans have been continued without any changes, except for minor changes resulting from the Plan restatement effective January 1, 2022. Distribution provisions were temporarily changed due to the Plan termination to allow participants to begin receiving distributions prior to retirement age. Complete information regarding the Plans is included in their respective Plan agreements. Significant Plan provisions are summarized below.

Identifying data

a. Plan name: Baylor Scott & White Health Consolidated Frozen Benefit Plan

b. Type of plan: Defined benefit

c. Plan sponsor through December 31, 2024: Baylor Scott & White Holdings

d. Plan sponsor effective January 1, 2025: Baylor Scott & White Health

Plan amendment

Effective January 1, 2025, Baylor Scott & White Holdings was merged with and into Baylor Scott & White Health, with Baylor Scott & White Health continuing as the surviving entity. As a result of the merger, Baylor Scott & White Health replaced Baylor Scott & White Holdings as the Plan Sponsor.

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the All Saints Plan

Contributions to the Plan

Employer contributions to the trust will be made in such amounts and at such times as are required to maintain the Plan and trust in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") and Internal Revenue Code ("IRC") Section 412. Participant contributions are not required or permitted.

Normal Retirement Benefit

Eligibility is the first day of the month coincident with or next following attainment of age 65. The monthly lifetime only benefit is equal to the monthly benefit that can be provided on an actuarial equivalent basis by the participant's account balance at age 65. Account balances for non-highly compensated employees who were employed by a not-for-profit employer and who were eligible to retire under normal retirement, late retirement, or early retirement as of March 31, 2001, were "re-initialized" as of this date based on the present value of their grandfathered benefit amounts.

Late Retirement Benefit

An employee may continue working beyond normal retirement. The benefit is determined as for normal retirement considering benefit service up to the earlier of the Plan freeze date or actual retirement date. Payments begin at actual retirement without actuarial increase because of age. In no event will this late retirement benefit be less than the actuarial equivalent of the normal retirement benefit.

Early Retirement Benefit

An employee is eligible for an early retirement benefit after age 55, provided the employee has completed at least 10 years of vesting service. The monthly lifetime only annuity, payable at the employee's normal retirement date, is equal to the benefit as defined above for normal retirement using the number of years of benefit service and compensation at actual retirement and projecting the account balance forward to normal retirement date with interest based on the interest rate applicable for the calendar quarter in which employment terminated. The participant may elect to start receiving benefits as early as their early retirement date. The monthly pension is reduced 1/15th for each of the first five years and by 1/30th for each of the next five years by which commencement of payments precedes normal retirement date.

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the All Saints Plan (continued)

Termination Benefit

Upon termination of employment, an employee is vested according to the following schedule:

Years of Service	Percentage
Less than 3	0%
3 or more	100%

The monthly lifetime only annuity is computed as for early retirement, considering benefit service and compensation at termination. Payments will commence at normal retirement date, if the participant is living, although if requested, a reduced pension may be paid as early as age 55 if the employee has completed at least 10 years of vesting service. The reduction for early commencement is the same as for early retirement commencement.

Disability Benefit

Upon disability, an employee who is entitled to receive a Social Security disability benefit and who has completed at least 10 years of vesting service is eligible to receive monthly life only disability benefits. Such benefits commence on the first day of the month coincident with or next after disability benefits from the employer's long-term disability plan have ceased, or normal retirement date, if later. The monthly pension amount is computed as for early retirement considering service and compensation as of the employee's date of disability.

Pre-Retirement Death Benefit

If a participant dies after becoming vested in any benefit, the surviving beneficiary is eligible for a benefit payable for life only. The monthly benefit will commence on the first day of the month following death of the participant, or the date the participant would have been eligible for early retirement, if later. The benefit is 50% of the accrued benefit determined as for early retirement considering service and compensation to date of death, then reduced for the earlier payment and the survivor protection.

Optional Forms of Benefits and Lump Sum Payments

Automatic Form of Benefit - If the participant is married on the benefit commencement date, a joint and 50% survivor annuity option will be payable, actuarially reduced. If the participant is not married on the benefit commencement date, a lifetime only annuity will be payable.

Monthly optional forms of payment provided by the Plan are determined on an actuarially equivalent basis. Lump sum payments are available from the Plan, provided that the present value of benefits does not exceed $10,000.

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the King's Daughters Plan

Contributions to the Plan

Employer contributions to the trust will be made in such amounts and at such times as are required to maintain the Plan and trust in compliance with ERISA and IRC Section 412. Participant contributions were required until September 30, 1992, of 3% of compensation. After that date, no participant contributions were required or permitted.

Normal Retirement Benefit

Eligibility is the first day of the month coincident with or next following attainment of age 65 with at least 5 years of Plan participation. The Plan is frozen effective May 31, 2009.

Late Retirement Benefit

An employee may continue working beyond normal retirement. The benefit is determined as for normal retirement considering compensation and benefit service up to the earlier of the Plan freeze date or actual retirement date. Payments begin at actual retirement without actuarial increase because of age. In no event will this late retirement benefit be less than the actuarial equivalent of the normal retirement benefit.

Early Retirement Benefit

An employee is eligible for an early retirement benefit after age 55, provided the employee has completed at least 10 years of vesting service. The monthly lifetime only annuity, payable at the employee's normal retirement date, is equal to the benefit as defined above for normal retirement. The participant may elect to start receiving benefits as early as their early retirement date. The monthly pension is reduced 1/15th for each of the first five years and by 1/30th for each of the next five years by which commencement of payments precedes normal retirement date.

Termination Benefit

Upon termination of employment, an employee is vested according to the following schedule:

Years of Service	Percentage
Less than 5	0%
5 or more	100%

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the King's Daughters Plan (continued)

The monthly lifetime only annuity is computed as for early retirement, considering benefit service and compensation at termination. Payments will commence at normal retirement date, if the participant is living, although if requested, a reduced pension may be paid as early as age 55 if the employee has completed at least 10 years of vesting service. The reduction for early commencement is the same as for early retirement commencement.

A participant is always 100% vested in the portion of the accrued benefit attributable to employee contributions.

Disability Benefit

Upon disability prior to normal retirement age, an employee who has completed at least 10 years of vesting service is eligible to receive monthly life only disability benefits as defined in the Plan document.

Pre-Retirement Death Benefit

If a participant dies after becoming vested in any benefit, the surviving spouse is eligible for a benefit payable for life only. The monthly benefit will commence on the first day of the month following death of the participant, or the date the participant would have been eligible for early retirement, if later.

Optional Forms of Benefits and Lump Sum Payments

Automatic Form of Benefit - If the participant is married on the benefit commencement date, a joint and 50% survivor annuity option will be payable, actuarially reduced. If the participant is not married on the benefit commencement date, a lifetime only annuity will be payable.

Monthly optional forms of payment provided by the Plan are determined on an actuarially equivalent basis. Lump sum payments are available from the Plan, provided that the present value of benefits does not exceed $5,000.

Plan Provisions of the Scott & White Brenham Plan

Contributions to the Plan

Employer contributions to the trust will be made in such amounts and at such times as are required to maintain the Plan and trust in compliance with ERISA and IRC Section 412. Participant contributions are not required or permitted.

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the Scott & White Brenham Plan (continued)

Normal Retirement Benefit

Eligibility is the first day of the month coincident with or next following attainment of age 65. The monthly lifetime only benefit is equal to the amount determined by the Plan administrator of the Sisters of St. Frances Lay Employees' Retirement Plan under the terms of that Plan as of June 30, 2010. The Plan is frozen effective June 30, 2010.

Late Retirement Benefit

An employee may continue working beyond normal retirement. The benefit is determined as for normal retirement considering benefit service up to the earlier of the Plan freeze date or actual retirement date.

Payments begin at actual retirement without actuarial increase because of age. In no event will this late retirement benefit be less than the actuarial equivalent of the normal retirement benefit.

Early Retirement Benefit

An employee is eligible for an early retirement benefit after age 55, provided the employee has completed at least 5 years of vesting service. The monthly lifetime only annuity, payable at the employee's normal retirement date, is equal to the benefit as defined above for normal retirement. The participant may elect to start receiving benefits as early as their early retirement date. The monthly pension is reduced 1/3 of 1% for every month early retirement precedes normal retirement.

Termination Benefit

All participants were 100% vested in their accrued benefits as of June 30, 2010. Upon termination of employment prior to early, normal, or late retirement, the monthly lifetime only annuity is computed as for early retirement. Payments will commence at normal retirement date, if the participant is living, although if requested, a reduced pension may be paid as early as age 55 if the employee has completed at least 5 years of vesting service. The reduction for early commencement is the same as for early retirement commencement.

Disability Benefit

Upon disability prior to normal retirement age, an employee who has completed at least 10 years of vesting service is eligible to receive monthly life only disability benefits as defined in the Plan document.

1. DESCRIPTION OF THE PLAN (continued)

Plan Provisions of the Scott & White Brenham Plan (continued)

Pre-Retirement Death Benefit

If a participant dies after becoming vested in any benefit, the surviving spouse is eligible for a benefit payable for life only. The monthly benefit will commence on the first day of the month following death of the participant, or the date the participant would have been eligible for early retirement, if later.

Optional Forms of Benefits and Lump Sum Payments

Automatic Form of Benefit - If the participant is married on the benefit commencement date, a joint and 50% survivor annuity option will be payable, actuarially reduced. If the participant is not married on the benefit commencement date, a lifetime only annuity will be payable.

Monthly optional forms of payment provided by the Plan are determined on an actuarially equivalent basis. Lump sum payments are available from the Plan, provided that the present value of benefits does not exceed $5,000.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

For the period from January 1, 2025, to July 7, 2025, and for the year ended December 31, 2024, the financial statements were prepared using the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and uncertainties

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

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future benefit payments that are attributable under the Plan's provisions to the employees' service rendered to the benefit information date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of deceased employees, and (c) present employees or their beneficiaries. Benefits under the Plan are based on frozen plan benefits as defined above. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed to have accrued, as of the computation dates.

The actuarial present value of accumulated plan benefits is determined by Principal Life Insurance Company and is an 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.

For the year ended December 31, 2024, there were no changes to assumptions affecting the mortality tables used and the annual investment return. There were no active Plan participants or assets and all benefit obligations were satisfied as of July 7, 2025 and December 31, 2024. As a result, the actuarial present value of accumulated plan benefits was $0 as of both July 7, 2025 and December 31, 2024.

Mortality table and annual investment returns for the year ended December 31, 2024 (in liquidation):

All participants on an annuity basis for the year ended December 31, 2024:

Mortality Table	Pri-2012 Mortality Table projected generationally using MP-2021
Annual Investment Return	4.50% net of expenses

The foregoing actuarial assumptions are based on the presumption that the Plan terminated effective December 31, 2022.

Administrative expenses

Administrative expenses includes investment management fees, fees paid for actuarial services, fees paid to the trustee, and other administrative fees. In accordance with the liquidation basis of accounting, the Plan has accrued all costs expected to be incurred through the final liquidation of the Plan as of July 7, 2025 and December 31, 2024.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent events

The Plan Administrator has evaluated events occurring between the end of the most recent fiscal year and February 4, 2026, the date the financial statements were available to be issued, and no events have occurred through that date that would impact the financial statements.

3. FUNDING POLICY

Employees are not required to contribute to the Plan. As required under the Pension Protection Act of 2006 ("PPA"), the accrued benefit actuarial funding method is used to determine the contribution requirements of the Plan. Under PPA, the difference between the value of Plan assets and the prior service cost (i.e. Funding Target) is amortized over a period of seven years. This amortization payment is added to the normal cost. As the minimum funding requirements were met for the period from January 1, 2025 to July 7, 2025, and for the year ended December 31, 2024, there was no requirement for additional employer contributions.

4. PLAN TERMINATION

As disclosed in Note 1, the Plan was terminated subject to the provisions of ERISA effective December 31, 2022. All participants were 100% vested as of the Plan termination date.

In the event the Plan terminates while the Employer is neither in financial distress nor is bankrupt or insolvent, the Plan Sponsor is required by law to deposit enough money into the fund just prior to Plan termination in order to provide for 100 percent of each participant's accrued benefit earned under the Plan. In March 2024, the Plan purchased an annuity in the amount of approximately $53.0 million to liquidate all assets and settle the actuarial present value of accumulated plan benefits, except for amounts reserved to pay remaining administrative expenses. As of the annuity purchase date, the Plan’s assets were not sufficient to fully fund all remaining benefit obligations, and additional contributions from the Plan Sponsor were required to ensure full settlement of liabilities. As a result, the Plan Sponsor contributed approximately $1.9 million to fully fund all benefit obligations. In June 2025, approximately $1.1 million in residual funds left after paying for all Plan benefit obligations was transferred to the Baylor Scott & White Health Retirement Savings Plan, a Qualified Replacement Plan ("QRP"), as defined by the IRC. The funds may be used to pay reasonable administrative expenses of the QRP and may not be used to offset any employer matching contributions that relate to participant deferrals to the QRP that are made on or after the date the assets were transferred to the QRP.

5. FAIR VALUE MEASUREMENTS

The guidance for fair value measurement establishes the authoritative definition of fair value, sets out a framework for measuring fair value, and outlines the required disclosures regarding fair value measurements. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Plan uses a three-tier fair value hierarchy based upon observable and non-observable inputs as follows:

- *Level 1* - Quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.
- *Level 2* - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- *Level 3* - Unobservable inputs developed using the Plan's estimates and assumptions which reflect those that market participants would use.

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

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 July 7, 2025 and December 31, 2024.

- *Money market funds:* Valued as cash equivalents, which approximates fair value due to their short-term maturities.
- *Exchange-traded funds:* Valued at the closing price reported in the active market in which the individual securities are traded.

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

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

	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,167,936	$ -	$ -	$ 1,167,936
	$ 1,167,936	$ -	$ -	$ 1,167,936

5. FAIR VALUE MEASUREMENTS (continued)

As of July 7, 2025, the Plan held no assets, as all investments had been liquidated in connection with the plan termination.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under ERISA as any fiduciary of the Plan, any party rendering services to the Plan, the Plan Sponsor, and certain others. As such, transactions conducted by the Trustee and its affiliates, as well as other service providers, qualify as party-in-interest transactions.

ERISA defines party-in-interest similarly to Financial Accounting Standards Board Accounting Standard Codification 850, Related Party Disclosures, except that ERISA's definition is broader and includes all entities and individuals that provide services to the Plan; however, these entities may not necessarily be related parties. The Plan has no related parties to the Plan that were not also considered to be parties-in-interest. The Plan did not enter into any material related party transactions during the Plan year related to compensation arrangements, expense allowances, or similar items.

7. TAX STATUS

The Plan received a determination letter from the IRS dated July 6, 2012, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. On February 28, 2024, the Plan received a determination letter from the IRS stating that the Plan termination did not impact the Plan's qualified status. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and therefore, believes that the Plan is qualified and the related trusts are tax exempt.

8. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of net loss per the financial statement to Form 5500 for the year ended December 31, 2024:

Net decrease in net assets available for benefits per the financial statement	$ (51,784,912)
Less: prior accrued liquidation costs	(764,082)
Net loss per the Form 5500	$ (52,548,994)

SUPPLEMENTAL SCHEDULES

Baylor Scott & White Health Consolidated Frozen Benefit Plan
EIN: 46-3130985; Plan: 001
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2024 (In Liquidation)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS	Money market fund	$ 1,167,936	$ 1,167,936
				$ 1,167,936

* Indicated party-in-interest to the Plan

Baylor Scott & White Health Consolidated Frozen Benefit Plan
EIN: 46-3130985; Plan: 001
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
For the Period from January 1, 2025 to July 7, 2025
and the Year Ended December 31, 2024 (In Liquidation)

2025:

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS	Money market fund sale	$ -	$ 1,197,506	$ 1,197,506	$ 1,197,506	$ -

2024:

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS	Money market fund sale	$ -	$ 5,401,578	$ 5,401,578	$ 5,401,578	$ -
JP MORGAN CORE BOND FUND	Collective investment trust sale	$ -	$ 17,927,528	$ 18,603,211	$ 17,927,528	$ (675,683)
LEGAL & GENERAL LONG DURATION US CREDIT COLLECTIVE	Collective investment trust sale	$ -	$ 13,847,934	$ 15,054,310	$ 13,847,934	$ (1,206,376)
ISHARES CORE TOTAL U.S. AGGREGATE BOND ETF	Exchange-traded fund sale	$ -	$ 1,639,464	$ 1,716,191	$ 1,639,464	$ (76,727)
ISHARES MSCI ACWI ETF	Exchange-traded fund sale	$ -	$ 5,115,705	$ 4,657,643	$ 5,115,705	$ 458,062
ISHARES 20+ YEAR TREASURY BOND	Exchange-traded fund sale	$ -	$ 6,100,001	$ 6,551,265	$ 6,100,001	$ (451,264)
METLIFE LONG CREDIT COLLECT TR	Collective investment trust sale	$ -	$ 14,803,923	$ 16,200,000	$ 14,803,923	$ (1,396,077)

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Baylor Scott & White Health Consolidated Frozen Benefit Plan
EIN 46-3130985
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 07/31/2025

DESCRIPTION OF ASSET	(A)	(B)	(C)	(D)	(E)
	Total Number of Purchases	Total Number of Sales	Total Value of Purchases	Total Value of Sales	Net Gain/(Loss)
INTEREST BEARING CASH					
ALLSPRING GOVT MM FUND INSTL CL		1		$1,197,505.58	$0.00

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS