Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [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
WINTER HAVEN HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1971

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)
WINTER HAVEN HOSPITAL, INC.

200 AVENUE F, NE
WINTER HAVEN, FL 33881

2b Employer Identification Number (EIN) 59-0724462

2c Plan Sponsor's telephone number 863-293-1121

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.	06/29/2026	NICOLE M. DAILY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BAYCARE RETIREMENT COMMITTEE

2985 DREW ST.
CLEARWATER, FL 33759

3b Administrator's EIN
59-2796965

3c Administrator's telephone number
727-519-1322

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**	1467
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)**	533
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	508
b	Retired or separated participants receiving benefits	**6b**	159
c	Other retired or separated participants entitled to future benefits	**6c**	661
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1328
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f	Total. Add lines **6d** and **6e**.	**6f**	1384
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**	
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:

1C 3H 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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 0
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **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
WINTER HAVEN HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WINTER HAVEN HOSPITAL, INC.

D Employer Identification Number (EIN)
59-0724462

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	31009916
b Actuarial value	**2b**	27942663

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	170	6791382	6791382
b For terminated vested participants	764	14045474	14045474
c For active participants	533	10786540	10952184
d Total	1467	31623396	31789040

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**	5.32 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	690000
c Target normal cost	**6c**	690000

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

06/18/2026
Date

BRIAN KINGSBURY A.S.A E.A.
Type or print name of actuary

26-08211
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

617-563-7000
Telephone number (including area code)

245 SUMMER STREET, V1B
BOSTON, MA 02210
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	2139614
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1479575
9	Amount remaining (line 7 minus line 8)	0	660039
10	Interest on line 9 using prior year's actual return of 20.37 %	0	134450
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		459969
	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 5.12 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		93696
	c Total available at beginning of current plan year to add to prefunding balance		553665
	d Portion of (c) to be added to prefunding balance		553665
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	1348154

Part III Funding Percentages

14	Funding target attainment percentage	14	83.65 %
15	Adjusted funding target attainment percentage	15	83.65 %
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	82.62 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] 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: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	690000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5194531	557664
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**	1247664

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1247664	1247664

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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.**	**2024** **This Form is Open to Public Inspection.**

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

(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)

FIDELITY INVESTMENTS

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	465625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19440	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HILL WARD & HENDORSON

59-2678550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16449	Yes [ ] No [X]	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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2024

This Form is Open to Public Inspection.

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

A Name of plan
WINTER HAVEN HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WINTER HAVEN HOSPITAL, INC.

D Employer Identification Number (EIN)
59-0724462

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: NT COLLECTIVE S&P 500 INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS,INC.

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)
45-6138589-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT AGGREGATE BOND INDEX FUND NL

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-088	C	19837012

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM BROAD MARKET HIGH YIELD BD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

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)
81-6969601-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU U.S. LONG DURATION CORP BD

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.

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)
26-6994310-159	C	8821737

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM EMERGING MARKETS DEBT

b Name of sponsor of entity listed in (a): PRUENTIAL TRUST CO.

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)
81-6699192-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING SPECIAL SMALL CAP VALUE C

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

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)
83-6834374-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL RUSSELL 2000 GROWTH INDX NL

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

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)
45-6138589-120	C	0

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

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

c EIN-PN 45-6138589-125	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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)

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)

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)

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)

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
WINTER HAVEN HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTER HAVEN HOSPITAL, INC.

D Employer Identification Number (EIN)
59-0724462

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)	500000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1154181	0
(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)	23848127	28658750
(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)	3494024	85541
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2068553	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	31064885	28744291
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31064885	28744291

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)	50646	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50646
(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)	159300	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		159300
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2150075	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2066682	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		83393
(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)		457452
(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)		69779
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-39968
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		780602
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2354591	
(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)		2354591
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)	467566	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	19440	
(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)	16449	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	243150	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		746605
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3101196
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2320594
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) [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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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**			
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? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 573213.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
WINTER HAVEN HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WINTER HAVEN HOSPITAL, INC.

D Employer Identification Number (EIN)
59-0724462

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): 36-1561860

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 | 76

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: 29.4 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 63.6 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.2 % Other: 6.8 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

WINTER HAVEN HOSPITAL PENSION PLAN

Financial Statements

September 30, 2025 and 2024

(With Independent Auditors' Report Thereon)

WINTER HAVEN HOSPITAL PENSION PLAN

Table of Contents

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

Independent Auditors' Report

BayCare Retirement Committee
Winter Haven Hospital Pension Plan:

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

We have performed audits of the financial statements of Winter Haven Hospital Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of September 30, 2025 and September 30, 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended September 30, 2025 and September 30, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

KPMG LLP

Tampa, Florida
June 23, 2026

WINTER HAVEN HOSPITAL PENSION PLAN

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	2025	2024
Assets:		
Investments at fair value	$ 28,744,291	30,564,885
Employer contribution receivable	—	500,000
Total assets	28,744,291	31,064,885
Net assets available for benefits	$ 28,744,291	31,064,885

See accompanying notes to financial statements.

WINTER HAVEN HOSPITAL PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended September 30, 2025 and 2024

		2025	2024
Investment income:			
Dividend and interest income	$	209,946	905,916
Net appreciation in fair value of investments		570,656	4,530,797
Total investment income		780,602	5,436,713
Employer contribution		—	500,000
Deductions from net assets attributed to:			
Benefits paid to participants		2,354,591	2,404,231
Administrative expenses		746,605	767,752
Total deductions		3,101,196	3,171,983
(Decrease)/increase in net assets		(2,320,594)	2,764,730
Net assets available for benefits:			
Beginning of year		31,064,885	28,300,155
End of year	$	28,744,291	31,064,885

See accompanying notes to financial statements.

WINTER HAVEN HOSPITAL PENSION PLAN

Statements of Accumulated Plan Benefits

September 30, 2025 and 2024

	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 7,778,575	7,165,498
Participants entitled to deferred benefits	16,104,952	14,884,018
Other participants	12,776,236	11,501,126
Total vested benefits	36,659,763	33,550,642
Nonvested benefits	56,122	140,756
Total actuarial present value of accumulated plan benefits	$ 36,715,885	33,691,398

See accompanying notes to financial statements.

WINTER HAVEN HOSPITAL PENSION PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended September 30, 2025 and 2024

		2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$	33,691,398	33,045,605
Increase (decrease) attributable to:			
Benefits accumulated and experience gains		242,009	474,395
Changes due to decrease in discount period		1,483,222	1,576,971
Benefits paid		(2,355,467)	(2,404,231)
Change in actuarial assumptions		3,654,723	998,658
Net increase		3,024,487	645,793
Actuarial present value of accumulated plan benefits at end of year	$	36,715,885	33,691,398

See accompanying notes to financial statements.

(1) Description of Plan

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

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

(a) General

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

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

In March 2025 the Winter Haven Hospital Board of Directors approved the termination of the Plan effective September 30, 2025. The Board also delegated authority to the Retirement Committee with respect to the Plan termination. In July 2025, the Plan provided notice to participants regarding the plan termination process effective September 30, 2025. Finalization of the termination is expected to occur in 2026; however, numerous actions are required which could prolong the process. The termination process typically has a duration of 12 to 18 months and requires approval from the IRS, numerous communications to participants, and the provision of a pension election window. The Plan is awaiting approval from the IRS as of June 23, 2026. The process would conclude with the purchase of a group annuity contract from an insurance company to secure payment of all future benefits for remaining participants who do not elect a lump sum payout. During 2025, the plan operated as normal.

(b) Participant Accounts

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

(c) Contributions

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

(d) Vesting

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

(e) Pension Benefits

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

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

(f) Death and Disability Benefits

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

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Sub-Committee determines the Plan's valuation policies utilizing information provided by the trustee. See note 5 for a discussion of fair value measurements.

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

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Administrative Expenses

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

(f) Actuarial Present Value of Accumulated Plan Benefits

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

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The valuation date used by the Plan is as of the end of the plan year. The statements of accumulated plan benefits and changes in accumulated plan benefits as of and for the years ended September 30, 2025 and 2024, are presented from information provided by the actuary as of October 1, 2024 and 2023. There has been no significant change in the Plan's provisions or coverage through September 30, 2025 and 2024.

The significant actuarial assumptions used in the valuation of accumulated plan benefits prepared by the Plan's actuary for the years ended September 30, 2025 and 2024 are as follows:

	2025	2024
Discount rate – expected rate of return on Plan's assets	3.2%	4.6%
Mortality	Mortality for 2025 is assumed to follow Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct mortality tables without collar adjustment projected generationally with scale MP 2021.	Mortality for 2024 is assumed to follow Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct mortality tables without collar adjustment projected generationally with scale MP 2021.
Employee turnover	Based on a unique set of assumptions based on actual experience	Based on a unique set of assumptions based on actual experience
Disability rates	Function of age – as ages increase from 25 to 65, the disability incidence rates increase from 0.038% to 1.256% and 0.047% to 1.159% for males and females, respectively, from the 1985 Pension Disability Table Class 1.	Function of age – as ages increase from 25 to 65, the disability incidence rates increase from 0.038% to 1.256% and 0.047% to 1.159% for males and females, respectively, from the 1985 Pension Disability Table Class 1.

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

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

(g) Income Taxes

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

(3) Funding Policy

The Plan sponsor's funding policy is to make contributions to the Plan in amounts that are not less than the minimum funding requirements set forth by ERISA. Additional company contributions may also be considered to close the funding gap, to the extent such additional contributions do not adversely affect the Plan sponsor's cash flow needs, and to the extent such additional contributions are the most strategic use of the Plan sponsor's assets. The actuarial valuations are prepared by the consulting actuary from data submitted by the Company. The Company has met the minimum funding requirements set forth by ERISA for the years ended September 30, 2025 and 2024, as determined by the actuarial valuation. Employer contributions totaled $0 and $500,000 for the years ended September 30, 2025 and 2024, respectively. As of September 30, 2025 and 2024, employer contributions of $0 and $500,000, respectively were included in employer contribution receivable in the accompanying statements of net assets available for benefits.

(4) Information Certified or Provided by the Trustee

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at September 30, 2025 and 2024, and net (depreciation) appreciation in fair value of investments, interest and dividends for the years ended September 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust (a qualified institution and the trustee of the Plan). Accordingly, as permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors to perform an ERISA Section 103(a)(3)(C) audit and accordingly, the auditor did not perform any auditing procedures with respect to this information, except for comparing such certified information to information included in the Plan's financial statements and supplemental schedule.

(5) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest

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

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

  If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at September 30, 2025 and 2024.

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

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

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

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

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

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

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

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

		Investment assets at fair value		
	September 30, 2025	Level 1	Level 2
Assets class:				
Cash and cash equivalents	$ 41,242	41,242	—
Registered investment companies	44,299	44,299	—
Common-collective trusts	28,658,750	—	28,658,750
	28,744,291	$ 85,541	28,658,750
Recorded at net asset value	—		
	$ 28,744,291		

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

The fair value of the following pension plan assets have been estimated using the net asset value per share of the investments as of September 30, 2025 and 2024. There are no unfunded commitments on any of these funds as of September 30, 2025 and 2024.

		September 30,		Redemption	Redemption
		2025	2024	frequency	notice period
Asset category:					
Hedge fund of funds (a)	$	—	3,222,735	semi-annually	95 days

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

(6) Parties in Interest

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

Northern Trust is the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fidelity is the Plan's actuary and also qualifies as a party-in-interest. In addition, certain administrative functions are performed by employees of the Company, who receive no compensation from the Plan. Fees paid by the Plan to Northern Trust, Fidelity (the recordkeeper), Hill Ward and Henderson (the legal counselor), and KPMG LLP (the independent auditor), amounted to approximately $437,000 and $372,000, respectively, during the years ended September 30, 2025 and 2024 and are included as administrative expenses in the accompanying statements of changes in net assets available for benefits.

(7) Income Tax Status

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

(8) Plan Termination

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

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

b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

c. All other vested benefits (i.e., vested benefits not insured by the PBGC).

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of benefits that the PBGC guarantees. For Plan terminations occurring during 2025 that ceiling is $7,431.82 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits when the Plan is terminated, see footnote 1(a), will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

(9) Risks and Uncertainties

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

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

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified defined benefit plans that do not meet certain funding thresholds. The "At-Risk" status is based on the plan's Funding Target Attainment Percentage (FTAP). A plan's Adjusted Funding Target Attainment Percentage (AFTAP) determines whether the plan is subject to benefit restrictions. As of October 1, 2024, the Plan's preliminary FTAP is 83.65% and preliminary AFTAP is 83.65%, before reflecting any contributions to the October 1, 2024 plan year. Should BayCare elect to make a contribution to the Plan on or before June 15, 2025, the FTAP and AFTAP will be updated/increased accordingly. Because the Plan's final FTAP will equal or exceed 80%, the Plan is not "At-Risk." Because the Plan's final AFTAP will equal or exceed 80%, the Plan is not subject to any benefit restrictions.

(10) Subsequent Events

The Plan Administrator has evaluated events and transactions occurring subsequent to September 30, 2025 as of June 23, 2026 which is the date the financial statements were available to be issued.

WINTER HAVEN HOSPITAL PENSION PLAN

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

September 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents	Northern Trust Disbursement account	41,242	41,242
	Registered Investment companies:			
*	Northern Trust Global Investments	Cash Reserves	44,299	44,299
	Common-collective trusts:			
*	Northern Trust Global Investments Aggregate Bond	Northern Trust Global Investments Aggregate Bond Fund NL	19,156,549	19,837,013
	Prudential	Prudential U.S. Long Duration Corporate Bond Fund	8,730,031	8,821,737
		Total investments	$ 27,972,121	28,744,291

This supplemental schedule lists assets held for investment purposes at September 30, 2025 as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

* Indicates a party in interest as defined by ERISA

See accompanying independent auditors' report.

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participant Data
Winter Haven Hospital, Inc.
Winter Haven Hospital Pension Plan **EIN: 59-0724462**
For Plan Year Ended September 30, 2025 **Plan Number: 001**

Age and Service Distribution of Active Members

	Completed Years of Credited Service on October 1, 2024										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	1	0	0	0	0	0	0	0	0	1
35-39	0	18	19	0	0	0	0	0	0	0	37
40-44	3	17	37	12	1	0	0	0	0	0	70
45-49	0	16	42	17	3	0	0	0	0	0	78
50-54	2	11	55	32	13	5	0	0	0	0	118
55-59	3	20	37	21	12	14	11	0	0	0	118
60-64	2	8	23	12	16	6	10	5	0	0	82
65-69	1	1	5	4	4	1	2	3	3	0	24
Over 69	0	0	1	1	1	1	0	1	0	0	5
Total	11	92	219	99	50	27	23	9	3	0	533

Actuarial Assumptions and Methods

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

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

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

	2024 Plan Year		**2023 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	**4**	**4**	**4**	**4**
First five years	4.93%	4.93%	4.75%	3.03%
Next 15 years	5.27%	5.27%	5.00%	4.11%
Over 20 years	5.59%	5.26%	5.74%	4.27%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Expected Long-Term Return on Plan Assets for Actuarial Value of Assets: 6.56% for plan years beginning 2025 (previously 6.95% for plan years beginning 2024 and 7.20% for plan years beginning 2023). Taking into account the plan's current investment mix of 60%-70% bonds, 25%-35% stocks, 5%-10% other, and 0% cash and a review of the historical returns of indices, this assumption appears reasonable.

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

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

Increase in Social Security Taxable Wage Base: N/A

Salary Increases: N/A

Actuarial Assumptions and Methods (continued)

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

Mortality:

PPA Liability: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants (previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

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

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

Actuarial Assumptions and Methods (continued)

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

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

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

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

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

Actuarial Assumptions and Methods (continued)

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

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

Maximum Benefit: $275,000 for 2024. For determining limitations under funding amounts, no future increases in the IRC Section 415 limit have been reflected.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

i) 67% of the prior year, and
ii) 33% of the second prior year,

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

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

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

Actuarial Assumptions and Methods (continued)

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

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

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

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

Disclosure of Reliance on Models

ProVal valuation software was used to develop the liabilities, financial results, and contribution calculations for the plan year. ProVal, developed by Winklevoss Technologies, has been reviewed by experts at Fidelity Workplace Investing, LLC and deemed appropriate to use for this purpose. Participant data, assumptions, methods, and plan provisions for this Plan were entered and programmed into ProVal and reviewed for completeness.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ **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
WINTER HAVEN HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WINTER HAVEN HOSPITAL, INC.

D Employer Identification Number (EIN)
59-0724462

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	31,009,916
b Actuarial value	**2b**	27,942,663

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	170	6,791,382	6,791,382
b For terminated vested participants	764	14,045,474	14,045,474
c For active participants	533	10,786,540	10,952,184
d Total	1,467	31,623,396	31,789,040

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**	5.32%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	690,000
c Target normal cost	**6c**	690,000

Statement by Enrolled Actuary

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

SIGN HERE BRIAN KINGSBURY BJK — 6/18/2026

Signature of actuary — Date

BRIAN KINGSBURY A.S.A E.A. — 2608211

Type or print name of actuary — Most recent enrollment number

FIDELITY INVESTMENTS — 617-563-7000

Firm name — Telephone number (including area code)

245 SUMMER STREET, V1B

BOSTON MA 02210

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	2,139,614
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,479,575
9 Amount remaining (line 7 minus line 8)	0	660,039
10 Interest on line 9 using prior year's actual return of 20.37%	0	134,450
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		459,969
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 5.12%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		93,696
c Total available at beginning of current plan year to add to prefunding balance		553,665
d Portion of (c) to be added to prefunding balance		553,665
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	1,348,154

Part III Funding Percentages

14 Funding target attainment percentage	14	83.65 %
15 Adjusted funding target attainment percentage	15	83.65 %
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	82.62 %
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
			Totals ▶	18(b) 0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.93 %	5.27 %	5.59%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	690,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,194,531	557,664
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,247,664

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,247,664	1,247,664

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Winter Haven Hospital, Inc.
Winter Haven Hospital Pension Plan **EIN: 59-0724462**
For Plan Year Ended September 30, 2025 **Plan Number: 001**

Development of Weighted Average Retirement Age

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

Total of (5) Divided by Number Retiring

63,668 / 1,000

Weighted Average Retirement Age: ***63.67***
Rounded Weighted Average Retirement Age: ***64***

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Winter Haven Hospital, Inc.
Winter Haven Hospital Pension Plan **EIN: 59-0724462**
For Plan Year Ended September 30, 2025 **Plan Number: 001**

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	975,974	2,785,161	1,006,512	4,767,647
2025	750,615	666,521	879,723	2,296,858
2026	720,924	801,812	708,004	2,230,740
2027	1,108,357	1,056,018	608,225	2,772,601
2028	1,015,073	1,214,282	574,130	2,803,485
2029	822,802	1,338,245	559,459	2,720,506
2030	764,474	1,016,693	514,027	2,295,194
2031	646,156	1,307,828	470,472	2,424,456
2032	899,335	920,701	441,940	2,261,976
2033	909,946	647,082	416,305	1,973,334
2034	722,590	509,045	396,510	1,628,145
2035	730,018	1,070,821	376,184	2,177,022
2036	835,217	807,326	347,897	1,990,440
2037	547,199	1,053,543	325,546	1,926,288
2038	706,724	548,457	303,488	1,558,668
2039	608,851	502,823	281,526	1,393,200
2040	484,371	757,902	259,536	1,501,808
2041	564,680	473,556	237,661	1,275,897
2042	473,490	335,569	216,052	1,025,110
2043	411,747	557,266	194,861	1,163,874
2044	455,708	455,987	174,252	1,085,946
2045	366,101	334,207	154,392	854,700
2046	462,076	542,452	135,451	1,139,979
2047	383,507	291,940	117,595	793,042
2048	300,714	372,415	100,977	774,106
2049	315,846	388,826	85,722	790,394
2050	323,569	284,718	71,920	680,207
2051	230,457	261,502	59,624	551,583
2052	156,316	205,408	48,840	410,564
2053	122,021	113,383	39,530	274,934
2054	139,725	110,775	31,620	282,120

2024 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Winter Haven Hospital, Inc.
Winter Haven Hospital Pension Plan **EIN: 59-0724462**
For Plan Year Ended September 30, 2025 **Plan Number: 001**

2055	106,856	89,025	25,003	220,884
2056	93,641	82,583	19,550	195,774
2057	84,031	76,236	15,123	175,390
2058	76,945	70,034	11,578	158,557
2059	71,581	64,022	8,776	144,379
2060	64,727	58,240	6,589	129,556
2061	58,921	52,723	4,902	116,546
2062	53,348	47,502	3,612	104,462
2063	48,044	42,596	2,637	93,277
2064	43,039	38,020	1,906	82,965
2065	38,356	33,783	1,363	73,501
2066	34,007	29,884	963	64,853
2067	29,998	26,318	672	56,988
2068	26,328	23,076	462	49,866
2069	22,987	20,142	312	43,442
2070	19,962	17,498	207	37,667
2071	17,237	15,123	135	32,495
2072	14,792	13,000	86	27,877
2073	12,609	11,106	54	23,769

Plan Provisions

Name of Plan: Winter Haven Hospital Pension Plan.

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

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

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

Participation Date: Date of becoming a covered employee.

Definitions:

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

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

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

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

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

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

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

Plan Provisions (continued)

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

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

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

Benefits Paid Upon the Following Events:

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

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

Postponed retirement:

Eligibility: Retirement after NRD.

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

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

Plan Provisions (continued)

Deferred vested:

Eligibility: Retirement before the early retirement date.

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

Disability Benefit:

Eligibility: Termination due to disability.

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

Pre-retirement spouse benefit:

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

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

Form of Pension:

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

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

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

WINTER HAVEN HOSPITAL PENSION PLAN

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

September 30, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents	Northern Trust Disbursement account	41,242	41,242
	Registered Investment companies:			
*	Northern Trust Global Investments	Cash Reserves	44,299	44,299
	Common-collective trusts:			
*	Northern Trust Global Investments Aggregate Bond	Northern Trust Global Investments Aggregate Bond Fund NL	19,156,549	19,837,013
	Prudential	Prudential U.S. Long Duration Corporate Bond Fund	8,730,031	8,821,737
		Total investments	$ 27,972,121	28,744,291

This supplemental schedule lists assets held for investment purposes at September 30, 2025 as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure.

* Indicates a party in interest as defined by ERISA

See accompanying independent auditors' report.

2024 Form 5500 Schedule SB Attachments
Schedule SB, line 32 – Schedule of Amortization Bases
Winter Haven Hospital, Inc.
Winter Haven Hospital Pension Plan
For Plan Year Ended September 30, 2025

EIN: 59-0724462
Plan Number: 001

Development of Shortfall Amortization Charge

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
2024 Shortfall	$ (128,140)	10/1/2024	15	$ (11,911)
2023 Shortfall	(10,969)	10/1/2023	14	(1,068)
2022 Shortfall	3,877,492	10/1/2022	13	397,377
2021 Shortfall	(689,158)	10/1/2021	12	(74,764)
2020 Shortfall	2,145,306	10/1/2020	11	248,030
Total	$ 5,194,531			$ 557,664