

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 02/01/1973
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) WILLIS-KNIGHTON MEDICAL CENTER 2600 GREENWOOD ROAD SHREVEPORT, LA 71103-3908
2b	Employer Identification Number (EIN) 72-0400933
2c	Plan Sponsor's telephone number 318-212-4000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2026	JERRY A. FIELDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11259
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 6197 6a(2) 6437 6b 1777 6c 3227 6d 11441 6e 267 6f 11708 6g(1) 6g(2) 6h 292
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3D 3H

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 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
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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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WILLIS-KNIGHTON MEDICAL CENTER	D Employer Identification Number (EIN) 72-0400933
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 10 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	1056613019	
b	Actuarial value	2b	1056613019	
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	1834	215113229	215113229
b	For terminated vested participants	3228	88740853	88740853
c	For active participants	6197	259469084	262720964
d	Total	11259	563323166	566575046
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	5.45 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	25387969	
b	Expected plan-related expenses	6b	0	
c	Target normal cost	6c	25387969	

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 THOMAS A. VAUGHT Type or print name of actuary USI CONSULTING GROUP Firm name 5301 VIRGINIA WAY SUITE 400 BRENTWOOD, TN 37027 Address of the firm	07/13/2026 Date 26-06120 Most recent enrollment number 629-895-7861 Telephone number (including area code)
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Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	25387969	
b Excess assets, if applicable, but not greater than line 31a	31b	25387969	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
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		
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)
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS-KNIGHTON MEDICAL CENTER	D Employer Identification Number (EIN) 72-0400933

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

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

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

USI CONSULTING GROUP

5301 VIRGINIA WAY
SUITE 400
BRENTWOOD, TN 37067

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	NONE	492368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CADENCE BANK

201 S SPRING ST
TUPELO, MS 38804

(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?
52	NONE	177419	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS-KNIGHTON MEDICAL CENTER	D Employer Identification Number (EIN) 72-0400933

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	338121	371200
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8518336	22351284
(2) U.S. Government securities	1c(2)	166113127	114590294
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	882643435	1057650475
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1057613019	1194963253
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1000000	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1000000	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1056613019	1194963253

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)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(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)	307536	
(B) U.S. Government securities	2b(1)(B)	1200684	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1508220
(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)	12043813	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		12043813
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	81132222	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	81132222	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-19158	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		148690834
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		162223709

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22066529	
(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)		22066529
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)		
(3) Recordkeeping fees	2i(3)	395049	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	177419	
(7) Actuarial fees	2i(7)	97319	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1137159	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1806946
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23873475

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		138350234
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EISNERAMPER LLP

(2) EIN: 87-1363769

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574701.

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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS-KNIGHTON MEDICAL CENTER		D Employer Identification Number (EIN) 72-0400933
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): 64-0782370		
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 8
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 88.5%

High-Yield Debt: 9.6% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 1.9%

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705276A.

WILLIS-KNIGHTON MEDICAL CENTER
EMPLOYEES RETIREMENT PLAN

Shreveport, Louisiana

Financial Statements and Supplemental Schedules

September 30, 2025 and 2024

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants, and Beneficiaries
of the Willis-Knighton Medical Center Employees Retirement Plan
Shreveport, Louisiana

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

We have performed audits of the financial statements of the Willis-Knighton Medical Center Employees Retirement 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 accumulated plan benefits and net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in accumulated plan benefits and net assets available for benefits for each of the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of September 30, 2025 and 2024 and for each of the years then ended, stating that the certified investment information, as described in Note 7 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 accounting principles generally accepted in the United States of America.
- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management'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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

Other Matters

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



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

In our opinion:

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

EisnerAmper LLP

EISNERAMPER LLP
Baton Rouge, Louisiana
July 13, 2026

EISNERAMPER
LLP



WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Statements of Accumulated Plan Benefits and Net Assets Available for Benefits As of September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ACCUMULATED PLAN BENEFITS		
Actuarial Present Value of Vested Benefits:		
Participants Currently Receiving Payments	\$ 222,879,677	\$ 208,723,749
Other Participants	294,291,695	281,196,953
Total Vested Benefits	<u>517,171,372</u>	<u>489,920,702</u>
Actuarial Present Value of Nonvested Benefits	<u>3,365,851</u>	<u>2,897,857</u>
Total Actuarial Present Value of Accumulated Plan Benefits	520,537,223	492,818,559
NET ASSETS AVAILABLE FOR BENEFITS		
Assets		
Investments, at Fair Value (Note 7, 9):		
Money Market Funds	22,351,284	8,518,336
U.S. Government Securities	114,590,294	166,113,127
Vanguard Total Stock Market Index Fund	1,057,650,475	882,643,435
Total Investments	<u>1,194,592,053</u>	<u>1,057,274,898</u>
Accrued Interest and Dividends Receivable	<u>371,200</u>	<u>338,121</u>
Total Assets	1,194,963,253	1,057,613,019
Liabilities		
Due to Broker for Securities Purchased	<u>-</u>	<u>1,000,000</u>
Total Liabilities	-	1,000,000
Net Assets Available for Benefits	<u>1,194,963,253</u>	<u>1,056,613,019</u>
Excess of Net Assets Available for Benefits Over Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 674,426,030</u>	<u>\$ 563,794,460</u>

See accompanying notes to the financial statements.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits and Net Assets Available for Benefits For the years ended September 30, 2025 and 2024

	2025	2024
NET INCREASE IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Increase (Decrease) Attributable to:		
Benefits Accumulated	\$ 17,734,662	\$ 22,441,877
Increase in the Discount Period	32,050,531	29,957,499
Benefits Paid	<u>(22,066,529)</u>	<u>(19,820,069)</u>
Net Increase in Actuarial Present Value of Accumulated Plan Benefits	27,718,664	32,579,307
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS		
Investment Income:		
Interest	1,181,526	1,754,320
Dividends	12,351,349	11,523,805
Net Appreciation in Fair Value of Investments	<u>148,690,834</u>	<u>227,717,182</u>
Total Investment Income	162,223,709	240,995,307
Other (Deductions) from Net Assets:		
Benefits Paid Directly to Participants	(22,066,529)	(19,820,069)
Plan Expenses	<u>(1,806,946)</u>	<u>-</u>
Total Deductions	(23,873,475)	(19,820,069)
Net Increase in Net Assets Available for Benefits	<u>138,350,234</u>	<u>221,175,238</u>
Increase in Net Assets Available for Benefits Over the Increase in Actuarial Present Value of Accumulated Plan Benefits	110,631,570	188,595,931
Excess of Net Assets Available for Benefits Over Actuarial Present Value of Accumulated Plan Benefits		
Beginning of the Year	<u>563,794,460</u>	<u>375,198,529</u>
End of the Year	<u><u>\$ 674,426,030</u></u>	<u><u>\$ 563,794,460</u></u>

See accompanying notes to the financial statements.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan

The following brief description of the Willis-Knighton Medical Center Employees Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all full-time employees of Willis-Knighton Medical Center and South Shreveport Pharmacy, Inc. (the Employers) who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension benefits and vesting

Normal retirement is 65 years of age with five years of participation. Early retirement is 55 years of age with five years of participation. A participant may postpone retirement beyond the normal retirement age.

Benefits to retired employees are paid directly from plan assets.

Normal benefits payable monthly over the participant's lifetime are as follows:

- (a) .8 percent of average monthly compensation, multiplied by years of credited services not in excess of twenty (20) years; plus
- (b) 1.06 percent of average monthly compensation, multiplied by the number of years of credited service in excess of twenty (20) years but not in excess of forty (40) years; plus
- (c) .5 percent of average monthly compensation in excess of the Social Security covered compensation, multiplied by the number of years of credited service not in excess of twenty (20) years; plus
- (d) .65 percent of average monthly compensation in excess of the Social Security covered compensation, multiplied by the number of years of credited service in excess of twenty (20) years but not in excess of forty (40) years.

Average monthly compensation is based on the participant's compensation for the sixty consecutive plan months out of the last ten years before retirement that produces the highest average monthly income. Participants who, as of September 30, 1994, had their accrued benefit based on compensation in excess of \$150,000 per year had their benefit frozen as of that date and will accrue additional benefits for years after September 30, 1994 based on the compensation limit in effect on the date of retirement. The applicable compensation limits are: October 1, 1994 through September 30, 1997, \$150,000; October 1, 1997 through September 30, 2000, \$160,000; and beginning October 1, 2000, \$170,000. For employees hired on or after October 1, 2020, compensation is limited to \$100,000.

The excess benefit percentage contained in (c) and (d) above shall not exceed the maximum permitted excess benefit limits contained in Internal Revenue Service Regulation 1.401(a)(4)-3.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan (continued)

Pension benefits and vesting (continued)

The monthly pension benefit payments to participants who began receiving benefits prior to October 1, 2003 are adjusted for the annual cost-of-living increase equal to the annual change in the Consumer Price Index subject to a maximum annual increase of four percent. Participants who start their monthly retirement benefits on or after October 1, 2003 do not receive an annual cost-of-living increase.

Early retirement benefits are actuarially reduced and late retirement benefits are the same as normal retirement benefits.

A participant is not vested in the plan until completion of five years of service, after which time the participant becomes 100 percent vested in the participant's accrued plan benefit.

Death and disability benefits

In the event of a participant's death: If, on the date of death, the participant has not reached his early retirement date, the pre-retirement death benefit to the named beneficiary shall be equal to the actuarial equivalent of the participant's accrued benefit; if, on the date of death, the participant has reached his early retirement date, the benefit to the named beneficiary shall be equal to the greater of the actuarial equivalent of the participant's accrued benefit or the actuarial equivalent of the participant's early retirement benefit. This benefit shall not be less than the qualified pre-retirement survivor annuity defined in the Plan Document. Participants who become disabled may be eligible to receive disability benefits under the terms of the Plan. Disability benefit payments cease upon recovery from disability or attainment of normal retirement age, as applicable. Participants who are not reemployed following recovery and have a vested accrued benefit may be entitled to retirement benefits in accordance with the Plan provisions. Any retirement benefits payable may be reduced to reflect disability benefits previously received under the Plan.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures. Accordingly, actual results may differ from those estimates. See Note 10.

Investment Valuation and Income Recognition

Investments are reported at estimated fair value which 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. See Note 9.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (continued)

Differences Between Form 5500 and Financial Statements

Any gains or losses on sales or maturities of investments (other than registered investment companies such as mutual funds) are required to be shown separately on Form 5500, whereas in the financial statements these amounts are included as a component of appreciation in asset value. This is a difference in classification which does not affect total income.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits and funding are determined by USI Consulting Group as of September 30, 2025 and September 30, 2024. The actuarial present value of accumulated plan benefits 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 significant actuarial assumptions used in the calculations of the actuarial present value of accumulated plan benefits at September 30, 2025 and September 30, 2024 are as follows:

1. Discount Rate - 6.65 percent per annum compounded annually (pre- and post-retirement).
2. Life Expectancy of Participants - Pri-2012 Mortality Tables with generational improvement under projection scale MP-2021.
3. Disability Rate - The 1985 Pension Disability Table (male) Class 1 is used. Specimen rates are as follows:

<u>Age</u>	<u>Rate of Disablement</u>
25	0.038%
40	0.117%
55	0.722%

4. Termination and Retirement Rate - A table developed based on plan experience is used.
5. Salary Increases - Four percent per annum compounded annually.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (Continued)

6. Retirement Age - A table based on plan experience is used:

<u>Age</u>	<u>Rate of Retirement</u>
55	2%
56	1%
57	1%
58	1%
59	6%
60	1%
61	1%
62	10%
63	10%
64	3%
65	100%

7. Cost-of-Living Increase - None for benefit payments commencing on or after October 1, 2003. Three percent per annum compounded annually, for benefit payments commencing prior to October 1, 2003.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. When the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. See Note 5.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from the Plan's financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in accumulated plan benefits and net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in accumulated plan benefits and net assets available for benefits.

Note 3 - Funding Policy

The Employers' funding policy is to make annual contributions to the Plan in amounts such that all employees' benefits will be provided at retirement. Such contributions are determined actuarially using the aggregate cost method. No Employers' contributions for the years ended September 30, 2025 or September 30, 2024 were necessary to meet the minimum funding requirements of ERISA.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 - Tax Status

The plan obtained its latest determination letter on May 1, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since the date of the IRS Determination Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust continue to be tax-exempt.

The Plan is subject to routine audits by taxing jurisdictions, generally for three years after the filing of its Form 5500. There are currently no audits for any tax periods in progress.

Note 5 - Plan Termination

Although it has not expressed any intention to do so, the Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. 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.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U. S. governmental agency) up to the applicable limitations discussed below.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2025 and 2024, that ceiling (which is adjusted periodically) is \$7,432 and \$7,108 per month, respectively.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6 - Administration of Plan Assets

Certain investments are managed by Cadence Bank, which serves as trustee of the Plan. Accordingly, transactions involving these investments qualify as party-in-interest transactions under ERISA. Fees paid by the Plan to Cadence Bank totaled \$177,419 for the year ended September 30, 2025.

The Plan also engages USI Consulting Group to provide plan administration, recordkeeping and actuarial services. Fees paid by the Plan to USI Consulting Group totaled \$492,368 for the year ended September 30, 2025. Additionally, the Plan paid PBGC premiums totaling \$1,137,159 during the year ended September 30, 2025.

In prior years, these plan administrative and professional fees were paid directly by the Company and, accordingly, were not reflected in the Plan's financial statements.

Note 7 - Information Certified by the Trustees

The following information was compiled from data certified by the trustee (Note 6) as being complete and accurate:

- a. Information included in the Statements of Accumulated Plan Benefits and Net Assets Available for Benefits:
 1. Investments, at Fair Value
 2. Accrued Interest and Dividends Receivable
 3. Due to Broker for Securities Purchased
- b. Information included in the Statements of Changes in Accumulated Plan Benefits and Net Assets Available for Benefits:
 1. Interest Income
 2. Dividend Income
 3. Net Appreciation in Fair Value of Investments
- c. All information included in the Schedule of Assets (held at end of year) (Schedule 1)
- d. All information included in the Schedule of Reportable Transactions (Schedule 2)

The following table presents the investments that represent five percent or more of the Plan's net assets available for benefits:

	September 30			
	2025		2024	
	Amount	Percentage of Net Assets Available for Benefits	Amount	Percentage of Net Assets Available for Benefits
Vanguard Total Stock Market Index Fund	\$1,057,650,475	88.54	\$ 882,643,435	83.48

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 - Net Appreciation in Fair Value of Investments

Investments that the Plan holds at September 30, 2025 and September 30, 2024 changed in value during the years then ended as follows:

<u>Investments</u>	Net Appreciation in Fair Value for the Years Ended September 30	
	<u>2025</u>	<u>2024</u>
U.S. Government Securities	\$ 4,383,794	\$ 9,775,974
Vanguard Total Stock Market Index Fund	<u>144,307,040</u>	<u>217,941,208</u>
	<u>\$ 148,690,834</u>	<u>\$ 227,717,182</u>

Note 9 - Fair Value Measurements

Accounting standards establish a framework for measuring fair value reported in financial statements. That framework 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 (observe).

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;
- 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 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 are required to maximize the use of observable inputs and minimize the use of unobservable inputs.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 9 - Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2025 and 2024.

Money Market Funds: Valued at the NAV (net asset value) of shares held by the plan at year end.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Vanguard Total Stock Market Index Fund: Valued at the closing price reported on the active market on which the fund is traded.

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2025 and 2024:

Investments at Fair Value as of September 30, 2025				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	\$ 22,351,284	\$ -	\$ -	\$ 22,351,284
U.S. Government Securities		114,590,294	-	114,590,294
Vanguard Total Stock Market Index Fund	<u>1,057,650,475</u>	<u>-</u>	<u>-</u>	<u>1,057,650,475</u>
Total Assets at Fair Value	<u>\$1,080,001,759</u>	<u>\$114,590,294</u>	<u>\$ -</u>	<u>\$1,194,592,053</u>

Investments at Fair Value as of September 30, 2024				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	\$ 8,518,336	\$ -	\$ -	\$ 8,518,336
U.S. Government Securities		166,113,127	-	166,113,127
Vanguard Total Stock Market Index Fund	<u>882,643,435</u>	<u>-</u>	<u>-</u>	<u>882,643,435</u>
Total Assets at Fair Value	<u>\$ 891,161,771</u>	<u>\$166,113,127</u>	<u>\$ -</u>	<u>\$1,057,274,898</u>

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note 10- Risks and Uncertainties

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

The actuarial present value of accumulated plan benefits is 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.

Note 11- Subsequent Events

Management has evaluated subsequent events through July 13, 2026, the date the financial statements were available to be issued, and determined there are no events that occurred subsequent to September 30, 2025 that would require adjustment to, or disclosure in, the financial statements.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year)
 September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
<u>Money Market Fund:</u>					
	Goldman Sachs Financial Square Government			\$ 22,351,284	\$ 22,351,284
<u>U.S. Government Securities:</u>					
	FAMC	3.625%	09/08/28	1,000,300	998,880
	FAMC	3.700%	09/03/27	1,000,750	997,010
	FFCB	0.450%	02/02/26	1,000,000	988,160
	FFCB	0.500%	02/04/26	500,000	494,130
	FFCB	0.520%	10/14/25	2,499,955	2,496,200
	FFCB	0.530%	10/22/25	2,000,000	1,995,840
	FFCB	0.540%	11/03/25	3,500,000	3,488,275
	FFCB	0.590%	02/17/26	1,000,000	987,080
	FFCB	0.680%	03/09/26	1,000,000	986,300
	FFCB	0.700%	02/18/26	1,000,000	987,540
	FFCB	0.700%	08/13/26	1,000,000	974,730
	FFCB	0.780%	07/20/26	1,000,000	976,400
	FFCB	0.870%	09/01/26	1,000,000	974,170
	FFCB	1.000%	05/04/26	500,000	491,680
	FFCB	1.030%	11/17/25	500,000	498,030
	FFCB	1.140%	10/20/26	965,000	940,470
	FFCB	1.370%	12/28/26	500,000	486,225
	FFCB	1.460%	11/30/26	500,775	486,860
	FFCB	3.625%	09/15/26	1,250,000	1,248,913
	FFCB	3.625%	08/27/27	1,000,000	999,700
	FFCB	3.830%	09/15/28	1,000,000	1,000,290
	FFCB	4.160%	09/03/30	1,000,000	995,650
	FHLB Bond	0.500%	02/09/26	1,000,000	987,610
	FHLB Bond	0.520%	02/12/26	999,935	987,580
	FHLB Bond	0.540%	10/29/25	3,000,000	2,991,660
	FHLB Bond	0.550%	10/29/25	1,000,000	997,230
	FHLB Bond	0.580%	11/24/25	1,000,000	994,720
	FHLB Bond	0.580%	01/28/26	500,000	494,505
	FHLB Bond	0.600%	08/24/26	1,000,000	973,040
	FHLB Bond	0.600%	10/29/26	1,000,000	967,550
	FHLB Bond	0.625%	01/22/26	1,000,000	989,660
	FHLB Bond	0.625%	07/28/26	1,000,000	975,150
	FHLB Bond	0.690%	02/12/26	1,000,000	988,020
	FHLB Bond	0.740%	08/12/26	1,000,000	974,970
	FHLB Bond	0.750%	02/24/26	999,880	987,370
	FHLB Bond	0.800%	03/25/26	1,000,000	985,380
	FHLB Bond	0.840%	07/27/26	1,000,000	976,910
	FHLB Bond	0.875%	10/28/25	975,000	972,650
	FHLB Bond	0.875%	05/26/26	1,000,000	981,100
	FHLB Bond	0.890%	07/15/26	1,000,000	978,560
	FHLB Bond	0.920%	06/30/26	1,342,105	1,315,491
	FHLB Bond	0.950%	09/30/26	500,000	486,750
	FHLB Bond	1.000%	02/20/26	1,000,000	988,450

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
	FHLB Bond	1.000%	03/30/26	1,000,000	986,190
	FHLB Bond	1.000%	06/30/26	1,000,000	980,580
	FHLB Bond	1.000%	07/27/26	500,000	489,095
	FHLB Bond	1.000%	07/27/26	1,000,000	978,190
	FHLB Bond	1.000%	08/26/26	1,000,000	976,340
	FHLB Bond	1.000%	10/14/26	949,573	923,799
	FHLB Bond	1.000%	11/27/26	600,000	581,772
	FHLB Bond	1.000%	12/30/26	1,000,000	967,360
	FHLB Bond	1.010%	03/30/26	1,000,000	985,940
	FHLB Bond	1.100%	04/22/26	600,000	590,856
	FHLB Bond	1.10%	10/13/26	1,000,000	973,350
	FHLB Bond	1.12%	10/28/26	975,000	948,665
	FHLB Bond	1.150%	10/28/26	499,960	485,990
	FHLB Bond	1.200%	04/28/26	1,000,000	984,920
	FHLB Bond	1.30%	11/24/26	499,630	486,065
	FHLB Bond	1.350%	05/22/26	1,000,000	984,430
	FHLB Bond	1.375%	12/01/26	499,850	486,775
	FHLB Bond	2.750%	03/13/26	505,155	497,240
	FHLB Bond	3.125%	12/12/25	304,077	299,406
	FHLB Bond	3.400%	04/29/27	1,500,000	1,489,365
	FHLB Bond	3.500%	04/28/27	500,000	496,495
	FHLB Bond	3.925%	09/16/27	1,000,000	999,400
	FHLB Bond	4.000%	03/03/27	1,000,000	998,360
	FHLB Bond	4.000%	08/12/27	1,000,000	1,001,710
	FHLB Bond	4.000%	08/26/27	1,000,313	1,000,370
	FHLB Bond	4.000%	08/25/28	1,000,000	997,210
	FHLB Bond	4.000%	09/08/28	1,000,000	995,170
	FHLB Bond	4.050%	09/10/27	1,000,000	999,010
	FHLB Bond	4.100%	05/12/28	1,500,000	1,497,285
	FHLB Bond	4.125%	06/11/27	1,007,000	1,008,380
	FHLB Bond	4.125%	08/20/27	1,000,000	1,000,430
	FHLB Bond	4.150%	08/12/27	1,000,000	999,930
	FHLB Bond	4.150%	09/05/28	1,000,000	997,130
	FHLB Bond	4.200%	08/11/27	1,500,000	1,499,625
	FHLB Bond	4.500%	03/12/27	1,010,400	1,012,140
	FHLB Bond		02/17/26	499,840	494,415
	FHLMC	0.500%	10/23/25	1,500,000	1,496,700
	FHLMC	0.500%	10/29/25	1,000,000	997,210
	FHLMC	0.500%	10/29/25	2,999,850	2,991,600
	FHLMC	0.500%	11/24/25	1,500,000	1,492,050
	FHLMC	0.500%	12/30/25	1,999,930	1,982,840
	FHLMC	0.520%	01/07/26	1,000,000	990,610
	FHLMC	0.530%	10/28/25	1,000,000	997,270
	FHLMC	0.550%	10/28/25	1,000,000	997,340
	FHLMC	0.570%	10/08/25	1,500,000	1,498,965
	FHLMC	0.600%	10/15/25	1,000,000	998,630
	FHLMC	0.600%	11/12/25	2,000,000	1,991,900
	FHLMC	0.600%	11/25/25	1,000,000	994,750
	FHLMC	0.610%	10/29/25	1,000,000	997,230

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
	FHLMC	0.650%	10/27/25	999,940	997,450
	FHLMC	0.800%	07/14/26	1,000,000	978,170
	FHLMC	0.850%	05/20/26	1,000,000	981,400
	FHLMC	4.000%	12/05/28	1,000,000	999,520
	FNMA	0.500%	10/20/25	1,723,964	1,720,742
	FNMA	0.500%	11/07/25	1,000,370	996,300
	FNMA	0.540%	10/27/25	1,000,000	997,390
	FNMA	0.550%	10/27/25	1,000,000	997,420
	FNMA	0.560%	10/22/25	1,500,000	1,496,940
	FNMA	0.560%	11/17/25	1,500,000	1,493,235
	FNMA	0.580%	10/20/25	2,000,000	1,996,260
	FNMA	4.000%	08/11/28	1,500,000	1,498,080
	FNMA Note	0.750%	07/20/27	999,320	950,520
	US Treasury Note	2.750%	04/30/27	1,475,391	1,479,495
				<u>115,683,262</u>	<u>114,590,294</u>
	<u>Mutual Funds:</u>				
	Vanguard Total Stock Market			<u>351,213,830</u>	<u>1,057,650,475</u>
	Total			<u><u>\$ 489,248,376</u></u>	<u><u>\$ 1,194,592,053</u></u>

* Party-in-interest, as defined by ERISA.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001
Schedule H, Line 4(j)
Schedule of Reportable Transactions
September 30, 2025

<u>(a) Identity of party involved</u>	<u>(b) Description of asset and transaction type</u>	<u>No. of transactions</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Lease rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or loss</u>
Goldman Sachs Financial Square Government Money Market Fund #465	Purchases - series of transactions in same issue	167	\$ 81,958,647				\$ 81,958,647	\$ 81,958,647	
Goldman Sachs Financial Square Government Money Market Fund #465	Sales - series of transactions in same issue	108		\$ 68,124,594			\$ 68,124,594	\$ 68,124,594	

Willis-Knighton Medical Center Employees Retirement Plan
Schedule SB, Line 26 - Schedule of Active Participant Data

Willis-Knighton Medical Center Employees Retirement Plan
EIN: 72-0400933
Plan number: 001

AGE GROUP		YEARS OF SERVICE										
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP	
Under 25	Number	84	131	0	0	0	0	0	0	0	0	215
	Avg Comp*	51,165	53,307	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
25 - 29	Number	120	403	67	1	0	0	0	0	0	0	591
	Avg Comp*	51,961	63,107	62,774	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30 - 34	Number	107	301	226	67	2	0	0	0	0	0	703
	Avg Comp*	62,364	70,278	70,848	71,529	N/A	N/A	N/A	N/A	N/A	N/A	
35 - 39	Number	79	275	170	187	62	4	0	0	0	0	777
	Avg Comp*	57,174	77,720	80,824	79,305	75,323	N/A	N/A	N/A	N/A	N/A	
40 - 44	Number	69	186	174	169	126	41	0	0	0	0	765
	Avg Comp*	47,538	75,964	78,985	89,497	79,259	84,543	N/A	N/A	N/A	N/A	
45 - 49	Number	59	182	134	101	120	76	50	2	0	0	724
	Avg Comp*	55,211	70,442	75,997	78,317	84,902	88,564	81,023	N/A	N/A	N/A	
50 - 54	Number	52	131	110	88	106	112	74	28	0	0	701
	Avg Comp*	44,226	66,507	78,980	82,592	94,472	98,353	93,410	100,481	N/A	N/A	
55 - 59	Number	28	110	93	79	92	78	87	53	11	5	636
	Avg Comp*	42,063	57,233	70,789	76,110	75,384	82,881	96,158	93,494	N/A	N/A	
60 - 64	Number	19	87	64	96	88	54	76	53	45	22	604
	Avg Comp*	N/A	64,206	66,151	72,045	76,385	79,533	83,134	91,074	101,163	86,276	
65 - 69	Number	6	27	34	59	55	35	34	21	12	22	305
	Avg Comp*	N/A	53,199	73,231	69,498	79,669	78,617	83,413	81,880	N/A	89,744	
70 - UP	Number	3	14	19	28	32	30	25	13	7	5	176
	Avg Comp*	N/A	N/A	N/A	72,019	82,630	77,695	92,264	N/A	N/A	N/A	
		626	1,847	1,091	875	683	430	346	170	75	54	6,197

* Average compensation is omitted for cells with fewer than 20 participants.

Schedule SB, Part V – Actuarial Assumptions and Methods

Plan Name: Willis-Knighton Medical Center Employees Retirement Plan
EIN/PN: 72-0400933 / 001

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of September 2024 and published in October 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA: • Segment 1 (0 – 5 years) 5.05% • Segment 2 (5 to 20 years) 5.31% • Segment 3 (more than 20 years) 5.59% • Effective Interest Rate 5.45%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of September 2024 and published in October 2024 (as prescribed by IRC 430) as follows: • Segment 1 (0 – 5 years) 5.05% • Segment 2 (5 to 20 years) 5.31% • Segment 3 (more than 20 years) 5.37% • Effective Interest Rate 5.33%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 5.59%
	Rationale: as selected by the Plan Sponsor
PBGC and LDROM Annual Interest Rates	24-month segment rates averaged through the end of September 2024 and published in October 2024 using the Standard Method (as prescribed by IRC 430) as follows: • Segment 1 (0 – 5 years) 4.17% • Segment 2 (5 to 20 years) 4.76% • Segment 3 (more than 20 years) 5.25% • Effective Interest Rate 5.01%
ASC 960 Discount Rate	Discount Rate 6.65%
	Rationale: to align with ASC 715 results
Salary Scale	4.00% per year, compounded annually
Mortality	Funding: Mortality as provided in Notice 2022-22 male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430). ASC 960-20: Pri-2012 Mortality Table with generational improvement under Projection Scale MP-2021. Rationale: to align with ASC 715 results.
Cost of Living Increases	3.00% per year, compounded annually for benefit payments that commences prior to October 1, 2003

Rates of Retirement

Actives are assume to retire based on age as follows:

<u>Age</u>	<u>Rate</u>
55	2%
56-58	1
59	6
60-61	1
62-63	10
64	3
65	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Rationale: - as adopted by Plan Sponsor based on plan experience

Rates of Turnover

Rates developed based on plan experience. Sample rates:

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	16.00%	22.70%
40	7.75	7.75
55	1.55	1.55

Rates of Disability

1985 Male Pension Disability Table Class 1. Sample rates:

<u>Age</u>	<u>Rate</u>
25	0.038%
40	0.117
55	0.722

Assumptions Made In Valuing Spouse's Benefit

All employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses

The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

Employees Valued

Only participants as of the valuation date were valued.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001
Schedule H, Line 4(j)
Schedule of Reportable Transactions
September 30, 2025

<u>(a) Identity of party involved</u>	<u>(b) Description of asset and transaction type</u>	<u>No. of transactions</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Lease rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or loss</u>
Goldman Sachs Financial Square Government Money Market Fund #465	Purchases - series of transactions in same issue	167	\$ 81,958,647				\$ 81,958,647	\$ 81,958,647	
Goldman Sachs Financial Square Government Money Market Fund #465	Sales - series of transactions in same issue	108		\$ 68,124,594			\$ 68,124,594	\$ 68,124,594	

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
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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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Willis-Knighton Medical Center	D Employer Identification Number (EIN) 72-0400933
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 10 Day 01 Year 2024	
2 Assets:	
a Market value.....	2a 1,056,613,019
b Actuarial value.....	2b 1,056,613,019
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.....	1,834 215,113,229 215,113,229
b For terminated vested participants	3,228 88,740,853 88,740,853
c For active participants.....	6,197 259,469,084 262,720,964
d Total.....	11,259 563,323,166 566,575,046
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 5.45%
6 Target normal cost	
a Present value of current plan year accruals	6a 25,387,969
b Expected plan-related expenses	6b 0
c Target normal cost.....	6c 25,387,969

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	<i>Thomas A. Vaught Jr</i> Signature of actuary	7/13/26 Date
THOMAS A. VAUGHT	Type or print name of actuary	2606120 Most recent enrollment number
USI CONSULTING GROUP	Firm name	629-895-7861 Telephone number (including area code)
5301 VIRGINIA WAY SUITE 400 BRENTWOOD TN 37027	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 ☐

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

Schedule SB (Form 5500) 2024
v. 240311

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

21 Discount rate:			
a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
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	25,387,969
b Excess assets, if applicable, but not greater than line 31a		31b	25,387,969
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
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	
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

Willis-Knighton Medical Center Employees Retirement Plan
EIN: 72-0400933
PN: 001

Attachment to 2024 Form 5500, Schedule SB
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is equal to the normal retirement age of 64.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Refer to the Actuarial Assumptions attachment.

Willis-Knighton Medical Center Employees Retirement Plan

EIN: 72-0400933 PN:001 Plan Year End: 09-30-2025

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving	Total
2024	\$3,075,505	\$849,543	\$20,367,206	\$24,292,255
2025	\$4,527,747	\$1,308,852	\$19,995,666	\$25,832,265
2026	\$6,161,778	\$1,865,961	\$19,588,032	\$27,615,771
2027	\$7,853,542	\$2,405,938	\$19,157,064	\$29,416,544
2028	\$9,527,098	\$2,802,217	\$18,693,563	\$31,022,878
2029	\$11,421,774	\$3,227,543	\$18,183,373	\$32,832,690
2030	\$12,417,467	\$3,595,528	\$17,617,015	\$33,630,010
2031	\$13,455,911	\$3,972,761	\$17,012,010	\$34,440,682
2032	\$14,674,906	\$4,297,324	\$16,382,136	\$35,354,366
2033	\$15,786,991	\$4,715,324	\$15,712,707	\$36,215,022
2034	\$16,821,535	\$5,138,351	\$15,028,658	\$36,988,544
2035	\$17,940,251	\$5,631,009	\$14,353,027	\$37,924,287
2036	\$18,830,595	\$6,056,441	\$13,653,383	\$38,540,419
2037	\$19,528,963	\$6,492,171	\$12,931,305	\$38,952,439
2038	\$20,501,530	\$6,872,903	\$12,189,379	\$39,563,812
2039	\$21,081,724	\$7,222,006	\$11,429,898	\$39,733,627
2040	\$21,657,883	\$7,557,750	\$10,656,101	\$39,871,733
2041	\$22,004,761	\$7,901,948	\$9,871,949	\$39,778,658
2042	\$22,292,930	\$8,031,773	\$9,082,274	\$39,406,977
2043	\$22,544,588	\$8,140,870	\$8,292,729	\$38,978,187
2044	\$22,822,479	\$8,232,423	\$7,509,696	\$38,564,598
2045	\$23,039,931	\$8,352,431	\$6,740,234	\$38,132,595
2046	\$23,143,550	\$8,481,189	\$5,991,898	\$37,616,636
2047	\$23,128,696	\$8,554,858	\$5,272,526	\$36,956,080
2048	\$23,065,715	\$8,594,076	\$4,589,847	\$36,249,638
2049	\$22,949,878	\$8,572,708	\$3,951,044	\$35,473,630
2050	\$22,834,110	\$8,576,167	\$3,362,146	\$34,772,423
2051	\$22,544,868	\$8,489,458	\$2,827,543	\$33,861,869
2052	\$22,103,119	\$8,358,391	\$2,349,871	\$32,811,380
2053	\$21,511,371	\$8,198,724	\$1,929,901	\$31,639,995
2054	\$20,960,572	\$7,981,982	\$1,566,642	\$30,509,196
2055	\$20,293,266	\$7,731,023	\$1,257,572	\$29,281,862
2056	\$19,541,603	\$7,441,191	\$998,893	\$27,981,687
2057	\$18,792,813	\$7,130,026	\$785,897	\$26,708,735
2058	\$17,965,256	\$6,805,890	\$613,354	\$25,384,499
2059	\$17,071,121	\$6,471,292	\$475,783	\$24,018,196
2060	\$16,178,691	\$6,117,432	\$367,739	\$22,663,862
2061	\$15,284,029	\$5,754,846	\$284,053	\$21,322,929
2062	\$14,376,227	\$5,393,635	\$220,000	\$19,989,863

2063	\$13,474,166	\$5,035,701	\$171,429	\$18,681,296
2064	\$12,570,548	\$4,686,026	\$134,819	\$17,391,393
2065	\$11,692,222	\$4,343,409	\$107,281	\$16,142,912
2066	\$10,833,517	\$4,011,659	\$86,512	\$14,931,688
2067	\$10,007,909	\$3,691,922	\$70,734	\$13,770,565
2068	\$9,218,741	\$3,385,132	\$58,609	\$12,662,482
2069	\$8,465,843	\$3,091,962	\$49,155	\$11,606,960
2070	\$7,749,684	\$2,812,908	\$41,663	\$10,604,255
2071	\$7,070,269	\$2,548,287	\$35,628	\$9,654,183
2072	\$6,427,224	\$2,298,279	\$30,695	\$8,756,199
2073	\$5,820,026	\$2,062,954	\$26,612	\$7,909,592

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Willis-Knighton Medical Center Employees Retirement Plan

EIN/PN: 72-0400933 / 001

Plan Sponsor	Willis-Knighton Medical Center
EIN/PN	72-0400933/001
Effective Date	The plan was adopted effective February 1, 1973. The plan was restated in its entirety effective October 1, 2019. Amendment 1 to the 2019 restatement was effect October 1, 2020.
Plan Year	The plan year is the twelve consecutive month period beginning October 1 and ending September 30.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following completion of one year of service.
Year of vesting service	completion of at least 1000 hours of service during a plan year.
Year of eligibility service	completion of at least 1000 hours of service during a twelve consecutive month period measured from date of employment and anniversaries thereof.
Considered Compensation	total non-deferred compensation which is actually paid to a participant by the employer and compensation deferred under IRC Section 403(b).
Average Compensation	the average compensation received by a participant during the five consecutive plan years (in which the participant has completed 1,000 Hours of Service) which produce the highest average compensation.
Covered Compensation	the amount of compensation with respect to which old-age and survivors insurance benefits would be provided under the Social Security Act if, for each year until the Employee reaches age 65, his annual compensation is at least equal to the maximum amount of earnings considered wages for such year under section 3121(a)(1) of the Internal Revenue Code as amended through the date of determination of such amount.
Normal Retirement Age	the later of age 65 and the fifth anniversary of employment.
Normal Retirement Date	the first day of the month coincident with or next following normal retirement age.
Accrued Benefit	the accrued benefit at any time is determined as for normal retirement considering service and compensation only to the date of determination.

Normal Retirement Benefit

A monthly retirement income payable for the participant's lifetime equal to 0.8% of average monthly compensation plus 0.5% of average monthly compensation in excess of Table I of Covered Compensation, multiplied by the number of years of credited service. The years of credited service applied to the excess portion of the benefit is limited to 40.

Participants who, as of September 30, 1994, had their accrued benefit based on compensation in excess of \$150,000 per year had their benefit frozen as of that date and will accrue additional benefits for years after September 30, 1994 based on the compensation limit in effect on the date of retirement. The applicable compensation limits are: October 1, 1994 through September 30, 1997, \$150,000; October 1, 1997 through September 30, 2000, \$160,000; and beginning October 1, 2000, \$170,000. For employees hired on or after October 1, 2020, compensation is limited to \$100,000.

Effective October 1, 1995, the normal retirement benefit was changed to (a) + (b) + (c) + (d) where:

- a) 0.8% of Monthly Plan Compensation, multiplied by years of Benefit Accrual Service not in excess of twenty (20) years; plus
- b) 1.06% of Monthly Plan Compensation, multiplied by years of Benefit Accrual Service in excess of twenty (20) years but not in excess of forty (40) years; plus
- c) 0.5% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Benefit Accrual Service not in excess of twenty (20) years; plus
- d) 0.65% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Benefit Accrual Service in excess of twenty (20) years but not in excess of forty (40) years.

The excess benefit percentage contained in (c) and (d) above shall not exceed the maximum permitted excess benefit limits contained in Internal Revenue Service Regulation 1.401(a)(4)-3.

Post-Retirement Cost of Living Adjustment

For participants in pay status prior to October 1, 2003, the Plan provides that as of each October 1st, such monthly pension benefits will be adjusted for changes in the cost of living. The level of monthly pension benefit payments will be adjusted each October 1 by an inflation factor. This factor is equal to 100% of the annual change in the consumer price index as of June of the prior plan year. The maximum automatic annual adjustment each October is 4%.

For participants who commence their monthly retirement benefits on and after October 1, 2003 will not be adjusted for inflation increases.

Early Retirement Benefit

Eligibility for early retirement occurs upon the attainment of age 55 and the completion of five years of service. The deferred benefit is the participant's accrued benefit; it is reduced for payment prior to normal retirement. The reduction is 1/15th per year for the first 5 years prior to 65 and 1/30th per year for the next five.

Late Retirement Benefit	If a participant remains in active employment after his normal retirement date, the commencement of his retirement benefits will be deferred until his actual retirement date. Upon retirement, the participant will receive the monthly benefit to which he is entitled at his actual retirement date based on his average monthly compensation and service at that time.
Pre-retirement Death Benefit	If, on the date of death, the participant had not reached his early retirement date, the pre-retirement death benefit shall be equal to the actuarial equivalent of the participant's accrued benefit. If, on the date of death, the participant had reached his early retirement date, the benefit shall be equal to the greater of the actuarial equivalent of the participant's accrued benefit or the actuarial equivalent of the participant's early retirement benefit. This benefit shall not be less than the qualified pre-retirement survivor annuity, and shall be subject to the requirements of the Retirement Equity Act of 1984 as described in Article 6.
Termination Benefit	A participant is fully vested upon completion of 5 years of service. Should a participant terminate employment prior to the completion of 5 years of service for any reason other than death or retirement, he will be entitled to no benefit from the plan.
Optional Forms of Payments	Life-only pension (normal form of benefit) Joint and survivor annuity with 50%, 75%, or 100% continuation to surviving spouse. Single lump-sum payment if less than \$5,000 or vested accrued benefit less than \$50 per month. Ten-year certain and life thereafter The amount of an optional form shall be determined as the actuarial equivalent of the benefit payable in the form of a life-only pension.
Changes from Prior Year	None
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year)
 September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
	<u>Money Market Fund:</u>				
	Goldman Sachs Financial Square Government			\$ 22,351,284	\$ 22,351,284
	<u>U.S. Government Securities:</u>				
	FAMC	3.625%	09/08/28	1,000,300	998,880
	FAMC	3.700%	09/03/27	1,000,750	997,010
	FFCB	0.450%	02/02/26	1,000,000	988,160
	FFCB	0.500%	02/04/26	500,000	494,130
	FFCB	0.520%	10/14/25	2,499,955	2,496,200
	FFCB	0.530%	10/22/25	2,000,000	1,995,840
	FFCB	0.540%	11/03/25	3,500,000	3,488,275
	FFCB	0.590%	02/17/26	1,000,000	987,080
	FFCB	0.680%	03/09/26	1,000,000	986,300
	FFCB	0.700%	02/18/26	1,000,000	987,540
	FFCB	0.700%	08/13/26	1,000,000	974,730
	FFCB	0.780%	07/20/26	1,000,000	976,400
	FFCB	0.870%	09/01/26	1,000,000	974,170
	FFCB	1.000%	05/04/26	500,000	491,680
	FFCB	1.030%	11/17/25	500,000	498,030
	FFCB	1.140%	10/20/26	965,000	940,470
	FFCB	1.370%	12/28/26	500,000	486,225
	FFCB	1.460%	11/30/26	500,775	486,860
	FFCB	3.625%	09/15/26	1,250,000	1,248,913
	FFCB	3.625%	08/27/27	1,000,000	999,700
	FFCB	3.830%	09/15/28	1,000,000	1,000,290
	FFCB	4.160%	09/03/30	1,000,000	995,650
	FHLB Bond	0.500%	02/09/26	1,000,000	987,610
	FHLB Bond	0.520%	02/12/26	999,935	987,580
	FHLB Bond	0.540%	10/29/25	3,000,000	2,991,660
	FHLB Bond	0.550%	10/29/25	1,000,000	997,230
	FHLB Bond	0.580%	11/24/25	1,000,000	994,720
	FHLB Bond	0.580%	01/28/26	500,000	494,505
	FHLB Bond	0.600%	08/24/26	1,000,000	973,040
	FHLB Bond	0.600%	10/29/26	1,000,000	967,550
	FHLB Bond	0.625%	01/22/26	1,000,000	989,660
	FHLB Bond	0.625%	07/28/26	1,000,000	975,150
	FHLB Bond	0.690%	02/12/26	1,000,000	988,020
	FHLB Bond	0.740%	08/12/26	1,000,000	974,970
	FHLB Bond	0.750%	02/24/26	999,880	987,370
	FHLB Bond	0.800%	03/25/26	1,000,000	985,380
	FHLB Bond	0.840%	07/27/26	1,000,000	976,910
	FHLB Bond	0.875%	10/28/25	975,000	972,650
	FHLB Bond	0.875%	05/26/26	1,000,000	981,100
	FHLB Bond	0.890%	07/15/26	1,000,000	978,560
	FHLB Bond	0.920%	06/30/26	1,342,105	1,315,491
	FHLB Bond	0.950%	09/30/26	500,000	486,750
	FHLB Bond	1.000%	02/20/26	1,000,000	988,450

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
	FHLB Bond	1.000%	03/30/26	1,000,000	986,190
	FHLB Bond	1.000%	06/30/26	1,000,000	980,580
	FHLB Bond	1.000%	07/27/26	500,000	489,095
	FHLB Bond	1.000%	07/27/26	1,000,000	978,190
	FHLB Bond	1.000%	08/26/26	1,000,000	976,340
	FHLB Bond	1.000%	10/14/26	949,573	923,799
	FHLB Bond	1.000%	11/27/26	600,000	581,772
	FHLB Bond	1.000%	12/30/26	1,000,000	967,360
	FHLB Bond	1.010%	03/30/26	1,000,000	985,940
	FHLB Bond	1.100%	04/22/26	600,000	590,856
	FHLB Bond	1.10%	10/13/26	1,000,000	973,350
	FHLB Bond	1.12%	10/28/26	975,000	948,665
	FHLB Bond	1.150%	10/28/26	499,960	485,990
	FHLB Bond	1.200%	04/28/26	1,000,000	984,920
	FHLB Bond	1.30%	11/24/26	499,630	486,065
	FHLB Bond	1.350%	05/22/26	1,000,000	984,430
	FHLB Bond	1.375%	12/01/26	499,850	486,775
	FHLB Bond	2.750%	03/13/26	505,155	497,240
	FHLB Bond	3.125%	12/12/25	304,077	299,406
	FHLB Bond	3.400%	04/29/27	1,500,000	1,489,365
	FHLB Bond	3.500%	04/28/27	500,000	496,495
	FHLB Bond	3.925%	09/16/27	1,000,000	999,400
	FHLB Bond	4.000%	03/03/27	1,000,000	998,360
	FHLB Bond	4.000%	08/12/27	1,000,000	1,001,710
	FHLB Bond	4.000%	08/26/27	1,000,313	1,000,370
	FHLB Bond	4.000%	08/25/28	1,000,000	997,210
	FHLB Bond	4.000%	09/08/28	1,000,000	995,170
	FHLB Bond	4.050%	09/10/27	1,000,000	999,010
	FHLB Bond	4.100%	05/12/28	1,500,000	1,497,285
	FHLB Bond	4.125%	06/11/27	1,007,000	1,008,380
	FHLB Bond	4.125%	08/20/27	1,000,000	1,000,430
	FHLB Bond	4.150%	08/12/27	1,000,000	999,930
	FHLB Bond	4.150%	09/05/28	1,000,000	997,130
	FHLB Bond	4.200%	08/11/27	1,500,000	1,499,625
	FHLB Bond	4.500%	03/12/27	1,010,400	1,012,140
	FHLB Bond		02/17/26	499,840	494,415
	FHLMC	0.500%	10/23/25	1,500,000	1,496,700
	FHLMC	0.500%	10/29/25	1,000,000	997,210
	FHLMC	0.500%	10/29/25	2,999,850	2,991,600
	FHLMC	0.500%	11/24/25	1,500,000	1,492,050
	FHLMC	0.500%	12/30/25	1,999,930	1,982,840
	FHLMC	0.520%	01/07/26	1,000,000	990,610
	FHLMC	0.530%	10/28/25	1,000,000	997,270
	FHLMC	0.550%	10/28/25	1,000,000	997,340
	FHLMC	0.570%	10/08/25	1,500,000	1,498,965
	FHLMC	0.600%	10/15/25	1,000,000	998,630
	FHLMC	0.600%	11/12/25	2,000,000	1,991,900
	FHLMC	0.600%	11/25/25	1,000,000	994,750
	FHLMC	0.610%	10/29/25	1,000,000	997,230

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

Employer Identification No. 72-0400933, Plan No. 001
 Schedule H of Form 5500
 Schedule of Assets (Held at End of Year)
 September 30, 2025

(a)	(b)	(c)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Interest Rate	Maturity Date	Total Cost	Current Value
	FHLMC	0.650%	10/27/25	999,940	997,450
	FHLMC	0.800%	07/14/26	1,000,000	978,170
	FHLMC	0.850%	05/20/26	1,000,000	981,400
	FHLMC	4.000%	12/05/28	1,000,000	999,520
	FNMA	0.500%	10/20/25	1,723,964	1,720,742
	FNMA	0.500%	11/07/25	1,000,370	996,300
	FNMA	0.540%	10/27/25	1,000,000	997,390
	FNMA	0.550%	10/27/25	1,000,000	997,420
	FNMA	0.560%	10/22/25	1,500,000	1,496,940
	FNMA	0.560%	11/17/25	1,500,000	1,493,235
	FNMA	0.580%	10/20/25	2,000,000	1,996,260
	FNMA	4.000%	08/11/28	1,500,000	1,498,080
	FNMA Note	0.750%	07/20/27	999,320	950,520
	US Treasury Note	2.750%	04/30/27	1,475,391	1,479,495
				<u>115,683,262</u>	<u>114,590,294</u>
	<u>Mutual Funds:</u>				
	Vanguard Total Stock Market			<u>351,213,830</u>	<u>1,057,650,475</u>
	Total			<u><u>\$ 489,248,376</u></u>	<u><u>\$ 1,194,592,053</u></u>

* Party-in-interest, as defined by ERISA.