

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 11/01/2024 and ending 10/31/2025	
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 RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1993
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) LEE HEALTH SYSTEM, INC. 6630 ORION DR. SUITE 102 FORT MYERS, FL 33912
2b	Employer Identification Number (EIN) 99-2646504
2c	Plan Sponsor's telephone number 239-343-1555
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.	08/10/2026	ALISON THURAU
	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	873
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)	37
	6a(2)	32
	6b	552
	6c	224
	6d	808
	6e	60
	6f	868
6g(1)		
6g(2)		
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1A 1I 3D

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 11/01/2024 and ending 10/31/2025	
▶ 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 RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LEE HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 99-2646504
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 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	26338668	
b	Actuarial value	2b	26338668	
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	594	23914641	23914641
b	For terminated vested participants	242	5770741	5770741
c	For active participants	37	1386563	1386563
d	Total	873	31071945	31071945
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	5.36 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	470000	
c	Target normal cost	6c	470000	

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 DEEP MANDAL Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17866 PO BOX 803507 DALLAS, TX 75380 Address of the firm	06/22/2026 Date 26-06613 Most recent enrollment number 281-882-6329 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14 Funding target attainment percentage	14	84.76 %
15 Adjusted funding target attainment percentage	15	84.76 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/19/2025	205149	0			
05/07/2025	205149	0			
08/01/2025	205149	0			
11/05/2025	205149	0			
06/15/2026	129290	0			
Totals ►			18(b)	949886	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	912280

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.07 %	2nd segment: 5.33 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 65
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	470000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	4733277	441771	
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	911771	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	911771	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	912280	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	509	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) 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 11/01/2024 and ending 10/31/2025

A Name of plan RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 LEE HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 99-2646504

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

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

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)

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE CUSTODIAN	99391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BALDWIN GROUP WEALTH ADVISORS,

47-5476782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	18750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025					
A Name of plan RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LEE HEALTH SYSTEM, INC.				D Employer Identification Number (EIN) 99-2646504	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INV FD					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-084		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 762217	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

A Name of plan RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 LEE HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 99-2646504

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)	0	334439
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	16109	12312
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	191612	762217
(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)	26130946	26647781
(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	26338667	27756749
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	26338667	27756749

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)	949886	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		949886
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	23237	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23237
(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)	416268	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		416268
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2934944
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4324335

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2788112	
(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)		2788112
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	18750	
(6) Bank or trust company trustee/custodial fees	2i(6)	99391	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		118141
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2906253

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1418082
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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?	☒		2000000
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 570381.

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 11/01/2024 and ending 10/31/2025		
A Name of plan RETIREMENT PLAN FOR FORMER EMPLOYEES OF CAPE CORAL MEDICAL CENTER, INC.		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 LEE HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 99-2646504
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 6
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: _____%

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705360A.

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

**Financial Statements and
ERISA-Required Supplemental Schedules**
As of October 31, 2025 and 2024 (Compiled) and
for the Year Ended October 31, 2025 and the Period
from July 1, 2024 to October 31, 2024 (Compiled)

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member
of BDO International Limited, a UK company limited by guarantee.



**Retirement Plan for Former Employees of
Cape Coral Medical Center, Inc.**

Financial Statements and ERISA-Required Supplemental Schedules
As of October 31, 2025 and 2024 (Compiled) and for the Year Ended October 31, 2025
and the Period from July 1, 2024 to October 31, 2024 (Compiled)

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

Plan Administrator
Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.
Fort Myers, Florida

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of the Retirement Plan for Former Employees of Cape Coral Medical Center, Inc. (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). The financial statements comprise the statement of net assets available for benefits as of October 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 financial statements). Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's 2025 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of October 31, 2025, and for the year then ended October 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report:

- The amounts and disclosures in the accompanying 2025 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 (GAAP); and
- The certified investment information in the accompanying 2025 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 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 audit. 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 GAAP, 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2025 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 GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of October 31, 2025 and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended October 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2025 financial statements or to the 2025 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 DOL'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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The certified investment information in the supplemental schedules agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Management is responsible for the accompanying financial statements of the Plan, which comprise the statement of net assets available for benefits as of October 31, 2024, and the related statement of changes in net assets available for benefits for the period from July 1, 2024 to October 31, 2024 and the related notes to the financial statements (2024 financial statements) in accordance with GAAP. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2024 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2024 financial statements.

BDO USA, P.C.

August 14, 2026

Financial Statements

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Statements of Net Assets Available for Benefits

<i>October 31,</i>	2025	2024 (Compiled)
Investments		
Investments, at fair value	\$ 27,409,998	\$ 26,322,558
Total Investments	27,409,998	26,322,558
Receivables		
Employer Contribution	334,439	-
Other receivables	12,312	16,109
Total Receivables	346,751	16,109
Net Assets Available for benefits	\$ 27,756,749	\$ 26,338,667

See accompanying notes to financial statements.

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Statement of Changes in Net Assets Available for Benefits

	Year Ended October, 31 2025	Period from July 1, 2024 to October 31, 2024 (Compiled)
Additions		
Investment income:		
Net appreciation in the fair value of investments	\$ 2,934,944	\$ 912,455
Interest and dividends	439,505	83,286
Total Investment Income	3,374,449	995,741
Employer Contribution	949,886	824,922
Total Additions	4,324,335	1,820,663
Deductions		
Benefits paid to participants	2,788,112	2,465,631
Administrative expenses	118,141	55,460
Total Deductions	2,906,253	2,521,091
Net Increase (Decrease)	1,418,082	(700,428)
Net Assets Available for benefits, beginning of year	26,338,667	27,039,095
Net Assets Available for benefits, end of year	\$ 27,756,749	\$ 26,338,667

See accompanying notes to financial statements.

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

1. Description of the Plan

The following description of the Retirement Plan for Former Employees of Cape Coral Medical Center, Inc. (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

Lee Health System, Inc. (LHS or Employer) is the sponsor of the Plan. The Plan, effective July 1, 1993, was originally sponsored by the Cape Coral Medical Center, Inc. (CCMC). Effective July 1, 1996, Lee Memorial Health System (LMHS) assumed sponsorship of the Plan in connection with the purchase of the assets of CCMC. LMHS was a special-purpose unit of local government which was classified as an independent special district under the Laws of Florida. Effective November 1, 2024, LMHS converted to LHS, a Florida not-for-profit corporation exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code. As a result of the conversion, effective November 1, 2024, the Plan was amended and restated as a noncontributory defined benefit pension plan under Internal Revenue Code (IRC) Section 401(a). Prior to November 1, 2024, the Plan was a governmental plan, as defined in Section 414(d) of the Internal Revenue Code and Section 3(34) of the Employee Retirement Income Security Act of 1974. Effective November 1, 2024, the plan year end was changed from June 30th to October 31st.

The Plan covers certain former employees of CCMC and their beneficiaries and provides for features applicable to certain identifiable participant groups. Effective September 30, 1995, the Plan was frozen to new entrants and accrual of additional benefits.

The Plan is administered by the Retirement Plan for Former Employees of Cape Coral Medical Center, Inc. Plan Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Investment Committee of the Employer.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Employer's contributions for 2025 and 2024 exceeded the minimum funding requirements of ERISA.

Benefit Payments

The Plan generally provides for normal retirement benefits at age 65, early retirement benefits at age 55 and 10 years of service, disability benefits, and survivor benefits. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit. The benefit payments are calculated based on 2% of the participant's average monthly compensation (calculated based on a three-year period during which the participant's compensation was the highest) times the participants years of benefit service (up to a maximum number of 20 years).

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If a participant is terminated prior to normal retirement and

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

the participant's actuarial equivalent of the accrued benefit payable is less than \$1,000, the participant is paid a lump-sum payment or the lump-sum payment will be made as a direct rollover to an eligible retirement plan specified by the participant or to an individual retirement plan account as soon as practicable after his or her termination date.

Vesting

Participants become 100% vested at the earlier of completion of seven years of vesting service, or attainment of normal retirement age of 65.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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 statement of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Employer and excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in the fair value of investments.

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at October 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended October 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company, a qualified institution.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- 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.

A financial instrument's 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at October 31, 2025 or 2024. The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds and Exchange Traded Funds: Mutual funds and exchange traded funds (ETFs) are valued at the daily closing price as reported by the fund. Mutual funds and EFTs held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds and EFTs held by the Plan are deemed to be actively traded.

Collective Trust Fund (CTF): The CTF is valued at the net asset value (NAV) of units held. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

on the fair value of the underlying investments held by the CTF less its liabilities. This practical expedient is not used when it is determined to be probable that the CTF will sell for an amount different than the reported NAV. The CTF provides for daily redemptions by the Plan at the reported NAV with no advance notice. There are no unfunded commitments related to these investments. The CTF is a direct filing entity.

The preceding methods described may produce a fair value calculation which 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 tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

October 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds and ETFs	\$ 26,647,781	\$ -	\$ -	\$ 26,647,781
Investments measured at NAV	-	-	-	762,217
Total Investments, at fair value	\$ 26,647,781	\$ -	\$ -	\$ 27,409,998

October 31, 2024 (Compiled)

	Level 1	Level 2	Level 3	Total
Mutual funds and ETFs	\$ 26,130,946	\$ -	\$ -	\$ 26,130,946
Investments measured at NAV	-	-	-	191,612
Total Investments, at fair value	\$ 26,130,946	\$ -	\$ -	\$ 26,322,558

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of October 31, 2025 and 2024. There are no participant redemption restrictions for this investment.

October 31,

	2025	2024 (Compiled)	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective Trust Funds					
NT Collective Short Term Investment Fund	\$ 762,217	\$ 191,612	\$ -	Immediate	None
Total	\$ 762,217	\$ 191,612	\$ -		

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

5. 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 under the plan are accumulated based on employees' compensation during each year of credited service up to the effective date of the freeze on September 30, 1995. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of November 1, 2024 were (a) life expectancy of participants based on the amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 using scale MP-2021, and (b) an expected long-term rate of return on Plan assets of 6.60% per annum. The long-term rate of return was updated from 6.4% as used in the June 30, 2024 valuation to 6.6% used in the October 31, 2024 valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of November 1, 2024. Had the valuations been performed as of October 31, 2025, there would be no material differences.

A summary of the actuarial present value of accumulated plan benefits is shown below:

October 31, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:	
Participants and/or beneficiaries currently receiving payments	\$ 22,166,225
Other participants	6,417,917
Total Vested Benefits	28,584,142
Non-Vested Benefits	-
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 28,584,142

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

The change in the actuarial present value of accumulated plan benefits is as follows:

Period from July 1, 2024 to October 31, 2024

Actuarial Present Value of Accumulated Plan Benefits, beginning of period (Compiled)	\$ 30,419,602
Increase (Decrease) during the Year Attributable to	
Increase for interest	630,171
Benefits paid	(2,465,631)
Net Decrease	(1,835,460)
Actuarial Present Value of Accumulated Plan Benefits, end of period	\$ 28,584,142

6. Related Party and Party-in-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by The Northern Trust Company or their subsidiaries and affiliates. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

7. Risks and Uncertainties

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

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

8. Plan Termination

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

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

- a) 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

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

Notes to Financial Statements

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. government agency) up to the applicable limitations.
- 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.

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

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated February 28, 2023 that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. Subsequent Events

The Plan has evaluated subsequent events through August 14, 2026, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

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

EIN: 99-2646504

Plan Number: 002

October 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds and EFTs				
*	Northern Trust	Northern International Equity Index	\$ 4,046,866	\$ 4,740,665
*	Northern Trust	Northern Small Cap Index Fund	696,940	831,335
	Vanguard	Vanguard Emerging Markets Stock		
	Vanguard	Index Fund	1,644,488	1,944,069
	iShares	iShares Core S&P 500 ETF	5,390,031	6,489,813
	iShares	iShares Core S&P Mid-Cap ETF	747,512	828,117
	iShares	iShares Global Infrastructure ETF	1,339,082	1,376,221
	Vanguard	Vanguard Inflation-Protected		
		Securities Fund	813,864	824,595
	Blackrock	BlackRock High Yield Instl	1,699,407	1,641,399
	iShares	iShares iBoxx \$ Investment Grade		
		Corporate Bond ETF	1,863,360	1,903,257
	iShares	iShares Core U.S. Aggregate Bond ETF	5,672,500	5,796,030
	DFA	DFA International Real Estate Sec I	117,690	136,507
	DFA	DFA Real Estate Securities I	138,158	135,773
Total Mutual Funds and EFTs			24,169,898	26,647,781
Common/ Collective Investment Trusts				
*	Northern Trust	NT Collective Short Term Investment Fund	762,217	762,217
Total Common/ Collective Investment Trusts			762,217	762,217
Total Investments, per the Form 5500			\$ 24,932,115	\$ 27,409,998

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

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 99-2646504

Plan Number: 002

Year ended October 31, 2025

(a)		(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved		Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction							
*	Northern Trust	NT Collective MSCI Emerging Markets Fund-Non Lending	\$ -	\$ 1,634,247	\$ 1,421,514	\$ 1,634,247	\$ 212,733
*	Northern Trust	NT Collective Eafe Index Fund-Non Lending	-	3,144,542	1,876,287	3,144,542	1,268,255
*	Northern Trust	NT Collective Aggregate Bond Index Fund-Non Lending	-	1,866,421	1,688,669	1,866,421	177,752
*	Northern Trust	NT Collective Global Real Estate Ind Ex Fund Non Lending	-	2,007,751	1,830,201	2,007,751	177,550
*	Northern Trust	NT Collective Long Term Credit Bond Index Fund - Non-Lending	-	1,319,441	1,266,709	1,319,441	52,732
*	Northern Trust	NT Collective Long-Term Govt Bd Index Fund - Non-Lending	-	1,332,555	1,548,194	1,332,555	(215,639)
*	Northern Trust	NT Collective S&P500 Index Fund-Non Lending	-	6,199,774	2,498,140	6,199,774	3,701,634
*	Northern Trust	NT Collective Tips Index Fund - Non Lending	-	2,395,222	2,302,960	2,395,222	92,262
*	Northern Trust	NT Collective Short Term Invt Fd	2,520,519	-	2,520,519	2,520,519	-
*	Northern Trust	NT Collective Short Term Invt Fd	-	2,823,729	2,823,729	2,823,729	-
*	Northern Trust	Northern Equity Index Funds Intl Eq T Index	3,336,010	-	3,336,010	3,336,010	-
	Vanguard	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	1,542,836	-	1,542,836	1,542,836	-
	Ishares	Ishares Core S&P 500 ETF	6,652,998	-	6,652,998	6,652,998	-
	Ishares	Ishares Tr Iboxx Usd Invt Grade Corpbd ETF	1,803,776	-	1,803,776	1,803,776	-
	Ishares	Ishares Trust Core Us Aggregate Bd ETF	2,574,892	-	2,574,892	2,574,892	-
	Ishares	Ishares Trust Core Us Aggregate Bd ETF	2,311,626	-	2,311,626	2,311,626	-
	Vanguard	Vanguard Inflation Protected Securities Fund Admiral	2,306,698	-	2,306,698	2,306,698	-
	Vanguard	Vanguard Inflation Protected Securities Fund Admiral	-	1,578,806	1,543,842	1,578,806	34,964
Total							
Category (i)			\$ 23,049,355	\$ 24,302,488	\$ 41,849,600	\$ 47,351,843	\$ 5,502,243

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 99-2646504

Plan Number: 002

Year ended October 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions						
* Northern Trust	Northern Equity Index Funds Intl Eq T Index	\$ 4,197,959	\$ 174,481	\$ 4,349,051	\$ 4,372,440	\$ 23,389
* Northern Trust	Northern Funds Small Cap Index Fd	1,026,465	342,611	1,355,989	1,369,076	13,087
* Northern Trust	NT Collective Aggregate Bond Index Fund-Non Lending	-	2,445,702	2,221,119	2,445,702	224,583
* Northern Trust	NT Collective Eafe Index Fund-Non Lending	-	3,606,488	2,178,410	3,606,488	1,428,078
* Northern Trust	NT Collective Long Term Credit Bond Index Fund - Non Lending	17,767	1,341,319	1,306,327	1,359,086	52,759
* Northern Trust	NT Collective Long-Term Govt Bd Index Fund - Non-Lending	53,337	1,354,355	1,628,353	1,407,692	(220,661)
* Northern Trust	NT Collective Tips Index Fund - Non Lending	733,445	2,434,767	3,075,603	3,168,212	92,609
* Northern Trust	NT Collective MSCI Emerging Markets Fund-Non Lending	-	1,713,252	1,493,964	1,713,252	219,288
* Northern Trust	NT Collective S&P500 Index Fund-Non Lending	264,915	6,310,061	2,805,663	6,574,976	3,769,313
* Northern Trust	NT Collective Global Real Estate Ind Ex Fund Non Lending	-	2,042,343	1,862,524	2,042,343	179,819
* Northern Trust	NT Collective Short Term Invt Fd	6,400,109	5,829,504	12,229,613	12,229,613	-
Ishares	Ishares Core S&P 500 ETF	6,805,635	1,448,759	8,221,239	8,254,394	33,155
Ishares	Ishares Tr Global Infrastructure ETF Index Fd	1,339,082	-	1,339,082	1,339,082	-
Ishares	Ishares Tr Iboxx Usd Invt Grade Corpbd ETF	1,863,360	-	1,863,360	1,863,360	-
Ishares	Ishares Trust Core Us Aggregate Bd ETF	5,865,756	192,230	6,059,011	6,057,986	(1,025)
Vanguard	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	1,753,241	113,265	1,861,994	1,866,506	4,512
Vanguard	Vanguard Short-Term Bond ETF	-	1,357,377	1,329,673	1,357,377	27,704
Vanguard	Vanguard Inflation Protected Securities Fund Admiral	2,511,391	1,731,434	4,208,918	4,242,825	33,907
BlackRock	Blackrock Fds V High Yield Bd Port I Nstlcl	133,530	1,211,815	1,429,674	1,345,345	(84,329)
DFA	DFA Invt Dimensions Group Inc Intl Real Estate Secs Port	1,026,465	972,795	1,935,240	1,999,260	64,020
DFA	DFA Invt Dimensions Group Inc Real Estate Secs Portfolio	1,026,465	853,404	1,914,772	1,879,869	(34,903)
Total						
Category (iii)		\$ 35,018,922	\$ 35,475,962	\$ 64,669,579	\$ 70,494,884	\$ 5,825,305

* Party-in-interest as defined by ERISA.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49										
50-54										
55-59								4	6	
60-64							1	7	16	3
65-69										
70+										

N-37

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a two-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a two-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	100% elect single life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	Age 65
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)
Withdrawal Rates	See Table 1
Disability Rates	None
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$275,000.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.
EIN: 992646504 PN: 002

Valuation of Plan Assets

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

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

Expected Return on Assets

2024 Plan Year 6.60%

Trust Expenses Included in Target Normal Cost \$470,000

Actuarial Method Standard unit credit cost method

Valuation Date November 1, 2024

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.
EIN: 992646504 PN: 002

Actuarial Assumptions and Methods

Table 1

Withdrawal Rates

Age	Rate
25	9.7%
30	9.3%
35	8.7%
40	7.8%
45	6.4%
50	4.2%
55	1.5%
60	0.1%

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 11/01/2024 and ending 10/31/2025

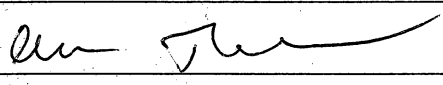
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☒ the first return/report ☐ 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 Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 07/01/1993
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) Lee Health System, Inc. 6630 Orion Dr. Suite 102 Fort Myers FL 33912	2b Employer Identification Number (EIN) 99-2646504
	2c Plan Sponsor's telephone number 239-343-1555
	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		8/10/26	ALISON THURAU
	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

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

Form 5500 (2024)
v. 240311

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 99-2646504

Plan Number: 002

Year ended October 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction						
* Northern Trust	NT Collective MSCI Emerging Markets Fund-Non Lending	\$ -	\$ 1,634,247	\$ 1,421,514	\$ 1,634,247	\$ 212,733
* Northern Trust	NT Collective Eafe Index Fund-Non Lending	-	3,144,542	1,876,287	3,144,542	1,268,255
* Northern Trust	NT Collective Aggregate Bond Index Fund-Non Lending	-	1,866,421	1,688,669	1,866,421	177,752
* Northern Trust	NT Collective Global Real Estate Ind Ex Fund Non Lending	-	2,007,751	1,830,201	2,007,751	177,550
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* Northern Trust	NT Collective Long-Term Govt Bd Index Fund - Non-Lending	-	1,332,555	1,548,194	1,332,555	(215,639)
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* Northern Trust	NT Collective Tips Index Fund - Non Lending	-	2,395,222	2,302,960	2,395,222	92,262
* Northern Trust	NT Collective Short Term Invt Fd	2,520,519	-	2,520,519	2,520,519	-
* Northern Trust	NT Collective Short Term Invt Fd	-	2,823,729	2,823,729	2,823,729	-
* Northern Trust	Northern Equity Index Funds Intl Eq T Index	3,336,010	-	3,336,010	3,336,010	-
Vanguard	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	1,542,836	-	1,542,836	1,542,836	-
Ishares	Ishares Core S&P 500 ETF	6,652,998	-	6,652,998	6,652,998	-
Ishares	Ishares Tr Iboxx Usd Invt Grade Corpbd ETF	1,803,776	-	1,803,776	1,803,776	-
Ishares	Ishares Trust Core Us Aggregate Bd ETF	2,574,892	-	2,574,892	2,574,892	-
Ishares	Ishares Trust Core Us Aggregate Bd ETF	2,311,626	-	2,311,626	2,311,626	-
Vanguard	Vanguard Inflation Protected Securities Fund Admiral	2,306,698	-	2,306,698	2,306,698	-
Vanguard	Vanguard Inflation Protected Securities Fund Admiral	-	1,578,806	1,543,842	1,578,806	34,964
Total						
Category (i)		\$ 23,049,355	\$ 24,302,488	\$ 41,849,600	\$ 47,351,843	\$ 5,502,243

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 99-2646504

Plan Number: 002

Year ended October 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) - a Series of Transactions						
* Northern Trust	Northern Equity Index Funds Intl Eq T Index	\$ 4,197,959	\$ 174,481	\$ 4,349,051	\$ 4,372,440	\$ 23,389
* Northern Trust	Northern Funds Small Cap Index Fd	1,026,465	342,611	1,355,989	1,369,076	13,087
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* Northern Trust	NT Collective Eafe Index Fund-Non Lending	-	3,606,488	2,178,410	3,606,488	1,428,078
* Northern Trust	NT Collective Long Term Credit Bond Index Fund - Non Lending	17,767	1,341,319	1,306,327	1,359,086	52,759
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* Northern Trust	NT Collective Tips Index Fund - Non Lending	733,445	2,434,767	3,075,603	3,168,212	92,609
* Northern Trust	NT Collective MSCI Emerging Markets Fund-Non Lending	-	1,713,252	1,493,964	1,713,252	219,288
* Northern Trust	NT Collective S&P500 Index Fund-Non Lending	264,915	6,310,061	2,805,663	6,574,976	3,769,313
* Northern Trust	NT Collective Global Real Estate Ind Ex Fund Non Lending	-	2,042,343	1,862,524	2,042,343	179,819
* Northern Trust	NT Collective Short Term Invt Fd	6,400,109	5,829,504	12,229,613	12,229,613	-
Ishares	Ishares Core S&P 500 ETF	6,805,635	1,448,759	8,221,239	8,254,394	33,155
Ishares	Ishares Tr Global Infrastructure ETF Index Fd	1,339,082	-	1,339,082	1,339,082	-
Ishares	Ishares Tr Iboxx Usd Invt Grade Corpbd ETF	1,863,360	-	1,863,360	1,863,360	-
Ishares	Ishares Trust Core Us Aggregate Bd ETF	5,865,756	192,230	6,059,011	6,057,986	(1,025)
Vanguard	Vanguard Intl Equity Index Fds Ftse Emerging Mkts ETF	1,753,241	113,265	1,861,994	1,866,506	4,512
Vanguard	Vanguard Short-Term Bond ETF	-	1,357,377	1,329,673	1,357,377	27,704
Vanguard	Vanguard Inflation Protected Securities Fund Admiral	2,511,391	1,731,434	4,208,918	4,242,825	33,907
BlackRock	Blackrock Fds V High Yield Bd Port I Nstlcl	133,530	1,211,815	1,429,674	1,345,345	(84,329)
DFA	DFA Invt Dimensions Group Inc Intl Real Estate Secs Port	1,026,465	972,795	1,935,240	1,999,260	64,020
DFA	DFA Invt Dimensions Group Inc Real Estate Secs Portfolio	1,026,465	853,404	1,914,772	1,879,869	(34,903)
Total		\$ 35,018,922	\$ 35,475,962	\$ 64,669,579	\$ 70,494,884	\$ 5,825,305
Category (iii)						

* Party-in-interest as defined by ERISA.

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 11/01/2024 and ending 10/31/2025	
► 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 Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Lee Health System, Inc.	D Employer Identification Number (EIN) 99-2646504
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 11 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	26,338,668	
b	Actuarial value	2b	26,338,668	
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	594	23,914,641	23,914,641
b	For terminated vested participants	242	5,770,741	5,770,741
c	For active participants	37	1,386,563	1,386,563
d	Total	873	31,071,945	31,071,945
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	5.36%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	470,000	
c	Target normal cost	6c	470,000	

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

SIGN HERE	Deep Mandal Signature of actuary	06/22/2026 Date
Deep Mandal Type or print name of actuary		2606613 Most recent enrollment number
Aon Consulting, Inc. Firm name		281-882-6329 Telephone number (including area code)
MSC# 17866 PO Box 803507 Dallas TX 75380 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

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

Part III Funding Percentages

14 Funding target attainment percentage	14	84.76 %
15 Adjusted funding target attainment percentage	15	84.76 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/19/2025	205,149	0			
05/07/2025	205,149	0			
08/01/2025	205,149	0			
11/05/2025	205,149	0			
06/15/2026	129,290	0			
Totals ►			18(b)	949,886	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	912,280

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes	☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes	☒ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 5.07 % 2nd segment: 5.33 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	2
22	Weighted average retirement age	22	65
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	470,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	4,733,277	441,771
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)....		34 911,771
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
36	Additional cash requirement (line 34 minus line 35).....		36 911,771
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 912,280
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 509
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount		Days to Discount to 11/1/2024 at 10.36%	Interest Adjusted Contribution
		to 11/1/2024 at 5.36%			
February 19, 2025	\$	205,149	106	4	\$ 201,844
May 7, 2025		205,149	187	0	199,734
August 1, 2025		205,149	273	0	197,292
November 5, 2025		205,149	369	0	194,601
June 15, 2026		<u>129,290</u>	591	0	<u>118,809</u>
Total Contribution	\$	949,886			\$ 912,280

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming that all active participants retire at age 65.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	July 1, 1993
Significant Dates	Most recent plan restatement: July 1, 2015. First amendment: April 24, 2013 (adding small lump sum distributions). Plan freeze date: September 30, 1995
Eligibility	All Schedule A employees of the employer were eligible to participate in the plan as of the first day of the month coincident with or next following the date on which they completed one year of vesting service. All other employees of the employer became participants as of the first day of the month coincident with or next following the completion of one year of service during which they accumulated at least 1,000 hours of service. No new participants entered after September 30, 1995, unless they had previously been participants before September 30, 1995.
Schedule A Employee	An employee listed on Schedule A of the Plan Document.
Employee Contributions	None required or permitted.
Compensation	Compensation paid during a plan year includes the following pay types: Regular hours, scheduled overtime, day baylor, night baylor, home health regular pay, 3/12 bonus, PPD hours, jury hours, funeral hours, worker's compensation pay, voluntary and mandatory education hours, disability pay, retroactive regular pay and retroactive scheduled overtime pay. No compensation shall be recognized after September 30, 1995.
Average Monthly Compensation	The total compensation received during the three highest consecutive plan years divided by 36. If the participant had less than 36 full calendar months of compensation, such average will be over his entire period of employment.
Vesting Service	A plan year in which an employee completes at least 1,000 hours of service. For a Schedule A employee, the elapsed time from his date of hire to the effective date less any time of severance of more than 12 months will be included as vesting service.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

Benefit Service

Benefit service shall equal vesting service. For a Schedule A employee, the benefit service prior to the effective date will be rounded to the next highest twelfth. All benefit service was frozen as of September 30, 1995.

Accrued Benefit

The benefit using the formula for the normal retirement benefit, based upon the average monthly compensation and years of benefit service as of the date of the calculation. The accrued benefit is payable at the normal retirement date in the normal form of payment. Accrued benefits were frozen as of September 30, 1995. June 30, 1994, was a fresh start date for those affected by the compensation cap.

Normal Retirement Benefit

A monthly benefit commencing at the normal retirement date equal to 2% of average monthly compensation multiplied by years of benefit service up to a maximum of 20 years.

Normal Retirement Date

The first day of the month coincident with or next following the attainment of age 65. (The age 62 alternative in the restatement is considered a drafting error and is to be corrected.)

Early Retirement Date

The first of the month coincident with or next following the later of age 55 or the completion of 10 years of vesting service. Solely for this purpose any Schedule A employee shall be credited with a full year of vesting service for any partial year as of July 1, 1993, of more than five months.

Normal Form of Payment

Life annuity.

Qualified Joint and Survivor Annuity

An actuarially equivalent joint and 50% survivor annuity.

Optional Forms of Benefit

Benefits actuarially equivalent to the benefit provided under the normal form of payment:

- (1) Lump sum, if equal to or less than \$5,000 [\$1,000 prior to April 24, 2013; \$3,500 prior to March 28, 2005]; or
- (2) Joint and 50%, 75%, or 100% survivor annuity; or
- (3) 10-year period certain and life annuity.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

Late Retirement or In-Service Benefit

The accrued benefit payable as of the participant's retirement date or elected commencement date if later than his normal retirement date, but not less than the actuarial equivalent of his benefit at his normal retirement date.

Early Retirement Benefit

If a participant elects to have his accrued benefit commence prior to his normal retirement date, it shall be reduced by 0.50% for each of the first 60 months and 0.25% for each of the next 60 months by which the early retirement date precedes the normal retirement date.

Preretirement Death Benefit

If the participant is eligible for a normal, early or deferred vested benefit, and dies prior to commencement, his beneficiary is entitled to a 10-year certain only annuity. The monthly amount of this certain annuity is the same as the participant's accrued benefit, and it is payable commencing with the month following the death of the participant with no early commencement reduction.

If the beneficiary is the participant's spouse, the spouse can receive a preretirement survivor annuity instead of the 10-year certain only annuity. Such annuity will be a life income equal to the amount the spouse would have received had the participant retired on his date of death (or if not yet eligible, had he terminated, survived until the date he would have first been eligible to retire, and then retired) and received his applicable retirement benefit in the form of a joint and 50% survivor annuity. The qualified survivor spouse benefit shall be payable during the life of the spouse commencing with the month following the death of the participant. The beneficiary may elect to commence the payments at any time between what would have been the participant's early retirement and normal retirement dates. The qualified survivor spouse benefit will include the 0.50%/0.25% early commencement reduction, if applicable, and will be further reduced on an actuarially equivalent basis for commencement with the month following the participant's death if such commencement is prior to what would have been the participant's early retirement date.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

EIN: 992646504 PN: 002

Deferred Vested Benefit

A participant who terminates his employment for reason other than death, disability or retirement shall be entitled to a deferred monthly benefit commencing at his normal retirement date equal to the product of his vested percentage and his accrued benefit:

Years of Vesting Service	Vested Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Disability Retirement Benefit

Only participants who became disabled on or before September 30, 1995, are eligible for this benefit. A participant is eligible for a disability benefit if he is totally and permanently disabled and is receiving disability benefits under the federal Social Security Act. His benefit will be his accrued benefit determined as of his date of disability, with no reduction for early commencement. The benefit shall commence as of the later of the date of application or the first day of the sixth month after the date of disability. The benefit shall be paid for a maximum of 120 months, or cease earlier because of death, retirement or recovery. Upon the participant's normal retirement date, the participant's normal retirement benefit shall be payable. If the disability benefit ceases prior to the participant's normal retirement date, he may be eligible for an early retirement benefit, deferred vested benefit, or preretirement death benefit in accordance with the Plan provisions.

Maximum Benefit

The maximum annual benefit may not exceed the lesser of (1) or (2), multiplied by a fraction not greater than one, the numerator of which is the number of completed years of vesting service and the denominator is 10, where:

- (1) Is 100% of the highest three-consecutive calendar years' average compensation; and
- (2) Is \$90,000 as adjusted annually by the Secretary of the Treasury for cost of living increases.

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year Retirement Plan for Former Employees of Cape Coral Medical Center, Inc.

EIN: 992646504 PN: 002

Actuarial Equivalence

For non-lump sum payments, mortality in accordance with the “1983 Group Annuity Mortality Table for Females” and interest at 8% per annum. For lump sum payments (effective July 1, 2002), mortality in accordance with the “Applicable Mortality Table” as per Section 4.01 of the Plan document, and interest based on the 30-year Treasury rate in effect in May of the year preceding the first day of the plan year in which the lump sum is paid.

Additional Information

The above is a summary only; for additional details, reference should be made to the actual Plan document.

Plan Changes Since the Prior Year

Effective November 1, 2024 the Cape Coral Medical Center, Inc. Retirement Plan will no longer be reporting under GASB.

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

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

Retirement Plan for Former Employees of Cape Coral Medical Center, Inc

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

EIN: 99-2646504

Plan Number: 002

October 31, 2025

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Mutual Funds and EFTs				
*	Northern Trust	Northern International Equity Index	\$ 4,046,866	\$ 4,740,665
*	Northern Trust	Northern Small Cap Index Fund	696,940	831,335
	Vanguard	Vanguard Emerging Markets Stock		
	Vanguard	Index Fund	1,644,488	1,944,069
	iShares	iShares Core S&P 500 ETF	5,390,031	6,489,813
	iShares	iShares Core S&P Mid-Cap ETF	747,512	828,117
	iShares	iShares Global Infrastructure ETF	1,339,082	1,376,221
	Vanguard	Vanguard Inflation-Protected		
		Securities Fund	813,864	824,595
	Blackrock	BlackRock High Yield Instl	1,699,407	1,641,399
	iShares	iShares iBoxx \$ Investment Grade		
		Corporate Bond ETF	1,863,360	1,903,257
	iShares	iShares Core U.S. Aggregate Bond ETF	5,672,500	5,796,030
	DFA	DFA International Real Estate Sec I	117,690	136,507
	DFA	DFA Real Estate Securities I	138,158	135,773
Total Mutual Funds and EFTs			24,169,898	26,647,781
Common/ Collective Investment Trusts				
*	Northern Trust	NT Collective Short Term Investment Fund	762,217	762,217
Total Common/ Collective Investment Trusts			762,217	762,217
Total Investments, per the Form 5500			\$ 24,932,115	\$ 27,409,998

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

Schedule SB Attachment (Form 5500)—November 1, 2024 Plan Year
Retirement Plan for Former Employees of Cape Coral Medical Center,
Inc.

EIN: 992646504 PN: 002

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 4,733,277	November 1, 2024	15	\$ 441,771