Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

1b Three-digit plan number (PN) ▶ 021

1c Effective date of plan 05/01/1975

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)
ASCENSION HEALTHCARE

4600 EDMUNDSON
ST LOUIS, MO 63134

2b Employer Identification Number (EIN)
31-1662309

2c Plan Sponsor's telephone number
314-733-8600

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.	10/13/2026	CHRISTOPHER BELCHER
	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

ASCENSION HEALTHCARE DBA ASCENSION HEALTHCARE

PO BOX 45998
ST. LOUIS, MO 63145-5998

3b Administrator's EIN: 31-1662309

3c Administrator's telephone number: 314-733-8600

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**	3121
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	82
b	Retired or separated participants receiving benefits	**6b**	1677
c	Other retired or separated participants entitled to future benefits	**6c**	1002
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2761
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	172
f	Total. Add lines **6d** and **6e**.	**6f**	2933
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I 1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ASCENSION HEALTHCARE

D Employer Identification Number (EIN)
31-1662309

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	159534810
b Actuarial value	**2b**	157973034

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	1848	107260647	107260647
b For terminated vested participants	1175	44289953	44289953
c For active participants	102	5391634	5463247
d Total	3125	156942234	157013847

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**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	560000
c Target normal cost	**6c**	560000

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

10/13/2026
Date

CARL CRUZAN
Type or print name of actuary

26-07108
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

314-719-5900
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9016109	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)	9016109	0
10	Interest on line 9 using prior year's actual return of 5.02 %	452609	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9468718	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.58 %
15	Adjusted funding target attainment percentage	15	100.61 %
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	106.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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**	560000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	560000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	560000	0	560000

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTHCARE

D Employer Identification Number (EIN)
31-1662309

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

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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)

ASC HEALTHCARE MASTER PENSION TRUST

36-6891022

(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?
28	NONE	991783	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 ☐

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTHCARE

D Employer Identification Number (EIN)
31-1662309

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: ASC HEALTHCARE MASTER PENSION TRUST

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

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)
36-6891022-001	M	165411587

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)

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

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTHCARE

D Employer Identification Number (EIN)
31-1662309

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	159534809	165411587
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	159534809	165411587
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	24838	20275
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	24838	20275
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	159509971	165391312

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		23526591
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		23526591
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17041069	
(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)		17041069
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)	387602	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	216579	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		604181
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17645250
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5881341
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587852.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500
ASCENSION HEALTHCARE

D Employer Identification Number (EIN)
31-1662309

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): 36-6891022

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** 89

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 40.0 % Private Equity: 11.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %
High-Yield Debt: 0.0 % Real Assets: 8.0 % Cash or Cash Equivalents: 4.0 % Other: 11.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

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ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN
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*** CERTAIN SCHEDULES ARE INCLUDED WITH FORM 5500 OF THE MASTER TRUST (ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN) FILED WITH THE DEPARTMENT OF LABOR FOR THE MASTER TRUST PLAN YEAR ENDED DECEMBER 31, 2025, AND ARE NOT REQUIRED TO BE DISCLOSED FOR THIS PLAN. SEE NOTE 4 FOR MASTER PENSION TRUST INFORMATION.**

CliftonLarsonAllen LLP
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Ascension Healthcare Legacy ERISA Pension Plan
St. Louis, Missouri

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Ascension Healthcare Legacy ERISA Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, 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 on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, 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.

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- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Louis, Missouri
October 12, 2026

ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENT IN MASTER TRUST (at Fair Value)		
Plan's Interest in the Ascension Healthcare Master Trust	$ 165,411,587	$ 159,534,809
Total Assets	165,411,587	159,534,809
LIABILITIES		
ACCOUNTS PAYABLE	20,275	24,838
NET ASSETS AVAILABLE FOR BENEFITS	$ 165,391,312	$ 159,509,971

See accompanying Notes to Financial Statements.

ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
INVESTMENT INCOME		
Plan's Interest in the Ascension Healthcare Master Trust	$ 23,526,591	$ 7,998,671
BENEFITS PAID TO PARTICIPANTS	(17,041,069)	(15,643,678)
ADMINISTRATIVE EXPENSES	(604,181)	(574,236)
NET INCREASE (DECREASE)	5,881,341	(8,219,243)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	159,509,971	167,729,214
End of Year	$ 165,391,312	$ 159,509,971

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF PLAN

The following brief description of Ascension Healthcare Legacy ERISA Pension Plan (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.

Organization

Ascension Health dba: Ascension Healthcare, the Plan Sponsor, is a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities. Ascension Health Alliance dba: Ascension, a Missouri nonprofit corporation formed on September 13, 2011, is the sole corporate member and parent organization of Ascension Healthcare. Ascension Health Alliance directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves.

The Plan is administered by the Ascension Healthcare (Plan administrator). The Plan administrator has overall responsibility for the operation and administration of the Plan. The Plan administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

General

The Plan is a frozen noncontributory, defined benefit pension plan covering substantially all employees of Crittenton Hospital Medical Center, Brighton Hospital, and Saint Thomas Rutherford Hospital (formerly known as Middle Tennessee Medical Center), West Suburban Medical Center and providing for retirement, death, and disability benefits. Frozen benefits have been calculated as of September 30, 2005 for Legacy Ascension Brighton Pension Plan, December 31, 2012 for Legacy Middle Tennessee Medical Center, Inc. Pension Plan, December 31, 2014 for Legacy Ascension Crittenton Hospital Pension Plan, and January 1, 2002 for West Suburban Medical Center (freeze dates). The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement or termination. Pension benefits are provided to participants under several types of retirement options, based upon years of continuous service and age and legacy plans merged in. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly.

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit is paid to the participant's beneficiary. A surviving eligible spouse receives a lifetime income of one-half of the member's benefit. Participants are entitled to disability benefits upon total and presumably permanent disability while an employee and after 10 years of credited service. The benefit amount is based upon credited service the employee would have had at normal retirement age with their annual compensation remaining the same at the time the disability occurred.

Termination Benefits

A participant whose service is terminated and who is not eligible for the death or disability benefits described above is entitled to a deferred vested benefit equivalent to the participant's accrued vested benefit as of July 1, 2015, commencing on the participant's normal retirement date or in a lump sum distribution.

Vesting

A participant becomes fully vested after five years of continuous service with 1,000 hours of service each year. Participants are fully vested in their accrued benefits after five years of vesting service and upon death or disability. Upon Plan freezing, eligible participants became 100% vested in the Plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (Continued)

- 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 market value measurement. Investments are measured at the net asset value.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Investment Valuation and Income Recognition

Investments in the Ascension Healthcare Master Trust (the Master Pension Trust) are stated at fair value based on the measurements described in Note 5.

The Master Pension Trust's investments are exposed to various kinds and levels of risk. Fixed income securities expose the Master Pension Trust to interest rate risk, credit risk, and liquidity risk. Equity securities expose the Master Pension Trust to market risk, performance risk, and liquidity risk.

Alternative investments consist of hedge funds, private equity funds, and real estate partnerships. Hedge funds, private equity funds, and real estate investments present similar risks to all of the traditional investments, with some additional risks. Because of the nature of these investments, pricing is infrequent. Due to this limited-access structure, liquidity will also be limited. These investments may also employ leverage which may lead to additional risk of loss. Although these investments are diversified by region and type, they may at times have concentrations in a particular region or type which may cause additional risk. Due to inherent uncertainty of valuation, values may differ significantly from the values that would have been used had a ready market for the alternative investments existed, and differences could be material.

Purchases and sales of investments are accounted for on a trade-date basis. Realized gains (losses) from the sales of investments are computed using the average cost method. Interest income and expense are recorded on an accrual basis. Dividend income and expense are recorded on the ex-dividend date, net of applicable foreign withholding taxes. Interest and dividend income are included in other investment gain.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Allocated Expenses

Income from Master Pension Trust investments, including interest and dividend income and realized and unrealized appreciation (depreciation) in fair value of investments, is reported net of fees paid to investment managers.

The statements of changes in net assets available for benefits includes a monthly allocation of net income and administrative expenses from the Master Pension Trust based upon the ratio of the Plan's holdings in the Master Trust. Contributions and benefit payments are based upon the Plan's actual experience.

Administrative expenses for the operation of the Plan are paid from the Master Pension Trust.

Derivative Contracts

As part of the total investment strategy, and to meet the primary objectives established by the Committee, the Plan's investment manager utilizes derivative financial instruments. In the normal course of business, the Master Pension Trust is exposed to interest rate, credit, performance, and global market risks, including the effect of changes in foreign currency exchange rates. To manage these risks, the Master Pension Trust enters into various derivatives contracts. Interest rate contracts including swaps, options, and futures are used to manage the effects of interest rate fluctuations. Credit contracts, including credit default swaps, where the Master Pension Trust is the purchaser of protection, are used to manage credit risk and credit exposure. Credit default swaps where the Master Pension Trust is a seller of protection are used to generate fee income. Foreign currency exchange contracts including forwards, options, and futures are used to manage foreign exchange exposure and short-term interest rates. Equity contracts, including swaps and futures, are used to hedge foreign currency risk, adjust foreign currency exposure, and maintain synthetic exposure. The vast majority of the derivatives are OTC customized derivative transactions and are not exchange-traded. Ascension Healthcare management, along with an external consulting firm, reviews the derivative positions and overall risk management strategy on a regular basis.

Due To/From Brokers and Counterparties

Due to/from brokers and counterparties represent positions and amounts due to (from) various brokers and counterparties, primarily amounts for security transactions not yet settled, as well as cash held by brokers for securities sold, but not yet purchased. If the brokers are unable to fulfill their obligations, the Master Pension Trust would be subject to counterparty credit risk.

Foreign Currency

Assets and liabilities denominated in foreign currencies are translated at the rates of exchange prevailing at the date of the financial statements as determined by the trustee.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Foreign Currency (Continued)

Transactions in foreign currencies are translated at the rates of exchange prevailing at the time of the transaction as determined by the trustee. Exchange gains or losses (both realized and unrealized) are recognized within investment income.

The Master Pension Trust does not isolate that portion of gains and losses on investments which is due to changes in foreign exchange rates caused by changes in market prices of the investments. Such fluctuations are included with investment income.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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. Actual results could differ from those estimates.

The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered through freeze dates. 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 based on the highest 5 consecutive years of the last 10 which produces the highest average annual compensation. The actuarial information presented is based on end of year information.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending through freeze dates. 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 freeze dates.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which 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.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuation as of December 31, 2025 and 2024, are as follows:

Mortality – 2025 and 2024: Mortality Improvement Scale MP-2021; Base Mortality Table Pri-2012, without collar or amount adjustments, projected back to 2006 using Scale MP-2021.

Retirement Age – Average age 63. A graduated table is used for retirement between ages 55 through 70 is used for all Legacy Plans included in these financial statements

Interest Rate – 8.00% for 2025 and 2024

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

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Northern Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024, and the statements of changes in net assets available for benefits for the years then ended. Northern Trust also certifies the Master Pension Trust investment information presented in Note 4.

The alternative investments reported by the Master Pension Trust include a fair market value adjustment in the amount of $15,471,122 and $2,943,999, for the years ended December 31, 2025 and 2024. The Plan's interest in the fair market value adjustment included in the Plan’s Interest (Loss) in the Ascension Healthcare Master Trust is $345,202 and $66,695, for the years ended December 31, 2025 and 2024, respectively. These adjustments are not covered by the Northern Trust Company certification.

NOTE 4 PARTICIPATION IN MASTER TRUST

The Plan's investments are part of the Master Pension Trust, which was established for the investment of assets of the Plan and several care Health affiliate sponsored retirement plans. Each participating retirement plan has an undivided interest in the assets of the Master Pension Trust, which relate to all participating plans. Such assets of the Master Pension Trust are held by the trustee. The Plan's interest in the net assets of the Master Pension Trust was approximately 2.2% and 2.3% as of December 31, 2025 and 2024, respectively.

NOTE 4 PARTICIPATION IN MASTER TRUST (CONTINUED)

Net Assets Available for Benefits of the Master Pension Trust
(Dollars in Thousands)

	2025		2024	
ASSETS	Trust	Plan's Interest In the Trust	Trust	Plan's Interest In the Trust
INVESTMENTS (at Fair Value)				
Pooled Short-Term Investment Funds	$ 708,512	$ 15,809	$ 575,334	$ 13,034
Short-Term Investments	-	-	77,583	1,758
Foreign Currency	13,617	304	1,194	27
Commercial Paper	-	-	35,861	812
U.S. Government, State, Municipal and Agency Obligations	1,818,367	40,573	1,166,685	26,431
Asset-Back Securities:				
U.S. Agency	139,963	3,123	132,191	2,995
Corporate	416,132	9,285	388,167	8,794
Corporate and Foreign Government Fixed Maturities:				
United States	320,799	7,158	275,389	6,239
International	87,621	1,955	217,342	4,924
Equity Securities:				
United States	2,364,660	52,762	1,460,478	33,087
International	447,528	9,986	862,076	19,530
Commodities	263,108	5,871	144,833	3,281
Alternative Investments:				
Hedge Funds	259,232	5,784	239,050	5,416
Private Equity	1,405,554	31,362	1,382,134	31,312
Real Estate	109,376	2,440	122,072	2,765
Total Investments at Fair Value	8,354,469	186,411	7,080,389	160,403
RECEIVABLES				
Due From Brokers and Counterparties	41,436	925	89,595	2,030
Derivatives Receivable	32,899	734	42,234	957
Interest Receivable	20,042	447	18,819	426
Total Receivables	94,377	2,106	150,648	3,413
Total Assets	8,448,846	188,517	7,231,037	163,816
LIABILITIES				
PAYABLES				
Due to Brokers and Counterparties	987,822	22,041	40,113	909
Accrued Liabilities	1,679	37	1,988	45
Derivatives Payable	46,000	1,026	146,894	3,328
Total Payables	1,035,501	23,105	188,995	4,282
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,413,345	$ 165,412	$ 7,042,042	$ 159,535

NOTE 4 PARTICIPATION IN MASTER TRUST (CONTINUED)

Changes in Net Assets Available for Benefits of the Master Pension Trust
(Dollars in Thousands)

	2025	2024
INVESTMENT INCOME		
Realized Gain	$ 8,278,980	$ 466,849
Unrealized Gain	(7,199,834)	(32,613)
Other Investment Gain	183,007	85,346
Total Investment Income	1,262,153	519,582
Less: Investment Expenses	232,542	177,841
Net Investment Income	1,029,611	341,741
NET TRANSFER OF ASSETS FROM THE PLANS	(658,308)	(716,981)
CHANGES OF NET ASSETS AVAILABLE FOR BENEFITS	$ 371,303	$ (375,240)

NOTE 5 FAIR VALUE OF INVESTMENTS

The following tables set forth by level, within the fair value hierarchy, the Master Pension Trust's assets and liabilities (dollars in thousands) at fair value as of December 31:

	2025				
	Level 1	Level 2	Level 3	NAV	Total
ASSETS					
Pooled Short-Term Investment Funds	$ 708,512	$ -	$ -	$ -	$ 708,512
Short-Term Investments	-	-	-	-	-
Foreign Currency	13,617	-	-	-	13,617
Commercial Paper	-	-	-	-	-
U.S. Government, State, Municipal and Agency Obligations	-	1,818,367	-	-	1,818,367
Asset-Back Securities:					
U.S. Agency	-	139,963	-	-	139,963
Corporate	-	415,728	404	-	416,132
Corporate and Foreign Government Fixed Maturities:					
United States	2,359,189	320,772	27	-	2,679,988
International	443,481	87,621	-	-	531,102
Equity Securities:					
United States	-	-	5,471	-	5,471
International	-	-	4,047	-	4,047
Commodities	-	263,108	-	-	263,108
Alternative Investments:					
Hedge Funds	-	-	-	259,232	259,232
Private Equity	-	-	-	1,405,554	1,405,554
Real Estate Partnerships		-	-	109,376	109,376
Derivatives Receivable:					
Interest Rate	-	25	-	-	25
Foreign Exchange	-	-	-	-	-
Equity	2,694	29,912	-	-	32,606
Commodity	-	268	-	-	268
Total Assets at Fair Value	$ 3,527,493	$ 3,075,764	$ 9,949	$ 1,774,162	$ 8,387,368
LIABILITIES					
Derivatives Payable:					
Interest Rate	$ -	$ (4)	$ -	$ -	$ (4)
Equity	(1,142)	(44,310)	-	-	(45,452)
Commodity	-	(544)	-	-	(544)
Total Liabilities at Fair Value	$ (1,142)	$ (44,858)	$ -	$ -	$ (46,000)

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2024				
	Level 1	Level 2	Level 3	NAV	Total
ASSETS					
Pooled Short-Term Investment Funds	$ 575,334	$ -	$ -	$ -	$ 575,334
Short-Term Investments	-	77,583	-	-	77,583
Foreign Currency	1,194	-	-	-	1,194
Commercial Paper	-	35,861	-	-	35,861
U.S. Government, State, Municipal and Agency Obligations	-	1,166,685	-	-	1,166,685
Asset-Back Securities:					
U.S. Agency	-	132,191	-	-	132,191
Corporate	-	388,167	-	-	388,167
Corporate and Foreign Government Fixed Maturities:					
United States	1,455,040	-	5,438	-	1,460,478
International	859,138	-	2,938	-	862,076
Equity Securities:					
United States	-	275,360	29	-	275,389
International	-	217,342	-	-	217,342
Commodities	-	144,833	-	-	144,833
Alternative Investments:					
Hedge Funds	-	-	-	239,050	239,050
Private Equity	-	-	-	1,382,134	1,382,134
Real Estate Partnerships	-	-	-	122,072	122,072
Derivatives Receivable:					
Interest Rate	-	2,021	-	-	2,021
Foreign Exchange	-	14,935	-	-	14,935
Equity	3,237	21,650	-	-	24,887
Commodity	-	391	-	-	391
Total Assets at Fair Value	$ 2,893,942	$ 2,477,019	$ 8,405	$ 1,743,256	$ 7,122,623
LIABILITIES					
Derivatives Payable:					
Interest Rate	$ -	$ (2,257)	$ -	$ -	$ (2,257)
Equity	(1,240)	(143,397)	-	-	(144,637)
Total Liabilities at Fair Value	$ (1,240)	$ (145,654)	$ -	$ -	$ (146,894)

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following tables set forth a summary of changes in the fair value of the Master Pension Trust's Level 3 assets (dollars in thousands) for the years ended December 31:

	2025					
	Balance, Beginning of Year	Total Gains/(Losses), Realized and Unrealized, Included in Total Investment Income	Purchases	Sales	Transfers In and/or Out of Level 3	Ending Balance
Fair Value Measurements for Level 3 Assets:						
U.S. Government, State, Municipal and Agency Obligations						
Asset-Back Securities:						
U.S. Agency	$ -	$ -	$ 404	$ -	$ -	$ 404
Corporate	-					-
Corporate and Foreign Government Fixed Maturities:						
United States	$ 29	$ -	$ -	$ (2)	$ -	$ 27
Equity Securities:						
United States	5,438	33	1	(3)	2	5,471
International	2,938	1,188	-	(79)	-	4,047
Total	$ 8,405	$ 1,221	$ 405	$ (84)	$ 2	$ 9,949

The net amount of losses for the period included in investment gain attributable to the change in unrealized appreciation (depreciation) relating to assets still held at December 31, 2025 is $1,140.

There were no significant transfers between Level 1 and 2 during the year ended December 31, 2025. The basis for recognizing and valuing transfers into or out of Level 3 in the Level 3 rollforward is as of the beginning of the period in which the transfers occur.

	2024					
	Balance, Beginning of Year	Total Gains/(Losses), Realized and Unrealized, Included in Total Investment Income	Purchases	Sales	Transfers In and/or Out of Level 3	Ending Balance
Fair Value Measurements for Level 3 Assets:						
Corporate and Foreign Government Fixed Maturities:						
United States	$ 29	$ -	$ -	$ -	$ -	$ 29
International	2	-	-	(2)	-	-
Equity Securities:						
United States	5,435	372	3,397	(3,776)	10	5,438
International	230	(419)	-	(130)	3,257	2,938
Total	$ 5,696	$ (47)	$ 3,397	$ (3,908)	$ 3,267	$ 8,405

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The net amount of losses for the period included in investment gain attributable to the change in unrealized appreciation (depreciation) relating to assets still held at December 31, 2024 is $(368).

There were no significant transfers between Level 1 and 2 during the year ended December 31, 2024. The basis for recognizing and valuing transfers into or out of Level 3 in the Level 3 rollforward is as of the beginning of the period in which the transfers occur.

Investments and derivatives classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Master Pension Trust uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 and Level 3 investments and derivatives. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable investments or derivatives. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

As of December 31, 2025 and 2024, the Level 1, 2, and 3 investments and derivatives listed in the fair value hierarchy tables use the following valuation techniques and inputs:

Equity Securities and Pooled Short-Term Investment Funds – The majority are valued at the closing price reported on the active market on which the individual securities are traded. Others are priced internally and therefore are reported in the net asset value (NAV) column.

Derivative Contracts – The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default and total return swaps. Significant observable inputs to valuation models include interest rates, treasury yields, volatilities, credit spreads, maturity and recovery rates.

U.S. Government, State, Municipal, and Agency Obligations – The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads.

U.S. Agency and Corporate Asset-Backed Securities – The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

United States and International Corporate and Foreign Government Fixed Maturities – The fair value of investments in United States and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds, is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics (e.g., early redemption options).

Alternative Investments – Alternative investments consist of hedge funds, private equity funds and real estate partnerships. The fair value of these investment classified in NAV column as it is determined using the calculated NAV. The values for underlying investments are fair value estimates determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Foreign Currency – The fair value is determined at the base currency (U.S.) at the closing price reported on the active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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 level measurement at the reporting date.

The following tables summarize the Master Pension Trust's investments (dollars in thousands) in entities that calculate net asset value per share (or its equivalent) as of December 31:

	2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Absolute Return Hedge Funds [(a)]	$ 249,751	$ -	Monthly, Quarterly	30-180 days
Directional Hedge Funds [(b)]	9,481	-	Quarterly	60-90 days
Credit Funds [(c)]	468,090	287,716	Various	Various
Energy Funds [(d)]	117,355	13,733	Various	Various
Real Estate Funds [(e)]	109,376	31,410	Various	45-90 days
Private Equity Funds [(f)]	820,109	265,356	Various	Various
Total	$ 1,774,162	$ 598,215		

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Absolute Return Hedge Funds [(a)]	$ 228,979	$ -	Monthly, Quarterly	30-180 days
Directional Hedge Funds [(b)]	10,071	-	Quarterly	60-90 days
Credit Funds [(c)]	461,575	297,242	Various	Various
Energy Funds [(d)]	135,024	22,741	Various	Various
Real Estate Funds [(e)]	122,072	33,617	Various	45-90 days
Private Equity Funds [(f)]	785,535	287,805	Various	Various
Total	$ 1,743,256	$ 641,405		

a. This class invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility. The fair value of the investments in this class has been estimated using the NAV per share of the investments.

b. This class includes hedge fund investments that utilize market movement, trends, and inconsistencies when selecting securities across a variety of markets. Directional hedge funds are usually less exposed to the overall market and are likely to include long equity positions hedged with short positions, to cancel out short-term uncertainty. The fair values of the investments in this class have been estimated using the NAV per share of the investments.

c. This class includes investments that are secured by high quality assets or backed by a senior claim on stable cash flows. Investments in this asset class will be made opportunistically during periods of broad market or security specific distress. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.

d. This class includes energy and energy-related investments. The majority of the exposure in this class relates to oil and gas properties which includes exploration, production, processing, servicing, or transportation of oil, natural gas and other hydrocarbon fuels. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

e. This class includes several private real estate funds that invest in both U.S. and international commercial real estate. Strategies include core, value-add, and opportunistic real estate which typically seek to earn a return over inflation. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.

f. This class includes several private equity funds that invest globally using strategies that include leveraged buyouts, venture capital, growth capital, distressed investments, and mezzanine capital. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.

NOTE 6 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:

1. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

NOTE 6 PLAN TERMINATION (CONTINUED)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits 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 level of benefits guaranteed by the PBGC.

NOTE 7 FUNDING POLICY

The Employer's funding policy is to remit to the trustee amounts sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. Participants may not make contributions to the Plan. The Plan has met ERISA minimum funding requirements.

NOTE 8 PLAN TAX STATUS

The Plan is operating under an individually designed plan document. The Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 9 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	2025	2024
Vested Benefits:		
Retired Participants and Beneficiaries	$ 86,846,695	$ 89,266,938
Other Participants	37,219,629	42,991,975
Total Vested Benefits	124,066,324	132,258,913
Nonvested Benefits	22,686	67,761
Total Actuarial Present Value of Accumulated Plan Benefits	$ 124,089,010	$ 132,326,674

The changes in the actuarial present value of accumulated plan benefits are summarized as follows as of December 31:

	2025	2024
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 132,326,674	$ 137,023,480
Increase (Decrease) During the Year Attributable to:		
Decrease in the Discount Period	9,917,607	10,348,169
Benefits Paid	(17,041,015)	(15,643,678)
Actuarial Loss	(1,114,256)	598,703
Net Increase (Decrease)	(8,237,664)	(4,696,806)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 124,089,010	$ 132,326,674

There were no changes in assumptions as compared to prior year.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

Fees (in thousands) for operation of the Plan are paid from the Master Pension Trust. Ascension Healthcare, a related party, is one of the service providers and received reimbursement of $8,815 and $6,177 in 2025 and 2024, respectively, from the Master Pension Trust for operational expenses in administering the Master Pension Trust and the individual plans participating in the Master Pension Trust.

The Plan also pays administrative expenses to the trustees of the Master Pension Trust, which qualifies as a related party.

NOTE 11 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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



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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	8	0	0	0	0	0	0	0	0	8
45-49	1	14	5	0	0	0	0	0	0	0	20
50-54	0	6	13	1	0	0	0	0	0	0	20
55-59	0	6	4	2	5	0	0	0	0	0	17
60-64	0	10	3	7	9	1	0	0	0	0	30
65-69	0	1	1	2	1	0	1	0	0	0	6
70 & over	0	0	0	0	1	0	0	0	0	0	1
Total	1	45	26	12	16	1	1	0	0	0	102

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Ascension Healthcare

Statement of Assumptions

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.33%	5.31%

Rates not reflecting stabilization are used to determine PBGC variable premiums if the alternate method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Plan-related expenses $560,000

Demographic Assumptions

Inclusion date – The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees – It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality:

• Healthy mortality rates	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Disabled life mortality rates	Same as healthy lives.

SCHEDULE SB ATTACHMENTS

Termination

- Rates varying by age.
- **Representative Termination Rates**

Percentage assumed to leave during the year	
Age	Rate
20	10.0%
25	10.0%
30	10.0%
35	9.0%
40	8.0%
45	7.0%
50	6.0%
55	6.0%
60	6.0%
65	0.0%

- **Disability**

- Legacy Brighton and MTMC

Aon Hewitt's QI-medium disability table adjusted by 60%.

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.018%	0.018%
30	0.018%	0.024%
35	0.024%	0.042%
40	0.048%	0.078%
45	0.096%	0.144%
50	0.198%	0.240%
55	0.414%	0.384%
60	0.690%	0.540%

- Legacy Crittenton

Representative Disability Rates – Gender Specific

Percentage leaving during the year		
Attained Age	Male	Female
20	0.07%	0.07%
25	0.09%	0.09%
30	0.10%	0.10%
35	0.14%	0.14%
40	0.20%	0.20%
45	0.31%	0.31%
50	0.52%	0.52%

SCHEDULE SB ATTACHMENTS

	55	0.99%	0.99%
	60	1.74%	1.74%

Retirement

– The rates at which active participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
<55	0.0%
55-62	3.0%
63 - 64	10.0%
65	30.0%
66-69	25.0%
70	100.0%

–

– Rates at which deferred vested participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
55-61	5.0%
62 - 64	10.0%
65	100.0%

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — See table above for rates of retirement by age for current deferred vested benefits.

  Future deferred vested benefits are assumed to commence as follows: Crittenton - Age 62 if hired after 12/31/1991; MTMC annuities – Age 55 with 10 years of vesting service; MTMC lump sum - immediately

  All other future deferred vested benefits are assumed to commence at age 65.
- Disability benefit — Crittenton: Age 65 if hired after 12/31/1991, otherwise age 62

  Others are upon disablement
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment:

■ Current payees	Based on form of payment elected at retirement.
■ Current inactives with deferred benefits	15% are assumed to elect a lump sum, 60% are assumed to elect a single life annuity, and 25% are assumed to elect a 100% joint and survivor annuity.
■ Current actives	15% are assumed to elect a lump sum, 60% are assumed to elect a single life annuity, and 25% are assumed to elect a 100% joint and survivor annuity.
Percent married	80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.

Cash flow:

■ Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of commencement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Ascension and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.

Data Sources

Ascension furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the Ascension. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date

We are not aware of any error or omissions in the data that would have a significant effect on the results of our calculations.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN

B Three-digit plan number (PN) ▶ 021

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Ascension Healthcare

D Employer Identification Number (EIN)
31-1662309

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	159,534,810
b Actuarial value	**2b**	157,973,034

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,848	107,260,647	107,260,647
b For terminated vested participants	1,175	44,289,953	44,289,953
c For active participants	102	5,391,634	5,463,247
d Total	3,125	156,942,234	157,013,847

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**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	560,000
c Target normal cost	**6c**	560,000

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

CC

Signature of actuary

October 13, 2026
Date

Carl Cruzan
Type or print name of actuary

2607108
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

314-719-5900
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9,016,109	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)	9,016,109	0
10	Interest on line 9 using prior year's actual return of 5.02 %	452,609	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,468,718	0

Part III Funding Percentages

14	Funding target attainment percentage	14	94.58 %
15	Adjusted funding target attainment percentage	15	100.61 %
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	106.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
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**	560,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	560,000

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	560,000	0	560,000

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Ascension Healthcare

Statement of Assumptions

Economic Assumptions

Interest rate basis:

Applicable month	September
Interest rate basis	Segment rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.33%	5.31%

Rates not reflecting stabilization are used to determine PBGC variable premiums if the alternate method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Plan-related expenses $560,000

Demographic Assumptions

Inclusion date – The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees – It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality:

• Healthy mortality rates	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Disabled life mortality rates	Same as healthy lives.

SCHEDULE SB ATTACHMENTS

Termination

- Rates varying by age.
- **Representative Termination Rates**

Percentage assumed to leave during the year	
Age	Rate
20	10.0%
25	10.0%
30	10.0%
35	9.0%
40	8.0%
45	7.0%
50	6.0%
55	6.0%
60	6.0%
65	0.0%

- **Disability**

- Legacy Brighton and MTMC

Aon Hewitt's QI-medium disability table adjusted by 60%.

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.018%	0.018%
30	0.018%	0.024%
35	0.024%	0.042%
40	0.048%	0.078%
45	0.096%	0.144%
50	0.198%	0.240%
55	0.414%	0.384%
60	0.690%	0.540%

- Legacy Crittenton

Representative Disability Rates – Gender Specific

Percentage leaving during the year		
Attained Age	Male	Female
20	0.07%	0.07%
25	0.09%	0.09%
30	0.10%	0.10%
35	0.14%	0.14%
40	0.20%	0.20%
45	0.31%	0.31%
50	0.52%	0.52%

SCHEDULE SB ATTACHMENTS

	55	0.99%	0.99%
	60	1.74%	1.74%

Retirement

– The rates at which active participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
<55	0.0%
55-62	3.0%
63 - 64	10.0%
65	30.0%
66-69	25.0%
70	100.0%

–

– Rates at which deferred vested participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
55-61	5.0%
62 - 64	10.0%
65	100.0%

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — See table above for rates of retirement by age for current deferred vested benefits.

  Future deferred vested benefits are assumed to commence as follows: Crittenton - Age 62 if hired after 12/31/1991; MTMC annuities – Age 55 with 10 years of vesting service; MTMC lump sum - immediately

  All other future deferred vested benefits are assumed to commence at age 65.
- Disability benefit — Crittenton: Age 65 if hired after 12/31/1991, otherwise age 62

  Others are upon disablement
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment:

■ Current payees	Based on form of payment elected at retirement.
■ Current inactives with deferred benefits	15% are assumed to elect a lump sum, 60% are assumed to elect a single life annuity, and 25% are assumed to elect a 100% joint and survivor annuity.
■ Current actives	15% are assumed to elect a lump sum, 60% are assumed to elect a single life annuity, and 25% are assumed to elect a 100% joint and survivor annuity.
Percent married	80% of males; 60% of females. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.

Cash flow:

■ Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of commencement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Ascension and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to $5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.

Data Sources

Ascension furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the Ascension. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date

We are not aware of any error or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

AHLEPP - Legacy Brighton

Plan Provisions

The plan was amended to cease the accrual of future benefits as of September 30, 2005. The plan was merged into the Ascension Health Legacy ERISA Pension Plan (formerly the Crittenton Hospital Non-Contributory Pension Plan) effective January 1, 2021.

Effective date of most recent plan amendment	January 1, 2021
Covered employees	Any person employed by the employer excluding leased employees, medical interns, residents, nursing students or other type of student personnel.
Participation date	January 1 following the completion of 1,000 hours of service.

Definitions

Vesting service	One year for each calendar year the covered employee completes 1,000 or more hours of service.
Credited service	One year for each calendar year covered employee completes 2,080 or more hours of service. Proportionate credit is given for 1,000 to 2,080 hours of service. Credited service is frozen as of September 30, 2005.
Pensionable pay	An employee's base annual rate excluding shift differential, commissions, overtime pay and similar payments, but including amounts, if any, contributed to an employer-maintained qualified salary reduction plan.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay ending on the earlier of the participant's termination date, retirement date, or September 30, 2005.
Covered compensation	The average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending

	with the last day of the calendar year in which the participant attains or will attain Social Security Retirement Age.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of service.
Monthly pension benefit	One-twelfth of 2.0% of average earnings minus 0.625% of average earnings up to covered compensation, multiplied by credited service up to a maximum of 30 years. Pension benefits are frozen as of September 30, 2005.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of service.
Postponed retirement	Retirement after age 65.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD and after completing 10 years of service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5/9% for each of the first 60 months, and

	5/18% for each of the next 60 months by which the early retirement date precedes NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date, reduced in the same manner as the early retirement benefit.
Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement.
Preretirement death	Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a lump sum, 75% joint and survivor annuity, a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the UP-1984 mortality table and a 5% interest rate.
Pension increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

SCHEDULE SB ATTACHMENTS

Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy Crittenton

Plan Provisions

The following is only a brief summary of plan benefits, and is not intended as the legal Plan document. To the extent the actual legal Plan document differs from the provisions outlined below, the legal Plan document will control.

Effective date of most recent plan amendment	January 1, 2021
Status of the plan	The plan is closed to entry for non-union employees as of December 31, 2006, SEIU participants as of December 31, 2007 and "XR" union employees as of February 5, 2009. Accruals have been frozen for all participants
Covered employees	All employees of Crittenton Hospital unless otherwise stated. Employees of the Crittenton Hospital Auxiliary are not eligible to participate. Employees who meet the criteria of "Physician" are not covered employees. For plan eligibility purposes, "Physicians" include any individual who: i. Is employed by the company as a common law employee ii. Is licensed to practice medicine in the State of Michigan Maintains a membership on the medical staff of Crittenton Hospital

Definitions

Vesting service	An employee's first consecutive 12 month period during which the employee has at least 1,000 hours of service; thereafter, one year for each year in which 501 hours of service are credited.
Credited service	The total numbers of full and fractional years of employment based on Hours of Service. Credited service is frozen for all employees.

Plan Name:	Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN:	31-1662309 / 021
Plan Sponsor:	Ascension
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Earnings	Total earnings paid or accrued by the employer for a calendar year including contributions to any 403(b) tax sheltered annuity plan sponsored by Crittenton Hospital. Compensation for part-time employees is the annualized earnings they would receive if they were to work full time.
Average annual compensation	The average of the highest five consecutive calendar years of Earnings out of the last ten calendar years. Average annual compensation is frozen for all employees.
Covered compensation	The 35-year average of Social Security wage bases ending in the year Social Security Retirement age is attained.
Monthly pension benefit	The monthly benefit is 1% of Average annual compensation up to Covered compensation plus 1.5% of Average annual compensation over Covered compensation multiplied by total Credited service up to 35 years plus 1% of Average annual compensation multiplied by Credited service over 35 years, all divided by 12.

Eligibility for Benefits

Retirement:

■ Normal retirement	Age 62 if a Participant hired prior to January 1, 1992. Otherwise, age 65.
■ Delayed retirement	Retirement after age 65.
■ Early retirement	Age 55.
Terminated vested	Termination for reasons other than retirement after completing 5 years of Vesting service.
Disability	A Participant who becomes disabled and who is awarded a disability benefit from the Social Security Administration.
Pre-commencement death	Completion of 5 years of Vesting service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of normal retirement date.
Delayed retirement	Same as normal retirement benefit.
Early retirement	The benefit is based on Credited service and compensation at the actual retirement and is reduced for early commencement. The benefit payable at the Normal retirement date is reduced by 1/180 for each month by which the Early retirement date precedes Normal retirement date to age 60, and reduced 1/360 for each month thereafter by which the Early retirement date precedes age 60.
Terminated vested	Monthly vested pension benefit determined as of termination date and payable at the participant's normal retirement date with the same reduction as Early retirement.
Disability	The benefit is determined using Average annual compensation as of the date of disability. Credited service shall continue to accrue until the earlier of Normal retirement date or the date the Social Security disability benefit ceases.
Pre-commencement death	A benefit as computed under the 66.7% joint and survivor method of payment and is payable at the later of the date the participant would have become eligible for a retirement benefit had he survived and the first of the month following his date of death.

Other Plan Provisions

Forms of payment	Pre-retirement death benefits are payable only as described above. Monthly pension benefits as described above are paid as a life annuity with 60 payments guaranteed, if the participant has no spouse as of the date payments begin or if the participant so elects and the spouse consents. Otherwise, benefits are converted and paid as a joint and 66.7% survivor annuity, or if the participant elects and spouse consents, another actuarial equivalent optional form offered by the plan. Optional forms are:

- Life annuity
- Life annuity with 120 payments guaranteed
- Joint and 50% survivor
- Joint and 66.7% survivor
- Joint and 75% survivor
- Joint and 100% survivor
- Lump sum

Maximum on benefits and plan compensation

All benefits and plan compensation for any calendar year may not exceed the maximum limitations for that plan year as defined in the Internal Revenue code. The plan provides for increasing the dollar limits automatically.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy MTMC

Plan Provisions

The following is only a brief summary of plan benefits, and is not intended as the legal Plan document. To the extent the actual legal Plan document differs from the provisions outlined below, the legal Plan document will control.

Effective date of most recent plan amendment	January 1, 2021
Participant	The plan was closed to new entrants effective December 31, 2003. Prior to that, an employee of a participating employer who completes 1 year of service and attains age 21, with different rules applying prior to 1984.

Definitions

Vesting service	An employee's period of service prior to 1981; thereafter, one year for each plan year in which 1,000 hours of service are credited.
Credited service	The sum of the following: ■ *Prior to 1976*: Continuous service from January 1 coincident with or next following attainment of age 28 with 3 years of employment. ■ *1976 through 1980*: Period of employment following plan entry date. ■ *1981 through 2000*: One year for each year employee is a participant and is credited with 1,000 hours. ■ *2001 through 2003*: One year for each year employee is credited with 1,000 hours of service. ■ *After 2003*: No additional service is credited for benefit purposes.
Earnings	Total cash compensation paid to a participant by a participating employer. Earnings are subject to the IRC section 401(a)(17) pay limit.

SCHEDULE SB ATTACHMENTS

Final average earnings

Prior to January 1, 2004, average earnings for the five consecutive calendar years which produce the highest average. After January 1, 2004, determined as defined in the Ascension Health Pension Plan. Final average earnings are frozen as of December 31, 2012.

Monthly pension benefit

Sum of (a) and (b), determined as of December 31, 2003, and adjusted by (c):

(a) 1-1/4% of final average earnings multiplied by credited service up to 35 years.

(b) For a participant with 10 or more years of credited service as of January 1, 1992, an additional .42% of final average earnings multiplied by credited service in excess of 20 years, subject to a limit of 15 such excess years.

(c) Ratio of final average earnings at actual termination date divided by final average earnings as of December 31, 2003.

Eligibility for Benefits

Retirement

- Normal retirement — Age 65.
- Postponed retirement — Retirement after age 65.
- Early retirement — Age 55 and, if hired after 1980, 10 years of vesting service.

Terminated vested

Termination for reasons other than retirement after completing 3 years of vesting service. Employees vest 50% after 3 years, 75% after 4 years, and 100% after 5 years.

Disability

Termination due to total and permanent disability.

Pre-commencement death

Participant death after 3 years of vesting service, either while an active employee or while eligible for a terminated vested retirement benefit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of normal retirement date.
Postponed retirement	Monthly pension determined as of normal retirement date, with applicable age adjustment factor.
Early retirement	If retiring at or after age 60 with at least 25 years of vesting service, monthly pension determined as of early retirement date. Otherwise, monthly pension determined as of early retirement date, reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially for each additional month by which the early retirement date precedes the normal retirement date.
Terminated vested	Monthly vested pension benefit determined as of termination date and payable at the participant's normal retirement date.
Disability	Monthly pension determined in same manner as for early retirement.
Pre-commencement death	If married, 50% of monthly vested pension determined as of date of death, reduced for joint and 50% survivor election and for payments commencing as early as participant's 55th birthday. If single, monthly vested pension determined as if married with spouse same age as participant, with resulting benefit paid to beneficiary for 60 months or, if later, until beneficiary attains age 21.

Other Plan Provisions

Forms of payment	Pre-retirement death benefits are payable only as described above. Monthly pension benefits as described above are paid as a life annuity with 60 payments guaranteed, if the participant has no spouse as of the date payments begin or if the participants so elects and the spouse consents. Otherwise, benefits are converted and paid as a joint and 50% survivor annuity, or if the participant elects and spouse consents, another actuarial equivalent optional form offered by the plan. Optional forms are:

- Life annuity
- Life annuity with 120 payments guaranteed
- Life annuity with 180 payments guaranteed
- Joint and 50% survivor
- Joint and 75% survivor
- Joint and 100% survivor
- Single sum payment

Maximum on benefits and plan compensation

All benefits and plan compensation for any calendar year may not exceed the maximum limitations for that plan year as defined in the Internal Revenue code. The plan provides for increasing the dollar limits automatically.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy West Suburban

Plan Provisions

The plan was frozen to new participants effective January 1, 2002. In addition, no additional benefit accruals are credited after December 31, 2001. The plan was merged into the Ascension Health Legacy ERISA Pension Plan (formerly the Crittenton Hospital Non-Contributory Pension Plan) effective January 1, 2023.

Effective date of most recent amendment	January 1, 2023
Participation date	January 1 or July 1, prior to 2002, on or after age 21 and completion of one year of service.

Definitions

Covered employees	Regular employees of West Suburban Health Care.
Crediting service	A participant is given one year of service for each calendar year in which they work at least 1,000 hours.
Pensionable pay	Regularly received calendar year salary.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Pension benefit amount	Greater of: (1) Total accrued retirement income as of December 31, 1979. OR (2) 1.0% of the five-year final average pay plus 0.5% of the final average pay in excess of $7,800 times service before January 1, 1980 (excludes first year of service, service before age 25, and service after Normal Retirement Date). PLUS (3) 1.5% of earnings plus 1.0% of earnings over $15,000 for each year between January 1, 1980 and December 31, 1988. PLUS (4) 2.0% of earnings for each year after January 1, 1989.

SCHEDULE SB ATTACHMENTS

	Effective January 1, 2002, the Plan was frozen. No additional accruals are credited after December 31, 2001.
Early retirement benefit	Normal retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each month in excess of 60 months by which early retirement precedes normal retirement.
Late retirement benefit	Same as normal retirement benefit recognizing earnings after age 65.
Vested termination benefit	Accrued benefit as of date of termination, payment beginning unreduced at age 65, or reduced as for early retirement at the early commencement date (if eligible).
Monthly preretirement death benefit	The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint and Survivor annuity, then died the next day.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after age 65.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of actual retirement date.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date.
Disablement	If a participant terminates employment due to disability, he/she will be eligible to receive his/her pension benefit amount.
Preretirement death	Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

Other Plan Provisions

Normal form	Life annuity for single participants. 50% Joint and Survivor annuity for married participants. Optional forms are a 75% Joint and Survivor annuity, 100% Joint and Survivor annuity and a Social Security Adjustment annuity.
Optional forms of payment	A participant may elect another form of payment offered by the plan if eligible including a single life annuity, 50%, 75%, or 100% joint and survivor annuities, or a Social Security adjustment option.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

Plan Name:	Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN:	31-1662309 / 021
Plan Sponsor:	Ascension
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ascension
EIN/PN	31-1662309 / 021
Plan Name	Ascension Healthcare Legacy ERISA Pension Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Carl Cruzan
Enrollment Number	23-07108

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
57	0.03	941	0.940900	0.028227	1.608939
58	0.03	913	0.912673	0.027380	1.588051
59	0.03	885	0.885293	0.026559	1.566968
60	0.03	859	0.858734	0.025762	1.545721
61	0.03	833	0.832972	0.024989	1.524339
62	0.03	808	0.807983	0.024239	1.502848
63	0.10	784	0.783743	0.078374	4.937583
64	0.10	705	0.705369	0.070537	4.514362
65	0.30	635	0.634832	0.190450	12.379226
66	0.25	444	0.444382	0.111096	7.332311
67	0.25	333	0.333287	0.083322	5.582555
68	0.25	250	0.249965	0.062491	4.249408
69	0.25	187	0.187474	0.046868	3.233924
70	1.00	141	0.140605	0.140605	9.842378
Average age at retirement					64.688213
Rounded for Schedule SB item 22					65

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	44,803	1,661,536	11,245,815	12,952,154
2026	112,183	3,258,276	10,874,873	14,245,332
2027	161,819	3,296,621	10,490,232	13,948,672
2028	213,288	3,311,906	10,123,474	13,648,668
2029	266,133	3,319,938	9,751,434	13,337,505
2030	316,204	3,314,527	9,366,046	12,996,777
2031	360,545	3,300,796	8,971,386	12,632,727
2032	398,046	3,279,364	8,565,401	12,242,811
2033	426,534	3,249,958	8,150,029	11,826,521
2034	450,436	3,213,280	7,728,143	11,391,859
2035	469,061	3,170,965	7,299,746	10,939,772
2036	480,979	3,122,157	6,868,242	10,471,378
2037	486,920	3,067,601	6,432,537	9,987,058
2038	488,118	3,006,697	5,994,647	9,489,462
2039	486,619	2,940,192	5,556,246	8,983,057
2040	483,887	2,867,473	5,119,574	8,470,934
2041	478,871	2,789,111	4,687,147	7,955,129
2042	471,881	2,705,067	4,261,722	7,438,670
2043	462,905	2,615,271	3,846,233	6,924,409
2044	451,212	2,519,762	3,443,706	6,414,680
2045	437,587	2,418,700	3,057,228	5,913,515
2046	422,428	2,312,320	2,689,823	5,424,571
2047	405,865	2,200,967	2,344,276	4,951,108
2048	387,841	2,085,167	2,023,048	4,496,056
2049	368,571	1,965,358	1,728,118	4,062,047
2050	348,047	1,842,104	1,460,884	3,651,035
2051	326,454	1,716,273	1,222,042	3,264,769
2052	304,181	1,588,804	1,011,563	2,904,548
2053	281,404	1,460,781	828,737	2,570,922
2054	258,332	1,333,393	672,222	2,263,947
2055	235,302	1,207,922	540,183	1,983,407
2056	212,599	1,085,672	430,415	1,728,686
2057	190,533	967,905	340,475	1,498,913
2058	169,377	855,786	267,821	1,292,984
2059	149,364	750,311	209,934	1,109,609
2060	130,674	652,276	164,411	947,361
2061	113,435	562,257	129,036	804,728
2062	97,724	480,600	101,836	680,160
2063	83,570	407,423	81,107	572,100
2064	70,953	342,625	65,418	478,996
2065	59,821	285,919	53,593	399,333
2066	50,093	236,868	44,697	331,658
2067	41,666	194,914	37,995	274,575
2068	34,426	159,424	32,924	226,774

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	28,251	129,718	29,059	187,028
2070	23,018	105,102	26,084	154,204
2071	18,612	84,903	23,762	127,277
2072	14,927	68,477	21,924	105,328
2073	11,866	55,233	20,443	87,542
2074	9,341	44,637	19,227	73,205

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	8	0	0	0	0	0	0	0	0	8
45-49	1	14	5	0	0	0	0	0	0	0	20
50-54	0	6	13	1	0	0	0	0	0	0	20
55-59	0	6	4	2	5	0	0	0	0	0	17
60-64	0	10	3	7	9	1	0	0	0	0	30
65-69	0	1	1	2	1	0	1	0	0	0	6
70 & over	0	0	0	0	1	0	0	0	0	0	1
Total	1	45	26	12	16	1	1	0	0	0	102

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ascension
EIN/PN	31-1662309 / 021
Plan Name	Ascension Healthcare Legacy ERISA Pension Plan
Valuation Date	January 1, 2025
Enrolled Actuary	Carl Cruzan
Enrollment Number	23-07108

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000	1.000000	0.030000	1.650000
56	0.03	970	0.970000	0.029100	1.629600
57	0.03	941	0.940900	0.028227	1.608939
58	0.03	913	0.912673	0.027380	1.588051
59	0.03	885	0.885293	0.026559	1.566968
60	0.03	859	0.858734	0.025762	1.545721
61	0.03	833	0.832972	0.024989	1.524339
62	0.03	808	0.807983	0.024239	1.502848
63	0.10	784	0.783743	0.078374	4.937583
64	0.10	705	0.705369	0.070537	4.514362
65	0.30	635	0.634832	0.190450	12.379226
66	0.25	444	0.444382	0.111096	7.332311
67	0.25	333	0.333287	0.083322	5.582555
68	0.25	250	0.249965	0.062491	4.249408
69	0.25	187	0.187474	0.046868	3.233924
70	1.00	141	0.140605	0.140605	9.842378
Average age at retirement					64.688213
Rounded for Schedule SB item 22					65

Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	44,803	1,661,536	11,245,815	12,952,154
2026	112,183	3,258,276	10,874,873	14,245,332
2027	161,819	3,296,621	10,490,232	13,948,672
2028	213,288	3,311,906	10,123,474	13,648,668
2029	266,133	3,319,938	9,751,434	13,337,505
2030	316,204	3,314,527	9,366,046	12,996,777
2031	360,545	3,300,796	8,971,386	12,632,727
2032	398,046	3,279,364	8,565,401	12,242,811
2033	426,534	3,249,958	8,150,029	11,826,521
2034	450,436	3,213,280	7,728,143	11,391,859
2035	469,061	3,170,965	7,299,746	10,939,772
2036	480,979	3,122,157	6,868,242	10,471,378
2037	486,920	3,067,601	6,432,537	9,987,058
2038	488,118	3,006,697	5,994,647	9,489,462
2039	486,619	2,940,192	5,556,246	8,983,057
2040	483,887	2,867,473	5,119,574	8,470,934
2041	478,871	2,789,111	4,687,147	7,955,129
2042	471,881	2,705,067	4,261,722	7,438,670
2043	462,905	2,615,271	3,846,233	6,924,409
2044	451,212	2,519,762	3,443,706	6,414,680
2045	437,587	2,418,700	3,057,228	5,913,515
2046	422,428	2,312,320	2,689,823	5,424,571
2047	405,865	2,200,967	2,344,276	4,951,108
2048	387,841	2,085,167	2,023,048	4,496,056
2049	368,571	1,965,358	1,728,118	4,062,047
2050	348,047	1,842,104	1,460,884	3,651,035
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2052	304,181	1,588,804	1,011,563	2,904,548
2053	281,404	1,460,781	828,737	2,570,922
2054	258,332	1,333,393	672,222	2,263,947
2055	235,302	1,207,922	540,183	1,983,407
2056	212,599	1,085,672	430,415	1,728,686
2057	190,533	967,905	340,475	1,498,913
2058	169,377	855,786	267,821	1,292,984
2059	149,364	750,311	209,934	1,109,609
2060	130,674	652,276	164,411	947,361
2061	113,435	562,257	129,036	804,728
2062	97,724	480,600	101,836	680,160
2063	83,570	407,423	81,107	572,100
2064	70,953	342,625	65,418	478,996
2065	59,821	285,919	53,593	399,333
2066	50,093	236,868	44,697	331,658
2067	41,666	194,914	37,995	274,575
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Plan Name: Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN: 31-1662309 / 021
Plan Sponsor: Ascension
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	28,251	129,718	29,059	187,028
2070	23,018	105,102	26,084	154,204
2071	18,612	84,903	23,762	127,277
2072	14,927	68,477	21,924	105,328
2073	11,866	55,233	20,443	87,542
2074	9,341	44,637	19,227	73,205

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

AHLEPP - Legacy Brighton

Plan Provisions

The plan was amended to cease the accrual of future benefits as of September 30, 2005. The plan was merged into the Ascension Health Legacy ERISA Pension Plan (formerly the Crittenton Hospital Non-Contributory Pension Plan) effective January 1, 2021.

Effective date of most recent plan amendment	January 1, 2021
Covered employees	Any person employed by the employer excluding leased employees, medical interns, residents, nursing students or other type of student personnel.
Participation date	January 1 following the completion of 1,000 hours of service.

Definitions

Vesting service	One year for each calendar year the covered employee completes 1,000 or more hours of service.
Credited service	One year for each calendar year covered employee completes 2,080 or more hours of service. Proportionate credit is given for 1,000 to 2,080 hours of service. Credited service is frozen as of September 30, 2005.
Pensionable pay	An employee's base annual rate excluding shift differential, commissions, overtime pay and similar payments, but including amounts, if any, contributed to an employer-maintained qualified salary reduction plan.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay ending on the earlier of the participant's termination date, retirement date, or September 30, 2005.
Covered compensation	The average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending

	with the last day of the calendar year in which the participant attains or will attain Social Security Retirement Age.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 with five years of service.
Monthly pension benefit	One-twelfth of 2.0% of average earnings minus 0.625% of average earnings up to covered compensation, multiplied by credited service up to a maximum of 30 years. Pension benefits are frozen as of September 30, 2005.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of service.
Postponed retirement	Retirement after age 65.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Disability	Permanent and total disability prior to NRD and after completing 10 years of service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5/9% for each of the first 60 months, and

	5/18% for each of the next 60 months by which the early retirement date precedes NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date, reduced in the same manner as the early retirement benefit.
Disablement	Monthly pension benefit determined as of the date of disablement, payable immediately without reduction for early commencement.
Preretirement death	Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a lump sum, 75% joint and survivor annuity, a 100% joint and survivor annuity, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on the UP-1984 mortality table and a 5% interest rate.
Pension increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

SCHEDULE SB ATTACHMENTS

Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy Crittenton

Plan Provisions

The following is only a brief summary of plan benefits, and is not intended as the legal Plan document. To the extent the actual legal Plan document differs from the provisions outlined below, the legal Plan document will control.

Effective date of most recent plan amendment	January 1, 2021
Status of the plan	The plan is closed to entry for non-union employees as of December 31, 2006, SEIU participants as of December 31, 2007 and "XR" union employees as of February 5, 2009. Accruals have been frozen for all participants
Covered employees	All employees of Crittenton Hospital unless otherwise stated. Employees of the Crittenton Hospital Auxiliary are not eligible to participate. Employees who meet the criteria of "Physician" are not covered employees. For plan eligibility purposes, "Physicians" include any individual who: i. Is employed by the company as a common law employee ii. Is licensed to practice medicine in the State of Michigan Maintains a membership on the medical staff of Crittenton Hospital

Definitions

Vesting service	An employee's first consecutive 12 month period during which the employee has at least 1,000 hours of service; thereafter, one year for each year in which 501 hours of service are credited.
Credited service	The total numbers of full and fractional years of employment based on Hours of Service. Credited service is frozen for all employees.

Plan Name:	Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN:	31-1662309 / 021
Plan Sponsor:	Ascension
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Earnings	Total earnings paid or accrued by the employer for a calendar year including contributions to any 403(b) tax sheltered annuity plan sponsored by Crittenton Hospital. Compensation for part-time employees is the annualized earnings they would receive if they were to work full time.
Average annual compensation	The average of the highest five consecutive calendar years of Earnings out of the last ten calendar years. Average annual compensation is frozen for all employees.
Covered compensation	The 35-year average of Social Security wage bases ending in the year Social Security Retirement age is attained.
Monthly pension benefit	The monthly benefit is 1% of Average annual compensation up to Covered compensation plus 1.5% of Average annual compensation over Covered compensation multiplied by total Credited service up to 35 years plus 1% of Average annual compensation multiplied by Credited service over 35 years, all divided by 12.

Eligibility for Benefits

Retirement:

■ Normal retirement	Age 62 if a Participant hired prior to January 1, 1992. Otherwise, age 65.
■ Delayed retirement	Retirement after age 65.
■ Early retirement	Age 55.
Terminated vested	Termination for reasons other than retirement after completing 5 years of Vesting service.
Disability	A Participant who becomes disabled and who is awarded a disability benefit from the Social Security Administration.
Pre-commencement death	Completion of 5 years of Vesting service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of normal retirement date.
Delayed retirement	Same as normal retirement benefit.
Early retirement	The benefit is based on Credited service and compensation at the actual retirement and is reduced for early commencement. The benefit payable at the Normal retirement date is reduced by 1/180 for each month by which the Early retirement date precedes Normal retirement date to age 60, and reduced 1/360 for each month thereafter by which the Early retirement date precedes age 60.
Terminated vested	Monthly vested pension benefit determined as of termination date and payable at the participant's normal retirement date with the same reduction as Early retirement.
Disability	The benefit is determined using Average annual compensation as of the date of disability. Credited service shall continue to accrue until the earlier of Normal retirement date or the date the Social Security disability benefit ceases.
Pre-commencement death	A benefit as computed under the 66.7% joint and survivor method of payment and is payable at the later of the date the participant would have become eligible for a retirement benefit had he survived and the first of the month following his date of death.

Other Plan Provisions

Forms of payment	Pre-retirement death benefits are payable only as described above. Monthly pension benefits as described above are paid as a life annuity with 60 payments guaranteed, if the participant has no spouse as of the date payments begin or if the participant so elects and the spouse consents. Otherwise, benefits are converted and paid as a joint and 66.7% survivor annuity, or if the participant elects and spouse consents, another actuarial equivalent optional form offered by the plan. Optional forms are:

- Life annuity
- Life annuity with 120 payments guaranteed
- Joint and 50% survivor
- Joint and 66.7% survivor
- Joint and 75% survivor
- Joint and 100% survivor
- Lump sum

Maximum on benefits and plan compensation

All benefits and plan compensation for any calendar year may not exceed the maximum limitations for that plan year as defined in the Internal Revenue code. The plan provides for increasing the dollar limits automatically.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy MTMC

Plan Provisions

The following is only a brief summary of plan benefits, and is not intended as the legal Plan document. To the extent the actual legal Plan document differs from the provisions outlined below, the legal Plan document will control.

Effective date of most recent plan amendment	January 1, 2021
Participant	The plan was closed to new entrants effective December 31, 2003. Prior to that, an employee of a participating employer who completes 1 year of service and attains age 21, with different rules applying prior to 1984.

Definitions

Vesting service	An employee's period of service prior to 1981; thereafter, one year for each plan year in which 1,000 hours of service are credited.
Credited service	The sum of the following: ■ *Prior to 1976*: Continuous service from January 1 coincident with or next following attainment of age 28 with 3 years of employment. ■ *1976 through 1980*: Period of employment following plan entry date. ■ *1981 through 2000*: One year for each year employee is a participant and is credited with 1,000 hours. ■ *2001 through 2003*: One year for each year employee is credited with 1,000 hours of service. ■ *After 2003*: No additional service is credited for benefit purposes.
Earnings	Total cash compensation paid to a participant by a participating employer. Earnings are subject to the IRC section 401(a)(17) pay limit.

SCHEDULE SB ATTACHMENTS

Final average earnings

Prior to January 1, 2004, average earnings for the five consecutive calendar years which produce the highest average. After January 1, 2004, determined as defined in the Ascension Health Pension Plan. Final average earnings are frozen as of December 31, 2012.

Monthly pension benefit

Sum of (a) and (b), determined as of December 31, 2003, and adjusted by (c):

(a) 1-1/4% of final average earnings multiplied by credited service up to 35 years.

(b) For a participant with 10 or more years of credited service as of January 1, 1992, an additional .42% of final average earnings multiplied by credited service in excess of 20 years, subject to a limit of 15 such excess years.

(c) Ratio of final average earnings at actual termination date divided by final average earnings as of December 31, 2003.

Eligibility for Benefits

Retirement

- Normal retirement — Age 65.
- Postponed retirement — Retirement after age 65.
- Early retirement — Age 55 and, if hired after 1980, 10 years of vesting service.

Terminated vested

Termination for reasons other than retirement after completing 3 years of vesting service. Employees vest 50% after 3 years, 75% after 4 years, and 100% after 5 years.

Disability

Termination due to total and permanent disability.

Pre-commencement death

Participant death after 3 years of vesting service, either while an active employee or while eligible for a terminated vested retirement benefit.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of normal retirement date.
Postponed retirement	Monthly pension determined as of normal retirement date, with applicable age adjustment factor.
Early retirement	If retiring at or after age 60 with at least 25 years of vesting service, monthly pension determined as of early retirement date. Otherwise, monthly pension determined as of early retirement date, reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially for each additional month by which the early retirement date precedes the normal retirement date.
Terminated vested	Monthly vested pension benefit determined as of termination date and payable at the participant's normal retirement date.
Disability	Monthly pension determined in same manner as for early retirement.
Pre-commencement death	If married, 50% of monthly vested pension determined as of date of death, reduced for joint and 50% survivor election and for payments commencing as early as participant's 55th birthday. If single, monthly vested pension determined as if married with spouse same age as participant, with resulting benefit paid to beneficiary for 60 months or, if later, until beneficiary attains age 21.

Other Plan Provisions

Forms of payment	Pre-retirement death benefits are payable only as described above. Monthly pension benefits as described above are paid as a life annuity with 60 payments guaranteed, if the participant has no spouse as of the date payments begin or if the participants so elects and the spouse consents. Otherwise, benefits are converted and paid as a joint and 50% survivor annuity, or if the participant elects and spouse consents, another actuarial equivalent optional form offered by the plan. Optional forms are:

- Life annuity
- Life annuity with 120 payments guaranteed
- Life annuity with 180 payments guaranteed
- Joint and 50% survivor
- Joint and 75% survivor
- Joint and 100% survivor
- Single sum payment

Maximum on benefits and plan compensation

All benefits and plan compensation for any calendar year may not exceed the maximum limitations for that plan year as defined in the Internal Revenue code. The plan provides for increasing the dollar limits automatically.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

SCHEDULE SB ATTACHMENTS

AHLEPP – Legacy West Suburban

Plan Provisions

The plan was frozen to new participants effective January 1, 2002. In addition, no additional benefit accruals are credited after December 31, 2001. The plan was merged into the Ascension Health Legacy ERISA Pension Plan (formerly the Crittenton Hospital Non-Contributory Pension Plan) effective January 1, 2023.

Effective date of most recent amendment	January 1, 2023
Participation date	January 1 or July 1, prior to 2002, on or after age 21 and completion of one year of service.

Definitions

Covered employees	Regular employees of West Suburban Health Care.
Crediting service	A participant is given one year of service for each calendar year in which they work at least 1,000 hours.
Pensionable pay	Regularly received calendar year salary.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Pension benefit amount	Greater of: (1) Total accrued retirement income as of December 31, 1979. OR (2) 1.0% of the five-year final average pay plus 0.5% of the final average pay in excess of $7,800 times service before January 1, 1980 (excludes first year of service, service before age 25, and service after Normal Retirement Date). PLUS (3) 1.5% of earnings plus 1.0% of earnings over $15,000 for each year between January 1, 1980 and December 31, 1988. PLUS (4) 2.0% of earnings for each year after January 1, 1989.

SCHEDULE SB ATTACHMENTS

	Effective January 1, 2002, the Plan was frozen. No additional accruals are credited after December 31, 2001.
Early retirement benefit	Normal retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each month in excess of 60 months by which early retirement precedes normal retirement.
Late retirement benefit	Same as normal retirement benefit recognizing earnings after age 65.
Vested termination benefit	Accrued benefit as of date of termination, payment beginning unreduced at age 65, or reduced as for early retirement at the early commencement date (if eligible).
Monthly preretirement death benefit	The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint and Survivor annuity, then died the next day.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after age 65.
Vested termination	Termination for reasons other than death or retirement after completing five years of service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of actual retirement date.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date.
Disablement	If a participant terminates employment due to disability, he/she will be eligible to receive his/her pension benefit amount.
Preretirement death	Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

Other Plan Provisions

Normal form	Life annuity for single participants. 50% Joint and Survivor annuity for married participants. Optional forms are a 75% Joint and Survivor annuity, 100% Joint and Survivor annuity and a Social Security Adjustment annuity.
Optional forms of payment	A participant may elect another form of payment offered by the plan if eligible including a single life annuity, 50%, 75%, or 100% joint and survivor annuities, or a Social Security adjustment option.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year, other than increases in statutory limits.

Plan Name:	Ascension Healthcare Legacy ERISA Pension Plan
EIN / PN:	31-1662309 / 021
Plan Sponsor:	Ascension
Valuation Date:	January 1, 2025