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
BAPTIST HEALTH CARE, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1982

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)

BAPTIST HEALTH CARE, INC.

ATTENTION CHRISTINE BOSWELL

125 BAPTIST WAY
SUITE 6A
PENSACOLA, FL 32503

2b Employer Identification Number (EIN) 59-0657322

2c Plan Sponsor's telephone number 448-227-4968

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.	10/14/2026	CHRISTINE BOSWELL
	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

BAPTIST HEALTH CARE, INC.

ATTN CHRISTINE BOSWELL
125 BAPTIST WAY STE 6A
PENSACOLA, FL 32503

3b Administrator's EIN
59-0657322

3c Administrator's telephone number
904-993-9734

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**	2843
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)**	268
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	241
b	Retired or separated participants receiving benefits	**6b**	1536
c	Other retired or separated participants entitled to future benefits	**6c**	809
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2586
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	156
f	Total. Add lines **6d** and **6e**.	**6f**	2742
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

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**	81834876
b Actuarial value	**2b**	82242797

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	1594	66605286	66605286
b For terminated vested participants	981	23935988	23935988
c For active participants	268	6081577	6081577
d Total	2843	96622851	96622851

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1483474
c Target normal cost	**6c**	1483474

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

09/25/2026
Date

ERIKA STIFF
Type or print name of actuary

26-07811
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-728-2182
Telephone number (including area code)

MSC #17848
PO BOX 551343
ATLANTA, GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1559344
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1559344
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.86 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1135277
	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 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		9763
	c Total available at beginning of current plan year to add to prefunding balance		1145040
	d Portion of (c) to be added to prefunding balance		1145040
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1145040

Part III Funding Percentages

14	Funding target attainment percentage	14	83.93 %
15	Adjusted funding target attainment percentage	15	83.93 %
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	91.29 %
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
10/14/2025	578980	0			
01/14/2026	1450000	0			
04/14/2026	1015000	0			
07/14/2026	1015000	0			
09/09/2026	1015000	0			
			Totals ► 18(b)	5073980	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	4746259

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 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**	61

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**	1483474
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15525094	1541391
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**	3024865

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1133976	1133976

36 Additional cash requirement (line 34 minus line 35)	**36**	1890889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4746259

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2855370
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1133976
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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AON TRUST COMPANY LLC

47-3876022

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

AON COLLECTIVE INVESTMENT TRUST

37-6543784

(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)

AON CONSULTING INC

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 16 50	NONE	462652	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AON INVESTMENTS USA INC.

98-1090818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	161550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REGIONS BANK

59-2848700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	112912	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

FORVIS MAZARS LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	13892	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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

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: AON LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE FUND CL I

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-006	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL & MID CAP EQ FUND CL I

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GLOBAL EQUITY

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS FUND CL I

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-007	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND CLASS

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-038	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND CLASS I

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-040	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MID DURATION LONG CREDIT BOND

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-039	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON US EQUITY FUND CL I

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-044	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US INTERMEDIATE GOVT BD INDEX F

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-043	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVT BD INDEX FUND

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 37-6543784-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

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)	2017101	4495000
(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)	1098849	1249915
(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)	9285078	9168826
(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)	69463015	71458958
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	81864043	86372699
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	81864043	86372699

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)	4501567	
(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)		4501567
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	67744	
(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)		67744
(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)	-115590	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-115590

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9525979
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		13979700
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7640189	
(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)		7640189
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)	354877	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13892	
(5) Investment advisory and investment management fees	2i(5)	161550	
(6) Bank or trust company trustee/custodial fees	2i(6)	112912	
(7) Actuarial fees	2i(7)	107774	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1079850	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1830855
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9471044
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4508656
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: FORVIS MAZARS LLP **(2)** EIN: 44-0160260

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 585620.

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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

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): 63-6133220

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 | 75

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

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

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

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

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

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 29.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
High-Yield Debt: 8.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 1.0 % Other: _____ %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Baptist Health Care, Inc. Pension Plan

EIN 59-0657322 PN 002

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

Baptist Health Care, Inc. Pension Plan
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December 31, 2025 and 2024

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Independent Auditor's Report

Plan Administrator
Baptist Health Care, Inc. Pension Plan
Pensacola, Florida

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

We have performed audits of the financial statements of Baptist Health Care, Inc. Pension Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (modified cash basis) 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of Baptist Health Care, Inc. 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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances; 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 Baptist Health Care, Inc. Pension Plan's ability to continue as a going concern within one year after the date that these 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Baptist Health Care, Inc. 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 Baptist Health Care, Inc. 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 the modified cash basis of accounting.

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 the modified cash basis of accounting.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Forvis Mazars, LLP

Kansas City, Missouri
October 14, 2026

Federal Employer Identification Number: 44-0160260

Baptist Health Care, Inc. Pension Plan
Statements of Net Assets Available for Benefits
(Modified Cash Basis)
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Limited partnership	$ 9,168,826	$ 9,285,078
Collective investment trusts	71,458,958	69,463,015
Cash equivalents	1,249,915	1,098,849
	81,877,699	79,846,942
Net Assets Available for Benefits	$ 81,877,699	$ 79,846,942

Baptist Health Care, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)
Years Ended December 31, 2025 and 2024

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 10,860,389	$ 831,806
Interest	67,744	78,784
Net Investment Income	10,928,133	910,590
Contributions		
Employer	573,668	1,870,006
Total Additions	11,501,801	2,780,596
Deductions		
Benefits paid to participants	7,640,189	7,014,517
Administrative expenses	1,830,855	1,600,902
Total Deductions	9,471,044	8,615,419
Net Increase (Decrease)	2,030,757	(5,834,823)
Net Assets Available for Benefits, Beginning of Year	79,846,942	85,681,765
Net Assets Available for Benefits, End of Year	$ 81,877,699	$ 79,846,942

Note 1. Description of the Plan

General

The following description of Baptist Health Care, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Document and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

The Plan is a non-contributory defined benefit plan covering substantially all employees of Baptist Health Care, Inc. (the Company, Plan Sponsor, or Plan Administrator) and its affiliates hired on or before February 28, 2007, and provides for retirement, death, and disability benefits. Effective February 28, 2007, the Plan Sponsor froze the Plan and all benefit accruals ceased as of that date, and no new participants were allowed to join the Plan. Employees hired on or after March 1, 2007, are not eligible to participate in the Plan. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Regions Bank (Regions) is the trustee of the Plan.

The Plan is administered by the Company's Retirement Committee (Committee), which is a committee appointed by the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the board of directors of the Company.

Contributions

Under the Plan, the Company voluntarily contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Company's funding policy is to contribute annually to the Plan the maximum actuarially determined amount under the Internal Revenue Code (IRC). The Plan has met the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Company 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.

Pension Benefits

The participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. Benefit payments are calculated by taking 1% of final average pay, times years of benefit service after 1981 and adding 0.5% of final average pay, times years of benefit service prior to 1982. The sum of a participant's benefit service shall not exceed 40 years. If it does, benefit service after 1981 will be recognized first. Final average pay is defined as the monthly average of a participant's pay for the five completed Plan years during which the participant received the largest total payout of the ten most recent completed Plan years.

Effective February 28, 2007, the Plan was frozen.

Effective January 1, 2024, the Plan was amended to increase the small, vested benefit cash out amount from $5,000 to $7,000.

Vesting

All participants are fully vested in the Plan. The Plan also provides for early retirement and disability retirement benefits. Under these benefit arrangements, when payments commence prior to the normal retirement age, the amount of monthly benefits payable is reduced by 0.5% for each month by which the month in which benefits commence precedes the normal retirement date.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The Plan maintains its accounts on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this basis, certain revenue and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred. Investments are recorded at fair value.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as discussed in Note 7. Because of the inherent uncertainties in estimated market value, it is reasonably possible that the estimates used will change within the near term. The net appreciation in the fair value of its investments in the statements of changes in net assets available for benefits (modified cash basis) consists of the realized gains on investments sold during the year and the unrealized appreciation (depreciation) on investments held at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded when paid.

Cash Equivalents

Investments, which are readily convertible to cash and are not susceptible to market fluctuations are considered to be cash equivalents.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion. Expenses that are paid by the Company are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

a. Retired or terminated employees or their beneficiaries

b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Note 3. Plan Termination

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

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

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

c. All other vested benefits (that is, vested benefits not insured by the PBGC)

d. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 4. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Regions Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate to the best of their knowledge and ability:

- Investments as shown in the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024.

- Investment income as shown in the statements of changes in net assets available for benefits (modified cash basis) for the years ended December 31, 2025 and 2024.
- Investment information included in the accompanying schedule of assets (held at end of year) (modified cash basis) as of December 31, 2025, and schedule of reportable transactions (modified cash basis) for the year ended December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 5. Accumulated Plan Benefits

Aon Hewitt Investment Consulting, the Plan's Actuary, determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the beginning of the plan year, January 1, 2025, was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 67,742,018
Other participants	30,951,294
	98,693,312
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 98,693,312

Changes in the actuarial present value of accumulated plan benefits as of the beginning of the plan year, January 1, 2025, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 103,783,831
Increase (decrease) during the year attributable to:	
Interest accumulation	5,016,439
Benefits paid	(7,014,517)
Assumption changes	(2,328,663)
Other	(763,778)
Net decrease	(5,090,519)
Actuarial present value of accumulated plan benefits, end of year	$ 98,693,312

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 5.05%
- Mortality basis: Pri-2012 mortality study projected generationally from 2012 with Scape MP-2024; Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021
- Retirement: Age at normal retirement (65)
- Asset valuation: Market

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1. Had the valuation been performed as of December 31, there would be no material differences.

Note 6. Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Certain plan investments are units of a cash sweep account held by Regions Bank. Regions Bank is considered the trustee as defined by the Plan and, therefore these transactions qualify as party-in-interest transactions. Aon Hewitt Investment Consulting, the Plan's Actuary, provides investment consulting services to the Plan and receives fees for such services. The Plan delegated investment risk management strategy to an affiliate of the Plan's actuary and the entire plan portfolio resides with Aon Hewitt Group Trust, which qualifies these transactions as party-in-interest transactions as well, as defined under ERISA guidelines. The Plan paid $1,830,855 and $1,600,902 of recordkeeping fees and custodial services, accounting, and actuarial fees during 2025 and 2024, respectively.

The Plan Sponsor provides certain administrative services at no cost to the Plan.

Note 7. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1	Quoted prices in active markets for identical assets or liabilities
Level 2	Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
Level 3	Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Cash Equivalents: The fair value of the cash equivalents is based on quoted net asset values held by the Plan at year-end.

Collective trust and limited partnerships: Valued upon the NAV as published by the custodian of the fund. The NAV of the collective trust is based on the fair value of the underlying investments held by the fund less their liabilities.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits (modified cash basis) measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Cash equivalents	$ 1,249,915	$ 1,249,915	$ -	$ -
Investments measured at net asset value (A)	80,627,784	-	-	-
Total	$ 81,877,699	$ 1,249,915	$ -	$ -
December 31, 2024				
Cash equivalents	$ 1,098,849	$ 1,098,849	$ -	$ -
Investments measured at net asset value (A)	78,748,093	-	-	-
Total	$ 79,846,942	$ 1,098,849	$ -	$ -

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits (modified cash basis).

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits (modified cash basis), as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	$ 71,458,958	N/A	Daily	N/A
Limited partnerships	9,168,826	N/A	Daily	N/A

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds	$ 69,463,015	N/A	Daily	N/A
Limited partnerships	9,285,078	N/A	Daily	N/A

Note 8. Risks and Uncertainties

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

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

Note 9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated May 1, 2018, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 81,877,699	$ 79,846,942
Employer contribution receivable	4,495,000	2,017,101
Net assets available for benefits per Form 5500	$ 86,372,699	$ 81,864,043

The following is a reconciliation of net increase (decrease) per the financial statements for the years ended December 31, 2025 and 2024, to Form 5500:

	2025	2024
Net increase (decrease) per the financial statements	$ 2,030,757	$ (5,834,823)
Change in employer contribution receivable	2,477,899	147,095
Net increase (decrease) in net assets available for benefits per the Form 5500	$ 4,508,656	$ (5,687,728)

Note 11. Subsequent Events

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

Effective January 1, 2026, the plan was restated to include Secure Act 2.0 provisions.

Supplemental Schedules

Baptist Health Care, Inc. Pension Plan
EIN 59-0657322 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)
December 31, 2025

	Identity of Issuer	Description of Investment		Current Value
*	Regions Trust	Cash Equivalent	Regions Trust Cash Sweep	$ 1,249,915
*	Aon Hewitt Group Trust	Collective Trust	Aon Large Cap Equity Index Fund	8,366,704
*	Aon Hewitt Group Trust	Collective Trust	Aon Small & Mid Cap Eq Fund Cl I	1,465,191
*	Aon Hewitt Group Trust	Collective Trust	Aon Hewitt Global Equity	4,898,482
*	Aon Hewitt Group Trust	Collective Trust	Aon High Yield Plus Fund Cl I	101,624
*	Aon Hewitt Group Trust	Collective Trust	Aon Intermediate Credit Bond Class I	1,835,555
*	Aon Hewitt Group Trust	Collective Trust	Aon Long Credit Bond Class I	29,547,367
*	Aon Hewitt Group Trust	Collective Trust	Aon Non US Equity Fund Cl I	2,666,591
*	Aon Hewitt Group Trust	Collective Trust	Aon Non-Equity Index Fund	1,444,048
*	Aon Hewitt Group Trust	Collective Trust	Aon US Intermediate Govt Bd Index	212,631
*	Aon Hewitt Group Trust	Collective Trust	Aon US Long Govt Bd Index Fund	114,307
*	Aon Hewitt Group Trust	Collective Trust	Aon Enhanced Liability Driven Investing Fund Class I	2,993,987
*	Aon Hewitt Group Trust	Collective Trust	Aon Multi-Asset Credit Fund	7,269,911
	NISA	Bond	NISA Ultra Long Treasury CIF - Class A	5,482,727
	NISA	Bond	NISA Ultra Mid Treasury CIF - Class A	5,059,833
				71,458,958
*	Aon Hewitt Group Trust	Limited Partnership	Townsend Real Estate Alpha Fund III	2,671,998
*	Aon Hewitt Group Trust	Limited Partnership	Townsend Core Real Estate Fund - US, L.P.	6,496,828
				9,168,826
	Total assets held at year end			$ 81,877,699

*Represents party in interest

Baptist Health Care, Inc. Pension Plan
EIN 59-0657322 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)
Year Ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions						
Fidelity Government Portfolio	3 purchases	$ 1,856,308	$ -	$ 1,856,308	$ 1,856,308	$ -
	4 sales	$ -	$ 19,725,464	$ 19,725,464	19,725,464	$ -
Regions Trust Cash Sweep - Institutional	14 purchase	$ 2,940,959	$ -	$ 2,940,959	$ 2,940,959	$ -
	21 sales	$ -	$ 7,360,550	$ 7,360,550	$ 7,360,550	$ -
AON Intermediate Credit Bond Class I	3 purchases	$ 1,856,308	$ -	$ 1,856,308	$ 1,856,308	$ -
	4 sales	$ -	$ 4,206,308	$ 4,096,292	$ -	$ 110,016

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

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

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44	4	20 $744	3							
45-49		23 $1,138	10	1						
50-54	5	27 $1,287	31 $3,479	7						
55-59	1	23 $814	12	14	2					
60-64	3	15	23 $2,908	13	10	5	1			
65-69	1	6	4	1	1					
70+	1									

N-268

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

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

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	52% elect life annuity, 15% elect 10-year certain and life annuity, 18% elect 75% joint and survivor annuity, and 15% elect 50% joint and survivor annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are two years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

Valuation of Plan Asset	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	4.75%
2024 Plan Year	4.50%
2025 Plan Year	5.05% Based on expected return assumption within a reasonable range based on target asset allocation and Aon Investments capital market assumption as of the third quarter of prior year using a 30-year horizon.
Trust Expenses Included in Target Normal Cost	The Prior year's administrative expenses, net of PBGC premiums plus current PBGC estimated premiums.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	6.00%
56	6.00%
57	6.00%
58	6.00%
59	7.00%
60	8.00%
61	20.00%
62	25.00%
63	20.00%
64	40.00%
65	55.00%
66	45.00%
67	55.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	9.00%	45	6.00%
16	9.00%	46	6.00%
17	9.00%	47	6.75%
18	9.00%	48	6.75%
19	9.00%	49	6.75%
20	9.00%	50	6.75%
21	9.00%	51	6.75%
22	9.00%	52	6.75%
23	9.00%	53	5.25%
24	9.00%	54	4.50%
25	9.00%	55	6.00%
26	9.00%	56	6.00%
27	9.00%	57	6.00%
28	9.00%	58	6.00%
29	9.00%	59	7.00%
30	9.00%	60	8.00%
31	9.00%	61	20.00%
32	9.00%	62	25.00%
33	9.00%	63	20.00%
34	8.25%	64	40.00%
35	8.25%	65	55.00%
36	8.25%	66	45.00%
37	8.25%	67	55.00%
38	8.25%	68	25.00%
39	6.75%	69	25.00%
40	6.00%	70+	100.00%
41	5.25%		
42	5.25%		
43	5.25%		
44	6.00%		

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.04%	45	0.34%
16	0.04%	46	0.37%
17	0.04%	47	0.41%
18	0.04%	48	0.46%
19	0.04%	49	0.51%
20	0.04%	50	0.56%
21	0.04%	51	0.62%
22	0.04%	52	0.68%
23	0.04%	53	0.75%
24	0.04%	54	0.82%
25	0.04%	55	0.89%
26	0.05%	56	0.96%
27	0.05%	57	1.04%
28	0.05%	58	1.12%
29	0.05%	59	1.19%
30	0.06%	60	1.27%
31	0.06%	61	1.34%
32	0.07%	62	1.41%
33	0.08%	63	1.47%
34	0.09%	64+	1.52%
35	0.10%		
36	0.11%		
37	0.13%		
38	0.14%		
39	0.16%		
40	0.18%		
41	0.21%		
42	0.24%		
43	0.27%		
44	0.30%		

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BAPTIST HEALTH CARE, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1982

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)

BAPTIST HEALTH CARE, INC.

ATTENTION CHRISTINE BOSWELL
125 BAPTIST WAY
SUITE 6A
PENSACOLA FL 32503

2b Employer Identification Number (EIN) 59-0657322

2c Plan Sponsor's telephone number 448-227-4968

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	Christine Boswell	10/14/26	CHRISTINE BOSWELL
	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

Baptist Health Care, Inc. Pension Plan
EIN 59-0657322 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)
Year Ended December 31, 2025

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions						
Fidelity Government Portfolio	3 purchases	$ 1,856,308	$ -	$ 1,856,308	$ 1,856,308	$ -
	4 sales	$ -	$ 19,725,464	$ 19,725,464	19,725,464	$ -
Regions Trust Cash Sweep - Institutional	14 purchase	$ 2,940,959	$ -	$ 2,940,959	$ 2,940,959	$ -
	21 sales	$ -	$ 7,360,550	$ 7,360,550	$ 7,360,550	$ -
AON Intermediate Credit Bond Class I	3 purchases	$ 1,856,308	$ -	$ 1,856,308	$ 1,856,308	$ -
	4 sales	$ -	$ 4,206,308	$ 4,096,292	$ -	$ 110,016

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
BAPTIST HEALTH CARE, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BAPTIST HEALTH CARE, INC.

D Employer Identification Number (EIN)
59-0657322

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**	81,834,876
b Actuarial value	**2b**	82,242,797

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	1,594	66,605,286	66,605,286
b For terminated vested participants	981	23,935,988	23,935,988
c For active participants	268	6,081,577	6,081,577
d Total	2,843	96,622,851	96,622,851

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,483,474
c Target normal cost	**6c**	1,483,474

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

ERIKA STIFF
Signature of actuary

09/25/2026
Date

ERIKA STIFF
Type or print name of actuary

2607811
Most recent enrollment number

AON CONSULTING, INC.
Firm name

336-728-2182
Telephone number (including area code)

MSC #17848
PO BOX 551343
ATLANTA GA 30355
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,559,344
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,559,344
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 0.86 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,135,277
	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 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		9,763
	c Total available at beginning of current plan year to add to prefunding balance		1,145,040
	d Portion of (c) to be added to prefunding balance		1,145,040
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,145,040

Part III Funding Percentages

14	Funding target attainment percentage	14	83.93 %
15	Adjusted funding target attainment percentage	15	83.93 %
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	91.29 %
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
10/14/2025	578,980	0			
01/14/2026	1,450,000	0			
04/14/2026	1,015,000	0			
07/14/2026	1,015,000	0			
09/09/2026	1,015,000	0			
			Totals ► 18(b)	5,073,980	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	4,746,259

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	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**	61

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**	1,483,474
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15,525,094	1,541,391
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**	3,024,865

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,133,976	1,133,976

36 Additional cash requirement (line 34 minus line 35)	**36**	1,890,889
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,746,259
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,855,370
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,133,976
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.34%	Interest Adjusted Contribution	
October 14, 2025	$	578,980	286	$	555,853
January 14, 2026		1,450,000	378		1,373,947
April 14, 2026		1,015,000	468		949,505
July 14, 2026		1,015,000	559		937,269
September 9, 2026		1,015,000	616		929,685
Total Contribution	$	5,073,980		$	4,746,259

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	6.00%	0.8836	3.02
58	6.00%	0.8306	2.89
59	7.00%	0.7807	3.22
60	8.00%	0.7261	3.49
61	20.00%	0.6680	8.15
62	25.00%	0.5344	8.28
63	20.00%	0.4008	5.05
64	40.00%	0.3206	8.21
65	55.00%	0.1924	6.88
66	45.00%	0.0866	2.57
67	55.00%	0.0476	1.75
68	25.00%	0.0214	0.36
69	25.00%	0.0161	0.28
70	100.00%	0.0121	0.84
	Weighted Average		61.45

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
EIN: 59-0657322 PN: 002

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	85,303	971,958	6,600,355	7,657,616
2026	160,936	841,060	6,431,924	7,433,920
2027	227,886	989,116	6,268,208	7,485,210
2028	281,049	1,181,871	6,089,839	7,552,759
2029	319,118	1,352,218	5,891,081	7,562,417
2030	351,561	1,455,501	5,688,039	7,495,101
2031	376,929	1,569,576	5,486,184	7,432,689
2032	401,622	1,693,565	5,276,870	7,372,057
2033	422,351	1,743,426	5,058,188	7,223,965
2034	440,133	1,814,173	4,831,266	7,085,572
2035	460,015	1,851,592	4,598,411	6,910,018
2036	474,834	1,903,601	4,362,288	6,740,723
2037	486,039	1,934,031	4,121,798	6,541,868
2038	501,297	1,933,842	3,877,209	6,312,348
2039	506,976	1,936,121	3,629,529	6,072,626
2040	508,003	1,929,326	3,379,892	5,817,221
2041	506,685	1,910,054	3,129,535	5,546,274
2042	501,286	1,863,231	2,879,802	5,244,319
2043	497,388	1,815,638	2,632,155	4,945,181
2044	492,731	1,757,804	2,388,187	4,638,722
2045	484,114	1,697,106	2,149,614	4,330,834
2046	472,347	1,631,933	1,918,294	4,022,574
2047	458,035	1,563,150	1,696,127	3,717,312
2048	442,809	1,490,521	1,484,977	3,418,307
2049	426,280	1,415,230	1,286,610	3,128,120
2050	407,729	1,337,181	1,102,573	2,847,483
2051	388,031	1,256,860	934,101	2,578,992
2052	367,349	1,174,725	782,032	2,324,106
2053	345,762	1,091,345	646,759	2,083,866
2054	323,515	1,007,384	528,228	1,859,127
2055	300,899	923,601	425,958	1,650,458
2056	278,158	840,802	339,098	1,458,058
2057	255,550	759,798	266,498	1,281,846
2058	233,300	681,377	206,789	1,121,466
2059	211,635	606,260	158,477	976,372

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	190,759	535,070	120,016	845,845
2061	170,816	468,314	89,884	729,014
2062	151,936	406,378	66,646	624,960
2063	134,214	349,522	48,992	532,728
2064	117,721	297,882	35,770	451,373
2065	102,505	251,479	25,994	379,978
2066	88,590	210,225	18,848	317,663
2067	75,975	173,956	13,673	263,604
2068	64,637	142,426	9,954	217,017
2069	54,533	115,335	7,295	177,163
2070	45,607	92,331	5,401	143,339
2071	37,795	73,035	4,053	114,883
2072	31,022	57,053	3,093	91,168
2073	25,208	43,991	2,409	71,608
2074	20,268	33,460	1,921	55,649

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

History

The effect of plan amendments on the Plan's liabilities is measured on the valuation date. Amendments reflected in recent valuations are described below.

Changes Reflected in the 2025 Valuation

The following plan changes were reflected in the 2025 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2025 was increased to $280,000 from $275,000
- The lump sum cashout threshold was increased from $5,000 to $7,000. This change did not impact plan liabilities.

Changes Reflected in the 2024 Valuation

The following plan change was reflected in the 2024 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2024 was increased to $275,000 from $265,000

Changes Reflected in the 2023 Valuation

The following plan change was reflected in the 2023 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2023 was increased to $265,000 from $245,000

Changes Reflected in the 2022 Valuation

The following plan change was reflected in the 2022 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2022 was increased to $245,000 from $230,000

Changes Reflected in the 2021 Valuation

No plan changes were reflected in the 2021 valuation.

Changes Reflected in the 2020 Valuation

The following plan change was reflected in the 2020 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2020 was increased to $230,000 from $225,000

Changes Reflected in the 2019 Valuation

The following plan change was reflected in the 2019 valuation:

- The maximum annual benefit payable from the plan for a participant who attains age 65 on or after January 1, 2019 was increased to $225,000 from $220,000.

Plan Provisions

Effective Date	April 1, 1982, amended and restated January 1, 2012.
Participation	Employees who were participants in the prior defined contribution plan became participants April 1, 1982. Other employees become participants after attaining age 21 and completing one year of employment during which at least 1,000 hours are worked. No employees shall become participants after February 28, 2007.
Eligibility for Benefits	
Normal Retirement	Age 65.
Early Retirement	On attainment of age 55 and the completion of five years of vesting service.
Disability Retirement	Disabled after completion of five years of vesting service.
Deferred Vested	Upon termination of employment after completion of five years of vesting service.
Spouse's Benefit	Completion of five years of vesting service and married for the year prior to death.
Amount of Benefits	
Normal Retirement	1% of final average pay times years of benefit service after 1981, plus ½ of 1% of final average pay times years of benefit service prior to 1982.
Early Retirement	Normal retirement benefit accrued to date of early retirement reduced by ½ of 1% for each complete month payments commence prior to age 65.
Disability Retirement	Normal retirement benefit payable following elapse of five full calendar months of disability, based on final average pay and benefit service at time of disability. The benefit is reduced by ½ of 1% for each month payment precedes age 65.
Deferred Vested Retirement	Normal retirement benefit payable at age 65 accrued to date of termination. Benefits may commence after age 55, reduced in the same manner as early retirement.

Spouse's Benefit

Early Retirement Eligible	50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.
Not Early Retirement Eligible	50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a postretirement joint and survivor annuity. This benefit is payable for the remaining lifetime of the spouse.

Form of Benefit

Automatic Form	A monthly amount reduced on an actuarial equivalent basis payable during the employee's lifetime and thereafter 50% of such monthly amount continuing to the surviving spouse until the spouse's death.
Normal Form	Life annuity.
Optional Form	Ten-year certain and life annuity, 75% joint and survivor annuity.
Payment of Small Amounts	If the single sum actuarial equivalent benefit is less than or equal to $7,000, the benefit will be paid as a lump sum.

Definitions

Actuarial Equivalence

Mortality	Lump sums: Applicable mortality table prescribed by the Secretary of the Treasury. Other: 1971 Group Annuity Table with annuity values weighted 20% male and 80% female.
Interest	Lump Sums: Three-segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year. Other: 8.00%.

Final Average Pay	The monthly average of a participant's pay during the five highest plan years within the 10 completed plan years next preceding termination of employment. If a participant has less than five plan years of pay, the monthly average will be based on total pay for completed plan years. Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.
Pay	Total compensation as reported on the federal W-2 form plus any tax-sheltered annuity contributions made on a salary reduction basis. If hours of service for a plan year are less than 2,080, pay is multiplied by 2,080 and divided by the hours of service. Pay shall not exceed the limit described in IRC section 401(a)(17).
Plan Year	Calendar year.
Service	
Benefit Service	Primarily used for benefit accrual purposes (maximum of 40 years). (1) Prior to the effective date, the continuous period of employment with the Hospital ending on the effective date. (2) After the effective date, one-half of a year shall be credited if the hours worked are between 1,000 and 1,200. An additional tenth is credited for each 200 hours in excess of 1,200 such that a full year is credited if there are 2,000 or more hours of service in a plan year. No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.
Vesting Service	Primarily used to determine eligibility for benefits. One year of service shall be credited for the initial 12-month period of employment during which an employee completes 1,000 hours of service and each plan year an employee completes at least 1,000 hours of service.

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
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Pension Plan Provisions for Atmore Employees

Effective Date	January 1, 1971, amended and restated January 1, 2016.
Participation	Employees become participants after attaining age 21 and completing one year of eligibility service. No employees shall become participants after February 28, 2007. Effective March 1, 2016, all assets and liabilities under the Plan that represented the entire accrued benefit of all Atmore employees who were not entitled to any retirement benefits under the plan for service other than as an Atmore employee were transferred to the ACH Pension Plan. Atmore benefits were retained by the Baptist Plan for 10 Atmore employees also entitled to a retirement benefit under the Baptist provisions.
Eligibility for Benefits	
Normal Retirement	Age 65 and five years of participation or vesting service.
Early Retirement	Age 55 and 10 years of vesting service.
Disability Retirement	Disabled after completion of five years of vesting service.
Deferred Vested	Upon termination of employment after completion of five years of vesting service.
Spouse's Benefit	Completion of five years of vesting service and married for the year prior to death.
Amount of Benefits	
Normal Retirement	Annual benefit equal to (1) – (2): (1) 50% of final average pay (2) 55% of primary Social Security benefit The amount determined above is reduced by 4% for each year of benefit service under 25. The final benefit amount will not be less than $240 annually.
Early Retirement	Actuarial equivalent of accrued benefit, but not less than $240 annually.
Disability Retirement	Accrued benefit payable at normal retirement age, including the period of disability as years of benefit service. Benefit payable at age 55, reduced in the same manner as early retirement, with 10 years of service.

Deferred Vested	Accrued benefit payable at normal retirement age. For participants with 10 years of service at termination, actuarially equivalent benefits may commence as early as age 55 reduced in the same manner as early retirement.
Spouse's Benefit	
Early Retirement Eligible	50% of the benefit the participant was entitled to under the early retirement provisions had the participant retired on the date immediately preceding his date of death and elected a 50% joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.
Not Early Retirement Eligible	50% of the benefit the participant was entitled to under the plan provisions had the participant terminated employment on the date of death, survived to his earliest retirement age, and elected a qualified joint and survivor annuity. The benefit payable is for the remaining lifetime of the spouse.

Forms of Payment

Normal Form	
Single	Life annuity.
Married	Actuarially equivalent 50% joint and survivor annuity.
	Optional Forms Actuarially equivalent amounts in form of: ● 100% joint and survivor annuity ● 75% joint and survivor annuity ● 66⅔% joint and survivor annuity ● 50% joint and survivor annuity ● 10-year certain and life annuity ● Social Security level income annuity
Payment of Small Amounts	If the single sum actuarial equivalent benefit is less than or equal to $7,000, the benefit will be paid as a lump sum.

Definitions

Accrued Benefit	Normal retirement benefit based on final average pay and primary Social Security benefit at determination date of years of benefit service assuming continued employment to normal retirement times a fraction (not to exceed one). The numerator equals years of benefit service at the determination date and the denominator equals years of benefit service assuming continued employment to normal retirement.

Actuarial Equivalence	
Mortality	Lump Sums: Applicable mortality table prescribed by the Secretary of the Treasury. Other: 1983 Group Annuity Mortality Table (male rates set back one year).
Interest	Lump Sums: Three segment interest rates based on a phase-in of the corporate bond segment yield curve and phase-out of the annual rate of interest on 30-year Treasury Securities for the month of August prior to the plan year. Other: 5%.
Benefit Limits	Benefits are subject to IRC section 415 limits.
Final Average Pay	The monthly average of a participant's pay for the five consecutive years of benefit service within the 10 completed plan years next preceding termination of employment that produces the highest average. If a participant does not have five complete plan years of pay, the monthly average will be total pay averaged over period of benefit service. Final average pay shall be determined as if the participant ceased to be an eligible employee on February 28, 2007.
Pay	W-2 pay plus deferrals, subject to IRC section 401(a)(17) limits.
Plan Year	Calendar year.
Primary Social Security Benefit	Estimated Social Security benefit payable at Age 65. Compensation assumed to remain level after termination. Compensation increases prior to termination assumed equal to increases in national average wages.
Service	
Benefit Service	A participant is credited with one year of service for each plan year the participant earns 1,000 hours. A partial year of service will be credited for the year of hire and the year of termination only, equal to the number of hours earned divided by 1,000. No benefit service shall be granted under the plan for employment with an employer after February 28, 2007.
Eligibility Service	Twelve consecutive month period during which employee earns at least 1,000 hours. The first period begins on the date of hire. Following periods begin on January 1.

Vesting Service	Equal to years of benefit service, except that service prior to the age of 18 is disregarded and service after February 28, 2007 will be included.

Plan Changes Since the Prior YearOther Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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

Baptist Health Care, Inc. Pension Plan
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)
December 31, 2025

	Identity of Issuer	Description of Investment		Current Value
*	Regions Trust	Cash Equivalent	Regions Trust Cash Sweep	$ 1,249,915
*	Aon Hewitt Group Trust	Collective Trust	Aon Large Cap Equity Index Fund	8,366,704
*	Aon Hewitt Group Trust	Collective Trust	Aon Small & Mid Cap Eq Fund Cl I	1,465,191
*	Aon Hewitt Group Trust	Collective Trust	Aon Hewitt Global Equity	4,898,482
*	Aon Hewitt Group Trust	Collective Trust	Aon High Yield Plus Fund Cl I	101,624
*	Aon Hewitt Group Trust	Collective Trust	Aon Intermediate Credit Bond Class I	1,835,555
*	Aon Hewitt Group Trust	Collective Trust	Aon Long Credit Bond Class I	29,547,367
*	Aon Hewitt Group Trust	Collective Trust	Aon Non US Equity Fund Cl I	2,666,591
*	Aon Hewitt Group Trust	Collective Trust	Aon Non-Equity Index Fund	1,444,048
*	Aon Hewitt Group Trust	Collective Trust	Aon US Intermediate Govt Bd Index	212,631
*	Aon Hewitt Group Trust	Collective Trust	Aon US Long Govt Bd Index Fund	114,307
*	Aon Hewitt Group Trust	Collective Trust	Aon Enhanced Liability Driven Investing Fund Class I	2,993,987
*	Aon Hewitt Group Trust	Collective Trust	Aon Multi-Asset Credit Fund	7,269,911
	NISA	Bond	NISA Ultra Long Treasury CIF - Class A	5,482,727
	NISA	Bond	NISA Ultra Mid Treasury CIF - Class A	5,059,833
				71,458,958
*	Aon Hewitt Group Trust	Limited Partnership	Townsend Real Estate Alpha Fund III	2,671,998
*	Aon Hewitt Group Trust	Limited Partnership	Townsend Core Real Estate Fund - US, L.P.	6,496,828
				9,168,826
	Total assets held at year end			$ 81,877,699

*Represents party in interest

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 11,246,935	January 1, 2023	13	$ 1,155,911
Shortfall	$ (3,040,451)	January 1, 2024	14	$ (296,910)
Shortfall	$ 7,318,610	January 1, 2025	15	$ 682,390

Schedule SB Attachment (Form 5500) —2025 Plan Year
Baptist Health Care, Inc. Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the expected return on asset from 4.50% to 5.05%.

This change was made to better reflect anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in the Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.