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
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 02/28/1950

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)
DEACONESS HEALTH SYSTEM, INC.

600 MARY STREET
EVANSVILLE, IN 47747

2b Employer Identification Number (EIN) 35-1532889

2c Plan Sponsor's telephone number 812-450-5000

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.	10/15/2026	SHERI BROWN
	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

PENSION COMMITTEE BOARD OF DIRECTORS

600 MARY STREET
EVANSVILLE, IN 47747

3b Administrator's EIN: 35-1532889

3c Administrator's telephone number: 812-450-5000

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**	3835
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)**	1469
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
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 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
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
35-1532889

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERCER

13-2834414

(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 51 52	NONE	2127300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FIFTH THIRD BANK

35-0227680

(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	NONE	213010	Yes [ ] No [X]	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
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
35-1532889

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: MERCER ACTIVE LONG CORPORATE FIXED

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6178743-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACTIVE INTERMEDIATE CREDIT

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

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)
85-2621954-048	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG TREASURY INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
90-0337987-183	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE US GOVT BOND INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

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)
90-0337987-209	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ULTRA LONG DURATION

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2461327-047	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
35-1532889

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3748	1499
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1742839	1176757
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	260208652	0
(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	261955239	1178256
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	119450	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	119450	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	261835789	1178256

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)	6300000	
(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)		6300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2357913	
(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)		2357913
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	538	
(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)		538
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15113801
(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		168630
d Total income. Add all **income** amounts in column (b) and enter total	2d		23940882
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	112356683	
(2) To insurance carriers for the provision of benefits	2e(2)	169494912	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		281851595
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	150035	
(6) Bank or trust company trustee/custodial fees	2i(6)	213010	
(7) Actuarial fees	2i(7)	1977265	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	406510	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2746820
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		284598415
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-260657533
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: BLUE & CO., LLC **(2)** EIN: 35-1178661

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		5000000
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 593397.

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
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
35-1532889

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): 35-6586164

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** 1865

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

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 100.0 % 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_____.



DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

AND

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2025

CPAs / ADVISORS

blue

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

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DECEMBER 31, 2025 AND 2024

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CPAs / ADVISORS

blue

Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

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

We have performed audits of the financial statements of Deaconess Health System, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets in liquidation available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025 and 2024 and for the year ended December 31, 2025, 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 Financial Statements section –

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As described in Note 2 to the financial statements, the Plan was terminated, effective December 31, 2024, and management determined liquidation was imminent. As a result, the Plan changed its basis of accounting to the liquidation basis used in presenting the financial statements. 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 these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year and schedule of reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the

financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 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, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Blue & Co., LLC

Indianapolis, Indiana
October 14, 2026

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

STATEMENT OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments at fair value		
Common/collective trusts	$ -0-	$ 260,208,652
Money market mutual fund	1,176,757	1,742,839
Total investments at fair value	1,176,757	261,951,491
Receivables		
Interest and dividends	-0-	3,748
Interest and dividends expected in liquidation	2,499	2,130,000
Employer contributions expected in liquidation	1,500,000	16,664,000
Total receivables	1,502,499	18,797,748
Total assets	2,679,256	280,749,239
Liabilities		
Accrued administrative fees	-0-	119,450
Accrued administrative fees expected in liquidation	1,499,000	2,349,000
Realized losses expected in liquidation	-0-	22,897
Total liabilities	1,499,000	2,491,347
Net assets available for benefits	$ 1,180,256	$ 278,257,892

See accompanying notes to financial statements.

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

Additions to net assets attributed to:		
Investment return		
Net change in fair value of investments	$	15,305,328
Interest and dividends		229,451
Total investment return		15,534,779
Total additions		15,534,779
Deductions from net assets attributed to:		
Benefit payments		112,356,683
Purchase of annuity contracts		169,494,912
Remeasurement of employer contributions		8,864,000
Remeasurement of administrative expenses		1,896,820
Total deductions		292,612,415
Net change		(277,077,636)
Net assets available for benefits		
Beginning of year		278,257,892
End of year	$	1,180,256

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following brief description of the Deaconess Health System, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a noncontributory, defined-benefit plan which covers those employees of Deaconess Health System, Inc. (the Plan Sponsor) and its affiliates who have satisfied the eligibility requirements to participate in the Plan prior to January 1, 2012. The Plan provides for retirement, death and disability benefits. The various provisions of the Plan, including the vesting and benefit provisions are included in the Plan's Summary Plan Description available from the Human Resources Department of Deaconess Health System, Inc.

The governing body for administration of the Plan is the Audit and Compliance Committee of the Plan Sponsor. The plan trustee is Fifth Third Bank.

Pension, Death, and Disability Benefits and Other

Effective January 1, 2012, the Plan was closed to new participants. Also, participants with age plus service of less than 60 years did not earn additional benefits under the Plan, but could continue to accrue service time for vesting purposes until December 31, 2023. Effective December 31, 2023 benefit accruals for participants were frozen. Participants will not accrue additional retirement benefits or credited service under the Plan on or after January 1, 2024.

At normal retirement age of 65, participants are entitled to certain pension benefits. These amounts are based on average monthly earnings and years of credited service multiplied by specific percentages and are subject to certain minimum amounts. The Plan permits early retirement at age 60 through 64; however, the monthly benefit is reduced by 1/2% for each month by which the early retirement date precedes the normal retirement date. The Plan also provides a death benefit to the retiree's spouse or beneficiary. If an active participant dies prior to retirement, his or her spouse will be paid a monthly amount equal to the amount that the participant would have received under the early retirement benefit provisions.

The Plan merged with the Methodist Hospital Retirement Plan (the Methodist Plan) effective July 1, 2022. Benefit accruals for Methodist Plan participants were frozen in June 30, 2013. Participants of the Methodist Plan are not entitled to any additional benefits in the Plan, nor will their benefits be less than prior to the merger. Former participants of the Methodist Plan employed prior to June 30, 2013 with five or more years of service are entitled to a monthly pension benefit beginning at normal retirement age (65) equal to 1.10% of their average monthly compensation, plus .60% of their average monthly compensation in excess of covered compensation, with such sum multiplied by credited service up to 30 years for all benefit service prior to October 2009. In general, for periods before October 2009, the Methodist Plan provides vested participants with a monthly pension benefit beginning at their normal retirement date (first of month on or after attaining age 65) equal to 33% of their average monthly compensation, plus 18% of their average monthly compensation in excess of covered compensation,

reduced by 1/30 for each year of credited service less than 30 years. For periods after September 2009, and before July 2013, the Methodist Plan provides participants 24% of their average monthly compensation plus 13.5% of their average monthly compensation in excess of covered compensation, reduced by 1/30 for each year of credited service less than 30 years, further reduced by 1/30 for each year of credited service (less than 30) before October 2009. The Methodist Plan permits early retirement at age 55 for participants with 10 years of service. However, benefits are reduced by 5% for each year that payment precedes their normal retirement date. The plan benefit is paid in the form of monthly income for life for single participants and in the form of Qualified Joint and Survivor Annuity for married participants. Former Methodist Plan participants may elect an alternative method (with spousal consent if married) including a lump sum or certain other annuity or period guaranteed forms. Except in the case of disability, if former Methodist Plan participants terminate before being credited with five years of service or attaining age 65, they forfeit the right to receive value of their accrued benefit.

Contributions

The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA). Employer contributions for 2025 were remeasured to a deduction in net assets of approximately $8,864,000. See Note 2 for additional information related to the remeasurement.

2. PLAN TERMINATION

During 2024, the Plan Sponsor approved a resolution to terminate the Plan, effective December 31, 2024. Upon termination, management determined that liquidation was imminent, and accordingly, the Plan's financial statements have been prepared on the liquidation basis of accounting. Under this basis, assets are stated at their estimated realizable values and liabilities are stated at their estimated settlement amounts. The liquidation basis of accounting better reflects the expected resources available for distribution and the obligations expected to be settled as the Plan winds down.

As of December 31, 2024, management had developed estimates of the expected realizable assets and settlement obligations through the anticipated liquidation date of December 31, 2025 or early 2026. The following amounts were expected to be realized or incurred during the liquidation period:

- Employer contributions expected in liquidation: approximately $16,664,000
- Interest and dividends expected in liquidation: approximately $2,130,000
- Accrued administrative fees expected in liquidation: approximately $2,349,000
- Realized losses expected in liquidation: approximately $23,000

The estimates above were based on actual financial information through July 2025 and projected results from August through December 2025, which were derived from annualized trends and information provided by the Plan's actuary and other service providers.

As of December 31, 2025, management has developed estimates of the expected realizable assets and settlement obligations through the anticipated liquidation in late 2026. The following amounts are expected to be realized or incurred during the remaining liquidation period:

- Employer contributions expected in liquidation: approximately $1,500,000
- Interest and dividends expected in liquidation: approximately $2,500
- Accrued administrative fees expected in liquidation: approximately $1,499,000

The estimates above are based on actual financial information through August 2026 and projected results for September 2026, which were derived from annualized trends and information provided by the Plan's actuary and other service providers. Actual results may differ from these estimates. Significant remeasurements in 2025 consisted of the following:

- Increased administrative expenses, primarily related to PBGC fees expected to be incurred in 2026.
- Reduction in employer contributions primarily related to better market conditions at the time of sale of assets within the Plan, resulting in a reduction in funding needed.

All participants were given the option to either (a) receive a lump-sum distribution of their vested benefits or (b) elect to have their benefits provided by a third-party administrator, which will assume responsibility for administering the remaining benefit payments following the liquidation of Plan assets.

All remaining assets were distributed and all obligations were settled by September 30, 2026, and the Plan was fully liquidated.

In connection with the Plan's termination, all participants became fully vested in their accrued benefits as of December 31, 2024, in accordance with the requirements of ERISA Section 411(d)(3) and the Internal Revenue Code.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

As a result of the resolution to terminate the plan, the financial statements of the Plan are prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of Investments

Investments are generally stated at fair value. The estimated fair values are subject to uncertainty and therefore may differ from the values that would have been used had a ready market for such investments existed and such differences could be material.

Cash and cash equivalents consist of money market mutual funds which have an original maturity of three months or less and are reported at quoted market price.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their five highest consecutive years of credited service.

The accumulated plan benefits for active employees are based upon the number of years of active service and the employee's current salary as of 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.

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets in liquidation available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued, which is October 14, 2026.

4. INFORMATION PREPARED AND CERTIFIED BY 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, Fifth Third Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statement of net assets in liquidation available for benefits as of December 31, 2025 and 2024, the schedule of assets at December 31, 2025, the schedule of reportable transaction for the year ended December 31, 2025, and investment related activity reflected in the statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2025.

5. ACCUMULATED PLAN BENEFITS

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

The more significant assumptions underlying these actuarial calculations relating to the present value of accumulated plan benefits are as follows:

Assumed rate of return on investment	6.09% for 2024
Mortality basis	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with IRS-modified MP-2021 mortality improvement scale.
Salary increases	Not applicable since benefits are frozen.
Employee turnover	Based on percentage of male and female employees assumed to terminate service after a given number of years of employment (select rates) or at a given age (ultimate rates). Ultimate rates range from 13.0% at age 25 to 0.0% at age 60 and from 7.72% at age 25 to 0.09% at age 60 for the Methodist Plan.
Retirement age (all participants other than former participants of the Methodist Plan)	60 - 5% Probability 61 - 2% 62-64 - 10% 65 - 50% 66-69 - 25% 70+ - 100%
Retirement age (former participants of the Methodist Plan)	60-61 - 5% Probability 62-64 - 20% 65+ - 100%

Additional assumptions underlying these actuarial calculations used to value liabilities on plan termination basis as of December 31, 2024 are as follows:

Benefit Valued (for active and deferred vested participants)	Accrued benefit payable as a life annuity unreduced at normal retirement. For participants eligible for early retirement, the lump sum is the greater of (1) the present value of the normal retirement benefit, and (2) the immediate present value of the benefit payable at early retirement.
Benefit Valued (for participants receiving payment)	Annuity in payment, based on form of payment elected at commencement and adjusted to survivor portion if participant is deceased.

Form of Payment at Distribution Date (for active participants)	75% of active participants are assumed to elect a lump sum. Lump sums are based on the following assumptions: Segmented interest rates 4.66% for the first five years, 5.25% for the next fifteen years and 5.57% thereafter Mortality: 2025 Section 417(e) mortality For participants eligible for a minimum lump sum of the September 30, 2009 accrued benefit, the following assumptions were used: 2.75% interest rate and UP84 mortality set back 4 years. Annuities are assumed to be purchased for the remaining active participants. The estimated value is based on the following assumptions plus a 12% assumed premium load: Interest rates: Mercer Yield Curve as of March 31, 2025 Mortality: Pri-2012 no collar mortality projected with scale MP-2021
Form of Payment at Distribution Date (for deferred vested participants)	50% of deferred vested participants are assumed to elect a lump sum. Lump sums are based on the following assumptions: Segmented interest rates 4.66% for the first five years, 5.25% for the next fifteen years and 5.57% thereafter Mortality: 2025 Section 417(e) mortality For participants eligible for a minimum lump sum of the September 30, 2009 accrued benefit, the following assumptions were used: 2.75% interest rate and UP84 mortality set back 4 years. Annuities are assumed to be purchased for the remaining deferred vested participants. The estimated value is based on the following assumptions plus a 12% assumed premium load: Interest rates: Mercer Yield Curve as of March 31, 2025 Mortality: Pri-2012 no collar mortality projected with scale MP-2021
Form of Payment at Distribution Date (for participants receiving payment)	Annuities are assumed to be purchased for all retired participants. The estimated value is based on the following assumptions plus a 2% assumed premium load: Interest rates: Mercer Yield Curve as of March 31, 2025 Mortality: Pri-2012 no collar mortality projected with scale MP-2021

The accumulated plan benefit information as of December 31, 2024 is as follows:

Actuarial present value of accumulated plan benefits		
Vested benefits		
Retired participants and beneficiaries	$	156,417,000
Active and terminated participants		122,198,000
Total vested benefits	$	278,615,000

The following is a reconciliation of the actuarial present value of accumulated plan benefits for 2024:

Actuarial present value of accumulated plan benefits as of the beginning of year	$	274,379,059
Change for interest due to change in discount period		14,186,562
Plan benefits paid		(17,002,493)
Increase for additional accrual of plan benefits and net experience		43,827
Change in actuarial assumptions		7,008,045
Actuarial present value of accumulated plan benefits as of end of year	$	278,615,000

Because of the Plan termination, effective December 31, 2024, as described in Note 2, there are no updates to the accumulated plan benefits as of December 31, 2025. Activity during the liquidation is based on accumulated plan benefits as of the termination date, December 31, 2024.

6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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.

- *Money market mutual funds*: Valued based at the subscription and redemption activity at a $1 stable NAV. However, on a daily basis the funds are valued at their daily Net Asset Value (NAV) calculated using the amortized cost of the securities.
- *Common/Collective trusts*: Valued at the NAV of shares held by the Plan at year-end provided by the plan trustee. The NAV is quoted on a private market that is not active. However, the unit price is based on underlying investments, which are traded on an active market.

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

The Plan holds investments, which are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying financial statements.

The following table sets forth by level, within the hierarchy, the Plan's assets and liabilities measured at fair value on a recurring basis as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	December 31, 2025			
	Total	Level 1	Level 2	Level 3
Assets				
Investments at fair value				
Money market mutual fund	$ 1,176,757	$ -0-	$ 1,176,757	$ -0-

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Assets				
Investments at fair value				
Money market mutual fund	1,742,839	-0-	1,742,839	-0-
Total assets in fair value hierarchy	1,742,839	$ -0-	$ 1,742,839	$ -0-
Common/collective trusts (a)	260,208,652			
	$ 261,951,491			

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV 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 at fair value in the statements of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

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

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts				
Mercer Active Long Corporate Fixed Income Portfolio Fund 600	$ 156,086,270	None	Monthly	Daily
Mercer Active Intermediate Credit Fixed Income Portfolio	42,757,954	None	Monthly	Daily
Mercer Ultra Long Duration Portfolio	3,822,926	None	Monthly	Daily
State Street Global Intermediate US Government Bond Index CME	24,316,868	None	Monthly	Daily
US Long Treasury Index NL SF CL A	33,224,634	None	Monthly	Daily
Total common/collective trusts	$ 260,208,652			

7. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated November 19, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires 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 various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Transactions with parties-in-interest include administrative fees paid to the Plan's plan trustee, Fifth Third Bank. Mercer is the actuary to the Plan and receives payment for its services. Blue & Co., LLC is the independent auditor for the Plan and receives payment for its services.

9. RISKS AND UNCERTAINTIES

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported 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 processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2025	2024
Net assets available in liquidation for benefits per the financial statements	$ 1,180,256	$ 278,257,892
Net amounts accrued due to liquidation	2,000	16,422,103
Net assets available for benefits per the Form 5500	$ 1,178,256	$ 261,835,789

The following is a reconciliation of net change on the statement of changes in net assets in liquidation available for benefits per the financial statements for the year ended December 31, 2025 to Form 5500:

Net change in liquidation per the financial statements	$ (277,077,636)
2024 adjustment to liquidation basis	16,422,103
2025 net amounts accrued due to liquidation	(2,000)
Net change per the Form 5500	$ (260,657,533)

SUPPLEMENTAL SCHEDULE

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2025

EIN: 35-1532889
PN: 333
Schedule H, Line 4j - Schedule of Assets Held at the End of Year

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money market mutual fund			
	Federated Treasury Obligation Institutional Shares	1,176,757 units	$ 1,176,757	$ 1,176,757

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

EIN: 35-1532889
PN: 333
Schedule H, Line 4j - Schedule of Reportable Transactions

	(a)	(b)	(c)	(d)		(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Number of transactions	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
(i)	Fifth Third Bank	Federated Treasury Obligation Institutional Shares	$ 92,715,801		1	$ 92,715,801	$ 92,715,801	$ -0-
(i)	Fifth Third Bank	Federated Treasury Obligation Institutional Shares		$ 91,039,019	1	$ 91,039,019	$ 91,039,019	$ -0-
(i)	Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 100,297,780	1	$ 81,824,730	$ 100,297,780	$ 18,473,050
(i)	Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 26,143,659	1	$ -0-	$ 26,143,659	$ 26,143,659
(i)	Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 23,258,751	1	$ 21,865,587	$ 23,258,751	$ 1,393,164
(i)	Fifth Third Bank	State Street Global Intermediate US Government Bond Index		$ 15,700,921	1	$ 14,663,536	$ 15,700,921	$ 1,037,385
(ii)	Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 107,597,746	5	$ 87,771,599	$ 107,597,746	$ 19,826,147
(ii)	Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 27,118,119	3	$ -0-	$ 27,118,119	$ 27,118,119
(ii)	Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 24,819,549	4	$ 23,320,023	$ 24,819,549	$ 1,499,526
(ii)	Fifth Third Bank	State Street Global Intermediate US Government Bond Index		$ 16,035,067	3	$ 14,978,116	$ 16,035,067	$ 1,056,951
(iii)	Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 107,597,745	5	$ 87,771,599	$ 107,597,745	$ 19,826,147
(iii)	Fifth Third Bank	Federated Treasury Obligation Institutional Shares	$ 93,145,129		6	$ 93,145,129	$ 93,145,129	$ -0-
(iii)	Fifth Third Bank	Federated Treasury Obligation Institutional Shares		$ 91,968,373	4	$ 91,968,373	$ 91,968,373	$ -0-
(iii)	Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 27,118,119	3	$ -0-	$ 27,118,119	$ 27,118,119
(iii)	Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 24,819,549	4	$ 23,320,023	$ 24,819,549	$ 1,499,526
(iii)	Fifth Third Bank	State Street Global Intermediate US Government Bond Index		$ 16,035,067	3	$ 14,978,116	$ 16,035,067	$ 1,056,952

Columns (e) and (f) are not applicable

(i) Single transaction exceeding 5% of plan assets
(ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
(iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
(iv) Securities transactions with a person, if any preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2025

EIN: 35-1532889
PN: 333
Schedule H, Line 4j - Schedule of Reportable Transactions

(a)	(b)	(c)	(d)		(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Number of transactions	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
(i) Fifth Third Bank	Federated Treasury Obligation Institutional Shares	$ 92,715,801		1	$ 92,715,801	$ 92,715,801	$ -0-
(i) Fifth Third Bank	Federated Treasury Obligation Institutional Shares		$ 91,039,019	1	$ 91,039,019	$ 91,039,019	$ -0-
(i) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 100,297,780	1	$ 81,824,730	$ 100,297,780	$ 18,473,050
(i) Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 26,143,659	1	$ -0-	$ 26,143,659	$ 26,143,659
(i) Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 23,258,751	1	$ 21,865,587	$ 23,258,751	$ 1,393,164
(i) Fifth Third Bank	State Street Global Intermediate US Government Bond Index		$ 15,700,921	1	$ 14,663,536	$ 15,700,921	$ 1,037,385
(ii) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 107,597,746	5	$ 87,771,599	$ 107,597,746	$ 19,826,147
(ii) Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 27,118,119	3	$ -0-	$ 27,118,119	$ 27,118,119
(ii) Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 24,819,549	4	$ 23,320,023	$ 24,819,549	$ 1,499,526
(ii) Fifth Third Bank	State Street Global Intermediate US Government Bond Index		$ 16,035,067	3	$ 14,978,116	$ 16,035,067	$ 1,056,951
(iii) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600		$ 107,597,745	5	$ 87,771,599	$ 107,597,745	$ 19,826,147
(iii) Fifth Third Bank	Federated Treasury Obligation Institutional Shares	$ 93,145,129		6	$ 93,145,129	$ 93,145,129	$ -0-
(iii) Fifth Third Bank	Federated Treasury Obligation Institutional Shares		$ 91,968,373	4	$ 91,968,373	$ 91,968,373	$ -0-
(iii) Fifth Third Bank	Mercer Active Intermediate Credit Fixed Income Portfolio		$ 27,118,119	3	$ -0-	$ 27,118,119	$ 27,118,119
(iii) Fifth Third Bank	Mercer Passive Long Government Fixed Income Portfolio		$ 24,819,549	4	$ 23,320,023	$ 24,819,549	$ 1,499,526
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Columns (e) and (f) are not applicable

(i) Single transaction exceeding 5% of plan assets
(ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
(iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
(iv) Securities transactions with a person, if any preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2025

EIN: 35-1532889
PN: 333
Schedule H, Line 4j - Schedule of Assets Held at the End of Year

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money market mutual fund			
	Federated Treasury Obligation Institutional Shares	1,176,757 units	$ 1,176,757	$ 1,176,757