

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1958
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) PARKVIEW HEALTH SYSTEM, INC. 1450 PRODUCTION DRIVE FORT WAYNE, IN 46808	2b Employer Identification Number (EIN) 35-1972384 2c Plan Sponsor's telephone number 260-373-4000 2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	DENA JACQUAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN																				
		3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">4504</td> </tr> </table>	5	4504																		
5	4504																					
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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #f2f2f2; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">1618</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">1492</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">2197</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">579</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">4268</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">172</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">4440</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	1618	6a(2)	1492	6b	2197	6c	579	6d	4268	6e	172	6f	4440	6g		6h	
6a(1)	1618																					
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6c	579																					
6d	4268																					
6e	172																					
6f	4440																					
6g																						
6h																						
a(1) Total number of active participants at the beginning of the plan year																						
a(2) Total number of active participants at the end of the plan year																						
b Retired or separated participants receiving benefits																						
c Other retired or separated participants entitled to future benefits.....																						
d Subtotal. Add lines 6a(2) , 6b , and 6c																						
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.																						
f Total. Add lines 6d and 6e																						
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....																						
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td></td> </tr> </table>	7																			
7																						
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GA-00147		01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 4956584**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4281684**c** Additions: (1) Contributions deposited during the year **7c(1)** 26951711
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 334179
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 819
▶(6) Total additions **7c(6)** 27286709**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 31568393**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 22959715
(2) Administration charge made by carrier **7e(2)** 50153
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 3601941
▶ LUMP SUM BENEFITS(5) Total deductions **7e(5)** 26611809**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4956584

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PARKVIEW HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1972384</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>480932852</u>
b Actuarial value	2b <u>480932852</u>
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	<u>2260</u> <u>245680060</u> <u>245680060</u>
b For terminated vested participants.....	<u>635</u> <u>23240307</u> <u>23240307</u>
c For active participants.....	<u>1618</u> <u>135808817</u> <u>138283066</u>
d Total	<u>4513</u> <u>404729184</u> <u>407203433</u>
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 <u>5.42</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>8087908</u>
b Expected plan-related expenses	6b <u>3478744</u>
c Total (line 6a + line 6b)	6c <u>11566652</u>

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		<u>09/22/2023</u>
	Signature of actuary	Date
<u>TIMOTHY J. MAXSON</u>	Type or print name of actuary	<u>23-06697</u>
		Most recent enrollment number
<u>BUCK GLOBAL, LLC</u>	Firm name	<u>260-426-7800</u>
		Telephone number (including area code)
<u>110 W. BERRY ST., SUITE 1300</u> <u>FORT WAYNE, IN 46802-2317</u>	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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	11566652	
b Excess assets, if applicable, but not greater than line 31a	31b	11566652	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	6406192	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6406192	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(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?
20	NONE	160060	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK, N.A.

41-0449260

(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?
26	NONE	160415	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

HIGHLAND ASSOCIATES, INC.

2545 HIGHLAND AVE SOUTH, STE 200
BIRMINGHAM, AL 35205

(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?
16	NONE	45426	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

WALTER SCOTT & PARTNERS

1 CHARLOTTE SQUARE
EDINBURGH, EDINBURGH EH2 4DR GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	183125	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

STERLING CAPITAL MANAGEMENT

4350 CONGRESS STREET, STE 1000
CHARLOTTE, NC 28209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	239071	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PNC CAPITAL ADVISORS

P.O. BOX 91249
CLEVELAND, OH 44101-3249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	191854	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

WELLINGTON TRUST

280 CONGRESS STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	124682	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

UBS TRUMBULL

10 STATE HOUSE SQUARE #15
HARTFORD, CT 06103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	92063	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

FIRST REPUBLIC BANK

601 W MARKET STREET
LOUISVILLE, KY 40202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	231581	Yes ☐ No ☒	Yes ☐ No ☐	0	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)

BUCK GLOBAL, LLC

110 W. BERRY ST., SUITE 1300
FORT WAYNE, IN 46802

(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	NONE	97765	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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARKVIEW HEALTH SYSTEM, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>35-1972384</u> </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>35-1972384</u>			
D Employer Identification Number (EIN) <u>35-1972384</u>						

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	148262342818
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	77000007000000
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	565070596249
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	12447713285908553
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	3098172130873870
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	313857577278031094
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	42816844956584
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	482011446	407709168

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	794865	11937113
k Total liabilities (add all amounts in lines 1g through 1j)	1k	794865	11937113

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	481216581	395772055
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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)	7000000	
(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)		7000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	10876773	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10876773
(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)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-75354395
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-57477622
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23361186	
(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)		23361186
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	45426	
(2) Contract administrator fees	2i(2)	320474	
(3) Investment advisory and management fees	2i(3)	1160141	
(4) Other	2i(4)	3079677	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4605718
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27966904
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-85444526
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS, LLP**

(2) EIN: **44-0160260**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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 ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 483088.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PARKVIEW HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 35-1972384
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
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): 35-0472300		
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 26
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 0
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☒ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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	0
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
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>91.0</u> % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: <u>7.7</u> % Other: <u>1.3</u> %</p> <p>b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

Structured Attachment <div style="text-align: center; font-size: small;"> Department of the Treasury Internal Revenue Service </div> <hr/> <div style="text-align: center; font-size: small;"> Department of Labor Employee Benefits Security Administration </div> <hr/> <div style="text-align: center; font-size: small;"> Pension Benefit Guaranty Corporation </div>	Schedule SB, line 26a Schedule of Active Participant Data	2022 <hr/> This Form is Open to Public Inspection
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Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	35-1972384	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN					
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	35-1972384	PN 001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN					
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	35-1972384	PN 001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN							
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	35-1972384	PN	001	

[illegible]

Independent Auditor's Report

Plan Administrator and Finance Committee
Parkview Health System, Inc. Employees' Pension Plan
Fort Wayne, Indiana

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

We have performed audits of the financial statements of Parkview Health System, Inc. Employees' Pension Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 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 qualified institutions as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the "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 accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the “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.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern 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 the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other 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, LLP

Fort Wayne, Indiana
October 2, 2023

Federal Employer Identification Number: 44-0160260

Authorization for FORVIS to Electronically Sign Form 5500

Please note the following terms and conditions if you choose to authorize FORVIS to electronically sign Form 5500 on your behalf:

1. The plan administrator and/or plan sponsor must provide FORVIS with a signed copy of pages one through three of Form 5500, with the manual signature of the plan administrator and/or plan sponsor on page one.
2. In addition to any other required schedules and attachments, the electronic filing includes a copy of pages one through three of Form 5500 bearing the manual signature of the plan administrator and/or plan sponsor under penalties of perjury.
3. An image of the plan administrator's and/or plan sponsor's manual signature will be included with the rest of Form 5500. The complete Form 5500, including an image of the signature, will be posted on the Internet for public disclosure by the DOL.
4. FORVIS will communicate to the plan administrator and/or plan sponsor any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return.

Please mark one selection:

- ☒ I authorize FORVIS to electronically sign Form 5500 on behalf of the plan named below.
- ☐ I do not authorize FORVIS to electronically sign Form 5500 on behalf of the plan named below. I am registered to sign Form 5500 electronically using the following email address:
- _____.

PARKVIEW HEALTH SYSTEMS INC EMPLOYEES PENSION PLAN



Signature of Plan Administrator

Dena Jacquay

Name of Plan Administrator

Oct 5, 2023

Date

dena.jacquay@parkview.com

Email Address

Please return the signed authorization form to FORVIS.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning and ending

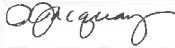
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1958
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) PARKVIEW HEALTH SYSTEM, INC. 1450 PRODUCTION DRIVE FORT WAYNE, IN 46808	2b Employer Identification Number (EIN) 35-1972384 2c Plan Sponsor's telephone number 260-373-4000 2d Business code (see instructions) 622000

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

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

SIGN HERE		Oct 6, 2023	Dena Jacquay
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4504
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) 1618
a(2) Total number of active participants at the end of the plan year	6a(2) 1492
b Retired or separated participants receiving benefits	6b 2197
c Other retired or separated participants entitled to future benefits	6c 579
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4268
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 172
f Total. Add lines 6d and 6e.	6f 4440
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
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 Characteristics Codes in the instructions:
 1A

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

9a Plan funding arrangement (check all that apply)	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	(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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☒ **1 A** (Insurance Information)
 (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Brown Capital Management	181,763 Shares	\$ 5,228,703	\$ 3,473,488
Cohen & Steers Institutional Realty	217,193 Shares	10,391,926	9,243,754
Dodge & Cox Global Stock Fund	2,794,421 Shares	33,238,843	35,237,654
Fidelity 500 Index Fund	63,051 Shares	10,176,759	8,393,281
PAPS Long Duration Corporate Bond	8,639,468 Shares	83,803,688	78,964,735
PIMCO Paps Short Term Floating Nav Port II Fund	9,996 Shares	100,019	100,009
PIMCO Real Return Fund Class Instl	769,887 Shares	8,574,136	7,691,175
Total mutual funds		<u>151,514,074</u>	<u>143,104,096</u>
* Money Market Fund			
Blackrock Short-Term Investment Fund	5,388,400 Shares	<u>5,388,400</u>	<u>5,388,400</u>
Common Stocks			
Adobe Inc	1,800 Shares	58,835	605,754
AIA Group Ltd	78,200 Shares	404,207	869,674
Air Prods & Chems Inc Com	1,697 Shares	411,080	523,117
Align Technology Inc	1,200 Shares	316,941	253,080
Alimentation Couche-Tard, Inc NPV	18,500 Shares	493,539	812,412
Alphabet Inc Cl A	2,600 Shares	46,088	229,398
Alphabet Inc Cl C	14,260 Shares	678,459	1,265,290
Alphabet Inc Cl C	7,600 Shares	133,919	674,348
Amazon Com Inc Com	5,000 Shares	821,469	420,000
Amphenol Corp CL A	13,100 Shares	370,601	997,434
American Express Co	1,512 Shares	238,131	223,398
Ansys Inc	3,766 Shares	1,258,036	909,828
Appfolio Inc	789 Shares	83,419	83,145
Atlassian Corporation CL A	2,022 Shares	333,328	260,191
Automatic Data Processing Inc	3,100 Shares	200,790	740,466
Axos Financial, Inc	14,641 Shares	434,714	559,579
Azenta Inc	10,768 Shares	578,889	626,913
Bank of America Corp	17,341 Shares	637,114	574,334
Berkshire Hathaway Inc.	5,544 Shares	1,618,156	1,712,542
Berry Plastics Group Inc	9,543 Shares	625,031	576,684
Bio-Techne Corp	9,280 Shares	580,993	769,126
Biogen Inc	2,707 Shares	620,967	749,622
BJ's Wholesale Club Holdings	6,705 Shares	466,079	443,603
Blackline Inc	6,522 Shares	558,418	438,735
Boeing Co	3,983 Shares	637,458	758,722
Booking Holdings Inc	280 Shares	522,141	564,278
Boston Beer Company Inc-CL A	1,099 Shares	456,371	362,143
Boston Scientific Corp Com	12,777 Shares	535,209	591,192
Cable One Inc	714 Shares	1,355,625	508,268
Carmax Inc	5,882 Shares	582,674	358,155
Carmax Inc	9,844 Shares	921,902	599,401
Caseys Gen Stores Inc	2,529 Shares	518,022	567,381
CBRE Group Inc	14,350 Shares	887,056	1,104,376

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
CDN National Railways Com NPV	6,000 Shares	\$ 679,431	\$ 712,251
Centene Corp Del	10,367 Shares	612,139	850,198
Chewy Inc	6,469 Shares	312,013	239,871
Cisco Systems Inc	13,300 Shares	296,481	633,612
CSL LTD NPV	3,600 Shares	280,285	702,687
Cognex Corp	6,300 Shares	357,468	296,793
Cognizant Tech Solutions Crp Com	10,000 Shares	632,853	571,900
Compass Group 11p	32,100 Shares	617,966	740,490
Constellation Brands Inc	2,719 Shares	585,404	630,128
Costar Group Inc	8,771 Shares	703,025	677,823
Costco Wholesale Corp	620 Shares	312,295	283,030
Coterra Energy Inc	21,203 Shares	565,843	520,958
CrowdStrike Holdings Inc	2,960 Shares	405,260	311,658
Cubsmart	5,582 Shares	234,224	224,675
Curtiss Wright Corp Com	1,833 Shares	329,505	306,093
CVS Health Corporation	6,491 Shares	601,576	604,896
Dassault Systemes Se Eur	8,600 Shares	359,409	307,342
Diamondback Energy Inc	4,296 Shares	303,491	587,607
Dropbox Inc	22,827 Shares	470,843	510,868
Ecolab Inc	6,715 Shares	1,321,548	977,435
Edwards LifeSciences Corp	8,800 Shares	389,640	656,568
Edwards LifeSciences Corp	4,866 Shares	370,163	363,052
Endava PLC	5,974 Shares	433,532	457,011
Experian PLC	12,000 Shares	249,272	406,097
Fastenal Co	15,900 Shares	481,368	752,388
Fastenal Co	15,454 Shares	725,826	731,283
Fidelity Natl Information Svcs Inc	6,014 Shares	690,978	408,050
Floor & Decor Holdings Inc	5,698 Shares	446,482	396,752
Fortinet Inc	10,500 Shares	374,257	513,345
General Elec Co	9,412 Shares	963,990	788,631
Gilead Sciences Inc	10,763 Shares	700,183	924,004
Goosehead Insurance Inc	8,712 Shares	386,240	299,170
Guidewire Software Inc	10,006 Shares	919,722	625,975
Heico Corp CL A	8,236 Shares	863,119	987,085
Illumina Inc	1,000 Shares	269,717	202,200
Illumina Inc	4,107 Shares	1,369,916	830,435
Industria De Diseno Textil EUR	17,400 Shares	499,888	461,339
Intuitive Surgical Inc	3,200 Shares	222,564	849,120
Intuitive Surgical Inc	3,066 Shares	401,729	813,563
Jacobs Engr Group Inc	5,349 Shares	485,224	642,254
Jardine Matheson Holdings USD 0.25	7,300 Shares	327,941	363,029
Johnson & Johnson	4,400 Shares	408,148	777,260

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Keyence Co NPV	2,200 Shares	\$ 142,856	\$ 857,513
Kimbell Royalty Partners LP	22,758 Shares	415,731	380,059
KKR & Co Inc	12,780 Shares	409,786	593,247
Kone Corp New NPV	5,960 Shares	332,953	307,141
Liberty Broadband Corp	4,304 Shares	469,856	328,266
Liberty Sirius XM Group	18,448 Shares	851,397	725,191
Linde Public Limited Company	3,100 Shares	544,400	1,011,158
L'Oreal SA EUR	2,080 Shares	318,751	740,344
LVMH Moet Hennessy Louis Vuitton SA EUR	1,260 Shares	279,250	914,028
Markel Holdings	502 Shares	603,053	661,380
Markel Holdings	565 Shares	615,404	744,382
Mastercard Inc	3,100 Shares	213,303	1,077,963
Meta Platforms Inc	6,351 Shares	1,293,914	764,279
Microsoft Corp	3,360 Shares	190,829	805,795
Microsoft Corp	5,200 Shares	160,171	1,247,064
Moderna Inc	4,406 Shares	621,286	791,406
Moodys Corp	2,488 Shares	721,566	693,207
Nestle SA CHF	6,000 Shares	499,900	694,940
Nexstar Media Group Inc	1,282 Shares	239,179	224,388
New Pennymac Financial Service	7,845 Shares	473,528	444,498
Nike Inc Cl B	6,900 Shares	171,382	807,369
Novo Nordisk A/S DKK	10,900 Shares	440,304	1,452,533
NVR Inc Com	119 Shares	418,596	548,897
Occidental Petroleum Corp	5,646 Shares	381,702	355,641
Old Dominion Freight Line Inc	2,547 Shares	542,982	722,788
Paychex Inc	6,340 Shares	685,148	732,650
Pathward Financial Inc	10,666 Shares	527,870	459,171
Park Hotels & Resorts Inc	25,069 Shares	458,471	295,563
Pros Holdings Inc	8,167 Shares	285,332	198,132
Prudential PLC	38,200 Shares	758,274	518,154
Roche Hldfs Ag Genussscheine	2,000 Shares	448,186	628,088
Salesforce Inc	3,718 Shares	804,105	492,970
SBA Communications Corp	1,699 Shares	503,655	476,247
Schlumberger LTD	14,093 Shares	464,062	753,412
SGS SA CHF	150 Shares	327,616	348,637
Simon Property Group Inc	3,414 Shares	399,364	401,077
Siteone Landscape Supply Inc	3,382 Shares	566,695	396,776
Shin-Etsu Chemical Co Ltd NPV	4,300 Shares	277,956	528,858
Skyworks Solutions Inc Com	4,027 Shares	594,370	366,981
SMC Corp JPY	700 Shares	251,459	294,919
Sprout Social Inc	5,357 Shares	431,173	302,456
Starbucks Corp Com	3,079 Shares	315,790	305,437

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks			
Stryker Corp	2,900 Shares	\$ 209,015	\$ 709,021
Taiwan Semi Conductor Manufactu - ADR	10,400 Shares	151,206	774,696
Teleflex Inc	2,972 Shares	1,176,415	741,900
Texas Instruments	4,060 Shares	530,210	670,793
Thermo Fisher Scientific Inc	613 Shares	304,749	337,573
TJX Companies Inc	10,800 Shares	304,817	859,680
T Mobile US Inc	2,714 Shares	299,710	379,960
Transdigm Group Inc	1,594 Shares	818,851	1,003,662
Tyler Technologies Inc	943 Shares	430,002	304,033
Uber Technologies	11,316 Shares	335,613	279,845
United Therapeutics Corp Del	2,195 Shares	422,992	610,408
Universal Health Svcs Inc CL B	4,330 Shares	569,270	610,054
UTZ Brands Inc	20,824 Shares	308,333	330,269
Vanda Pharmaceuticals Inc	23,565 Shares	335,018	174,145
Veeva Systems Inc	5,133 Shares	1,190,816	828,364
Ventas Inc Com	13,960 Shares	718,181	628,898
Verisk Analytics Inc	2,422 Shares	450,402	427,289
Vulcan Materials Company	4,265 Shares	526,434	746,844
Wayfair Inc	5,237 Shares	828,884	172,245
Walt Disney Co	4,800 Shares	528,334	417,024
Waste Connections, Inc	6,733 Shares	676,675	892,526
Waters Corp	2,500 Shares	546,623	856,450
Wells Fargo & Co	15,391 Shares	673,280	635,494
Western Alliance Bancorporation	6,019 Shares	563,780	358,492
West Pharmaceuticals Inc	1,870 Shares	511,889	440,104
Willscot Mobile Mini Holdings	13,818 Shares	425,679	624,159
WNS Holdings LTD	8,238 Shares	669,472	658,958
Workiva Inc	4,420 Shares	499,857	371,147
Total common stocks		74,804,731	85,908,553
U.S. Government and Agency Obligations			
Fed Home LN MTG Corp	1,475 Shares	1,527	1,468
Fed Natl MTG Assn Pool #A15534	61,386 Shares	65,415	59,911
Fed Natl MTG Assn Pool #FM2875	21,176 Shares	22,258	21,297
FRESB Multifamily Mortgage Pass-through	645 Shares	642	613
US Treasury Bond	23,800,000 Shares	25,700,018	23,833,558
US Treasury Bond	49,900,000 Shares	49,680,343	48,855,094
US Treasury Note	610,000 Shares	593,531	591,840
US Treasury Note	555,000 Shares	533,910	534,970
US Treasury Note	700,000 Shares	681,734	683,242
US Treasury Note	820,440 Shares	773,328	751,457

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations			
US Treasury Note	445,000 Shares	\$ 440,665	\$ 437,057
US Treasury Note	450,000 Shares	441,761	440,015
US Treasury Note	420,000 Shares	414,223	408,941
US Treasury Note	880,000 Shares	861,198	853,433
US Treasury Note	675,000 Shares	653,801	652,563
US Treasury Note	135,000 Shares	130,222	129,885
Corporate Bonds			
American Express Co	175,000 Shares	172,000	169,228
American Honda Finance	190,000 Shares	180,090	177,622
Ameriprise Financial Inc	110,000 Shares	112,136	109,239
Amphenol Corp	145,000 Shares	146,433	141,762
Anthem Inc	145,000 Shares	142,898	143,795
AT&T Inc	150,000 Shares	144,038	142,443
AvalonBay Communities Inc	140,000 Shares	141,677	138,782
Baker Hughes LLC/CO-OBL	145,000 Shares	143,244	140,047
Bank of America Corp	250,000 Shares	266,398	249,060
Bank of America Credit Card Tr	180,000 Shares	168,785	169,670
Bank of Montreal	230,000 Shares	229,853	222,693
Bank of Nova Scotia	250,000 Shares	228,177	232,505
BMW Vehicle Owner Trust	42,302 Shares	41,932	41,747
Capital One Financial Co	175,000 Shares	187,791	172,806
Capital One Multi-asset Execut	150,000 Shares	138,750	139,500
Capital One Prime Auto Receiva	4,912 Shares	4,990	4,902
Capital One Prime Auto Receiva	160,153 Shares	160,118	158,054
Caterpillar Finl Service	70,000 Shares	69,989	67,527
Cigna Corp	140,000 Shares	144,109	138,466
Citigroup Inc	220,000 Shares	209,977	209,121
CNH Equipment Trust	19,188 Shares	19,187	19,100
CNH Equipment Trust	67,533 Shares	67,532	66,553
ConocoPhillips Co	145,000 Shares	144,955	140,100
Diageo Capital PLC	150,000 Shares	150,168	149,001
Dominion Energy Inc	80,000 Shares	80,102	79,842
DTE Energy Co	105,000 Shares	105,068	103,210
Ecolab Inc	80,000 Shares	79,945	76,984
Enbridge Inc	135,000 Shares	132,299	130,517
Enbridge Inc	50,000 Shares	49,420	48,245
Enterprise Products Oper	140,000 Shares	146,475	139,593
Eversource Energy Gbl	70,000 Shares	70,372	69,189
Fidelity Natl Info Serv	145,000 Shares	144,235	143,905
Ford Credit Auto	76,619 Shares	76,614	76,032
Ford Credit Auto Owner Trust	35,501 Shares	35,819	35,175

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds			
Ford Credit Auto Owner Trust	29,575 Shares	\$ 29,638	\$ 29,253
General Mills Inc	140,000 Shares	146,569	137,540
Genuine Parts Co	150,000 Shares	140,345	140,052
GM Financial Securitized Term	78,821 Shares	78,893	77,223
GM Financial Securitized Term	172,539 Shares	169,735	165,784
Goldman Sachs Group Inc	120,000 Shares	119,795	118,708
Honda Auto Receivables Owner T	205,000 Shares	210,573	203,251
Humana Inc	75,000 Shares	72,308	73,066
Hyundai Auto Receivables Trust	58,013 Shares	58,009	57,250
Hyundai Auto Receivables Trust	105,525 Shares	103,216	102,757
Hyundai Auto Receivables Trust	38,687 Shares	38,685	38,219
Interpublic Group Cos	165,000 Shares	173,023	161,921
JPMorgan Chase & Co	230,000 Shares	230,000	227,580
Keycorp	100,000 Shares	99,459	97,846
Kinder Morgan Ener Part	30,000 Shares	29,589	29,594
Kinder Morgan Ener Part	65,000 Shares	65,150	63,890
Martin Marietta	145,000 Shares	144,054	141,262
Mercedes-Benz Auto Receivables	70,000 Shares	69,996	70,106
Mercedes-Benz Auto Receivables	35,801 Shares	35,790	35,226
Mercedes-Benz Auto Receivables	19,846 Shares	19,844	19,733
Mitsubishi UFJ Finance Group	200,000 Shares	193,266	193,024
Morgan Stanley	230,000 Shares	210,664	213,829
Nextera Energy Capital	140,000 Shares	140,599	138,100
Nissan Auto Receivables Owner	23,039 Shares	23,491	22,956
Nissan Auto Receivables Owner	35,636 Shares	35,984	35,152
Nissan Auto Receivables Owner	140,000 Shares	139,850	139,124
Oracle Corp	145,000 Shares	149,903	142,120
Parker-Hannifin Corp	105,000 Shares	104,879	102,737
Pioneer Natural Resource	146,000 Shares	143,027	143,595
Royal Bank of Canada	105,000 Shares	104,933	103,472
Ryder System Inc	175,000 Shares	178,972	171,413
Sherwin Williams Co	70,000 Shares	68,520	68,939
Southern Co	135,000 Shares	141,376	133,695
Thermo Fisher Scientific	145,000 Shares	143,678	140,331
Toronto-Dominion Bank	180,000 Shares	179,732	174,614
Toyota Auto Receivables Owner	14,989 Shares	15,350	14,960
Toyota Auto Receivables Owner	140,000 Shares	131,070	131,888
Toyota Motor Corp	185,000 Shares	178,259	175,482
Trans-Canada Pipelines	155,000 Shares	144,082	143,457
Verizon Communications	140,000 Shares	140,910	132,815
Volkswagon Auto Loan Enhanced	95,184 Shares	94,638	93,890
Walgreens Boots Alliance	145,000 Shares	142,727	139,547
Wells Fargo & Co	155,000 Shares	147,966	145,258
Xcel Energy Inc	160,000 Shares	156,710	154,194
Total fixed income		90,475,409	87,546,612

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)

December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Commingled Funds			
Clarion Lion Properties Fund LP	3,170 Shares	\$ 5,737,700	\$ 6,115,496
Lazard Emerging World Investors LP	18,000,000 Shares	18,000,000	14,559,461
All World Ex US Equity CEF Fund	1,388,828 Shares	14,000,000	11,376,325
Wellington CTF DIH	649,295 Shares	8,773,480	9,940,704
Total commingled funds		<u>46,511,180</u>	<u>41,991,986</u>
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	716 Shares	7,602,974	10,041,890
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	132,474 Shares	12,773,171	20,831,980
Total real estate funds		<u>20,376,145</u>	<u>30,873,870</u>
Investment Contract With Insurance Company			
Lincoln National Life		<u>4,956,584</u>	<u>4,956,584</u>
		<u>\$ 394,026,523</u>	<u>\$ 399,770,101</u>

* Party-in-interest

Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2022

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5%						
Blackrock Short-Term Investment Fund	\$ 392,682,387	\$ -	\$ -	\$ 392,682,387	\$ 392,682,387	-
Blackrock Short-Term Investment Fund	-	389,811,807	-	389,811,807	389,811,807	-
Lincoln National Life	27,286,709	-	-	27,286,709	27,286,709	-
Lincoln National Life	-	26,611,809	-	26,611,809	26,611,809	-
PAPS Long Duration Corporate Bond	83,803,688	-	-	83,803,688	83,803,688	-
United States Treasury Bond 11/15/2052	25,700,018	-	-	25,700,018	25,700,018	-
United States Treasury Bond 11/15/2042	184,864,822	-	-	184,864,822	184,864,822	-
United States Treasury Bond 11/15/2042	-	145,579,590	-	147,168,061	145,579,590	(1,588,471)
US Core Fixed Income Fund	-	63,206,665	-	70,178,688	63,206,665	(6,972,023)

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____

► **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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2022			
2 Assets:			
a Market value	2a	480932852	
b Actuarial value	2b	480932852	
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.	2260	245680060	245680060
b For terminated vested participants	635	23240307	23240307
c For active participants.	1618	135808817	138283066
d Total	4513	404729184	407203433
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	5.42 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	8087908	
b Expected plan-related expenses	6b	3478744	
c Total (line 6a + line 6b)	6c	11566652	

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 TIMOTHY J. MAXSON Type or print name of actuary BUCK GLOBAL, LLC Firm name 110 W. BERRY ST., SUITE 1300 FORT WAYNE IN 46802-2317 Address of the firm	Date 2306697 Most recent enrollment number 260-426-7800 Telephone number (including area code)
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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)	13435442	17074383
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	13435442	17074383
10 Interest on line 9 using prior year's actual return of 9.98%	1340857	1704023
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7026650
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 5.60 %		393492
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		7420142
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	14776299	18778406

Part III Funding Percentages

14 Funding target attainment percentage	14	109.86%
15 Adjusted funding target attainment percentage	15	118.10%
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	112.22%
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
09/06/2023	7000000				
Totals ▶ 18(b)				7000000	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6406192

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	NONE
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	NONE

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	31a	11566652
b Excess assets, if applicable, but not greater than line 31a	31b	11566652
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance	Installment
b Waiver amortization installment		
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	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance
36 Additional cash requirement (line 34 minus line 35)	36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6406192
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	6406192
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.	38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	NONE
40 Unpaid minimum required contributions for all years	40	NONE

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 (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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____

► 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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384

E Type of plan:	☒ Single	☐ Multiple-A	☐ Multiple-B	☐ F Prior year plan size:	☐ 100 or fewer	☐ 101-500	☒ More than 500
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Part I Basic Information

1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2022</u>	
2	Assets:				
	a Market value	2a	480932852		
	b Actuarial value	2b	480932852		
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	2260	245680060	245680060	
	b For terminated vested participants	635	23240307	23240307	
	c For active participants	1618	135808817	138283066	
	d Total	4513	404729184	407203433	
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	5.42 %		
6	Target normal cost				
	a Present value of current plan year accruals	6a	8087908		
	b Expected plan-related expenses	6b	3478744		
	c Total (line 6a + line 6b)	6c	11566652		

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	<u>10/4/2023</u> Date
TIMOTHY J. MAXSON		2306697
Type or print name of actuary		Most recent enrollment number
BUCK GLOBAL, LLC		260-426-7800
Firm name		Telephone number (including area code)
110 W. BERRY ST., SUITE 1300		
FORT WAYNE IN 46802-2317		
Address of the firm		

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

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

Schedule SB (Form 5500) 2022
v. 220413

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)	13435442	17074383
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	13435442	17074383
10 Interest on line 9 using prior year's actual return of <u>9.98%</u>	1340857	1704023
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		7026650
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 <u>5.60%</u>		393492
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		7420142
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	14776299	18778406

Part III Funding Percentages

14 Funding target attainment percentage	14	109.86%
15 Adjusted funding target attainment percentage	15	118.10%
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	112.22%
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
09/06/2023	7000000				
Totals ▶ 18(b)				7000000	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6406192

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	☐ N/A, full yield curve used
b Applicable month (enter code):				21b
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	NONE
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	NONE

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	11566652	
b Excess assets, if applicable, but not greater than line 31a	31b	11566652	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment			
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		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6406192	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6406192	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	NONE	
40 Unpaid minimum required contributions for all years	40	NONE	

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
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Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	700.2638	0.0101	7.0516	387.8389
56	749.1652	0.0100	7.4638	417.9704
57	834.5525	0.0100	8.3273	474.6540
58	895.8465	0.0100	8.9501	519.1085
59	961.2851	0.0200	19.2257	1,134.3164
60	1,019.1732	0.0200	20.3435	1,220.6078
61	1,086.5464	0.1297	140.8708	8,593.1209
62	1,018.9675	0.2498	254.5109	15,779.6745
63	803.7053	0.1600	128.5928	8,101.3490
64	713.7470	0.3300	235.5365	15,074.3372
65	517.8788	0.5000	258.9394	16,831.0606
66	273.0676	0.4000	109.2270	7,208.9837
67	171.7384	0.4000	68.6953	4,602.5884
68	108.2686	0.4000	43.3074	2,944.9063
69	72.4116	0.4000	28.9646	1,998.5598
70	47.0449	1.0000	47.0449	3,293.1405
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
Total			1,389.0517	88,725.2169
Weighted Average Retirement Age = 88,725.2169 / 1,389.0517				63.87
Rounded Weighted Average Retirement Age				64

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation. This table calculates the weighted average retirement age for all active persons in the plan.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26a – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2022 – Age by Benefit Service

Attained Age	Years of Credited Service ¹																	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up								
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		11		30	89,342	0		0		0		0	
40 - 44	0		1		4		8		41	81,089	22	74,881	0		0		0	
45 - 49	0		2		1		9		27	72,830	39	86,552	6		0		0	
50 - 54	0		0		1		8		19		27	85,488	22	83,299	9		0	
55 - 59	0		0		0		8		25	63,092	39	73,210	34	96,374	31	104,039	28	105,628
60 - 64	1		0		1		3		18		33	72,117	32	68,202	31	91,777	50	73,991
65 - 69	0		0		1		0		6		13		1		1		2	
70 & up	0		0		0		1		0		1		0		0		0	

Attained Age	Years of Credited Service ²																	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up								
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0	
35 - 39	0		9		3		1		0		0		0		0		0	
40 - 44	8		101	78,182	18		2		1		0		0		0		0	
45 - 49	7		80	84,742	104	84,577	9		2		1		0		0		0	
50 - 54	4		71	97,371	93	84,963	51	88,203	8		0		0		0		0	
55 - 59	6		44	88,375	80	84,820	49	99,676	31	93,004	9		1		0		0	
60 - 64	4		43	94,912	30	92,681	19		22	91,191	11		0		1		0	
65 - 69	2		11		12		4		2		1		0		0		0	
70 & up	0		2		0		0		0		0		0		0		0	

¹ 661 employees who are currently accruing benefits.

² 957 employees who are not currently accruing benefits.

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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 PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARKVIEW HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1972384
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value	2a 480,932,852
b Actuarial value	2b 480,932,852
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 2,260 (2) Vested Funding Target 245,680,060 (3) Total Funding Target 245,680,060
b For terminated vested participants	635 23,240,307 23,240,307
c For active participants	1,618 135,808,817 138,283,066
d Total	4,513 404,729,184 407,203,433
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 5.42%
6 Target normal cost	
a Present value of current plan year accruals	6a 8,087,908
b Expected plan-related expenses	6b 3,478,744
c Total (line 6a + line 6b)	6c 11,566,652

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	TIMOTHY J. MAXSON TJM	09/22/2023
	Signature of actuary	Date
TIMOTHY J. MAXSON		2306697
	Type or print name of actuary	Most recent enrollment number
BUCK GLOBAL, LLC		260-426-7800
	Firm name	Telephone number (including area code)
110 W. BERRY ST., SUITE 1300		
FORT WAYNE IN 46802-2317		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

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)	13,435,442	17,074,383
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	13,435,442	17,074,383
10	Interest on line 9 using prior year's actual return of <u>9.98</u> %	1,340,857	1,704,023
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,026,650
	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 <u>5.60</u> %		393,492
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7,420,142
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	14,776,299	18,778,406

Part III		Funding Percentages	
14	Funding target attainment percentage	14	109.86 %
15	Adjusted funding target attainment percentage	15	118.10 %
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	112.22 %
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
09/06/2023	7,000,000	0			
Totals ▶			18(b)	7,000,000	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 6,406,192
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	11,566,652	
b Excess assets, if applicable, but not greater than line 31a	31b	11,566,652	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,406,192	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,406,192	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

EIN/PN: 35-1972384 / 001

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2022 Plan Year	2021 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.18%	5.36%
Third Segment Rate	5.92%	6.11%
Effective Interest Rate	5.42%	5.60%
Funding Rates – Unconstrained**		
First Segment Rate	0.88%	1.75%
Second Segment Rate	2.61%	3.04%
Third Segment Rate	3.27%	3.65%
Effective Interest Rate	2.84%	3.26%
PBGC Premium Funding Target Rates		
First Segment Rate	1.16%	0.51%
Second Segment Rate	2.72%	2.26%
Third Segment Rate	3.10%	3.01%
Effective Interest Rate	2.83%	2.56%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The constrained and unconstrained interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2020-85, applied on a static basis, with separate rates for annuitants and non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The valuation assumptions described below were selected by the plan's enrolled actuary. Information and analysis for the chosen rates are provided below for those assumptions the actuary believes are significant to the measurement, specifically salary increases, Social Security maximum wage base, frequency of optional payment, expected rate of return on assets, retirement incidence, termination rates and disability rates.

The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under legislation.

The demographic assumptions are based on the results of the plan's most recent experience study prepared in March 2020. Demographic experience from 1/1/2014 through 1/1/2019 was reviewed to determine retirement rates, termination rates, optional forms of payment, marriage percentage and spouse age difference. The assumptions selected from this analysis are reviewed each year and compared to the actual experience. If an assumption produces significant deviations from expected, we further review and determine if a change is warranted.

Salary increases

Current Year:	3.0% for 2022+
Prior Year:	2.5% for 2021, 2.5% for 2022, and 3.0% for 2023+

The salary increase assumption is based on anticipated compensation practices of the plan sponsor and the assumption used for Parkview's internal budgeting purposes.

Expenses

Expected plan related expenses of \$3,478,744 based on last year's expenses adjusted for expected increases in the PBGC premium for 2022 were added to the Target Normal Cost. To determine the 2022 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2022.

Social Security

Current and Future Years:	2.50%
Prior Year:	2.50%

This assumption reflects the actuary's analysis of approximate historical CPI increases to the Social Security Wage Base over the last 10 years.

Frequency of optional payment forms

Optional Forms	Assumption
Single Life Annuity	40%
5 year Certain and Life Annuity	7%
10 year Certain and Life Annuity	8%
50% Joint and Survivor Annuity	15%
66.7% Joint and Survivor Annuity	5%
100% Joint and Survivor Annuity	25%

The optional payment forms assumptions were established from the demographic experience study noted above.

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

Male participants are assumed to be 2 years older than their spouses. Female participants are assumed to be 1 year younger than their spouses.

75% of participants are assumed to be married at death.

The marital percentage assumption was established from the demographic experience study noted above.

Withdrawal rates

Sample rates as follows:

Age	Rate of Withdrawal
25	15.0%
30	6.0%
35	4.0%
40	3.5%
50	3.5%
60	3.5%

The withdrawal rates were established from the demographic experience study noted above.

Retirement rates

Current Rates are based on age as follows:

Age	Rates of Retirement
55	2%
56	1%
57	1%
58	1%
59	2%
60	2%
61	13%
62	25%
63	16%
64	33%
65	50%
66	40%
67	40%
68	40%
69	40%
70	100%

Vested terminated participants are assumed to commence benefits at age 65 if employed less than 20 years at termination, or age 62, if employed 20 years or more at termination.

The retirement rates were established from the demographic experience study noted above.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Summary of Changes from the January 1, 2021 Valuation

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The salary increase assumption was updated to reflect anticipated salary growth as budgeted by the plan sponsor.
- The above changes in assumptions increased the plan's Funding Target by approximately \$11.8M.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

All employees hired prior to January 1, 2005 are eligible to participate in the Pension Plan upon meeting Eligibility Requirements. No employees hired subsequent to January 1, 2005 will be eligible for the Plan.

Eligibility Requirements

Attainment of age 21 and one year of service following date of hire are required. A year of service for eligibility is based upon the completion of 1,000 hours.

Compensation

Regular wages or salary, as reported on Form W-2, including bonuses, commissions, overtime and all other forms of special pay, as well as before-tax contributions to any plans referenced by IRC Section 125, 403(b), 401(k) and 457(b). Before-tax contributions to an IRC Section 457(f) plan and payments made to Highly Compensated Employees for various fringe benefit plans are excluded from compensation.

Average Final Compensation

Based upon Compensation of the 60 consecutive months within the 120 months preceding Normal Retirement which produces the highest average.

Vesting Service

An employee is credited with one year of Vesting Service for each plan year in which he works at least 1,000 hours. All years of service while an employee of Parkview, or an entity acquired by Parkview, are included in the calculation of Vesting Service.

Any former employee rehired by Parkview who has accrued a benefit under the plan prior to termination is eligible to earn a year of Vesting Service toward eligibility requirements for vested and early retirement pensions.

Vesting Service is used in the determination for eligibility for vested and early retirement pensions.

Benefit Service

A participant is credited with one year of Benefit Service for each plan year in which he works at least 1,000 hours as a participant in the plan. Only years of service while an employee of Parkview are included in the calculation of Benefit Service, except where noted for former employees of Huntington Memorial Hospital.

Participants, who made an irrevocable waiver to no longer participate in the plan, will not accrue Benefit Service subsequent to January 1, 2005. In addition, any participant who is rehired subsequent to January 1, 2005, will not accrue Benefit Service under the plan.

Benefit Service is used in the calculation of all pension benefits under the plan.

Normal Retirement Date

First day of the month coincident with or next following the later the attainment of age 65 or the fifth anniversary of the date of participation. Former employees of Huntington Memorial Hospital are eligible for Normal Retirement upon attainment of age 65.

Early Retirement Date

Age 55 and 10 years of Vesting Service. Former employees of Huntington Memorial Hospital are eligible for Early Retirement at age 55 and 5 years of Vesting Service.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

1. Actively employed, with at least 5 years of Vesting Service, or
2. Terminated with a vested deferred pension but before benefit commencement, and
3. Married at time of death.

Eligibility for Disability Pension

Former employees of Huntington Memorial Hospital who retire due to disability after attainment of age 45 and completion of 10 years of Vesting Service.

Accrued Benefit

For those employees who did not irrevocably waive participation in the plan:

Using Final Average Compensation and Social Security Covered Compensation as of date of termination:

42.5% of Final Average Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The formula result is then prorated by Benefit Service to Date, over Benefit Service Projected to Age 65.

The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

Former employees of Huntington Memorial Hospital will receive the greater of:

1. The Accrued Benefit under the Huntington plan as of December 31, 1997, plus a benefit accrued (as noted above) for Benefit Service earned as a Parkview employee after that date, or
2. A benefit accrued (as noted above) for all years of Benefit Service as a Huntington and Parkview employee.

For those employees who irrevocably waived participation in the Plan:

An Accrued Benefit as calculated above using only Benefit Service and compensation earned through December 31, 2004.

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, 66-2/3% and 50% Joint and Survivor Annuities. The benefit may also be paid as a single lump sum, if the value of the lump sum does not exceed \$10,000 (this limit has been extended to \$35,000, effective October 1, 2019).

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Monthly Retirement Pension

Monthly Accrued Benefit as of Early Retirement Date, reduced by $1/180$ for each month of the first 60 months plus $1/360$ for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

For a participant who has attained age 62 and has been employed for 20 years, his Accrued Benefit will not be reduced for early retirement.

Postponed Monthly Retirement Pension

The greater of:

1. Monthly Accrued Benefit as of actual retirement date, crediting service and earnings through postponed retirement date, or
2. The actuarial equivalent of the Normal Monthly Retirement Pension.

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

Monthly Accrued Benefit as of date of termination. Pensions that commence prior to age 65 are payable as an Early Monthly Retirement Pension.

Surviving Spouse Monthly Pension

For all married vested participants not yet receiving a pension: 50% of the monthly Accrued Benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Postretirement Death Benefit

Based upon the form of annuity chosen by the retiree at date of retirement.

Retirement Pension Disability

For former employees of Huntington Memorial Hospital eligible for disability: Accrued Benefit as calculated above payable immediately.

Summary of Changes from the January 1, 2021 Valuation

None.

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	700.2638	0.0101	7.0516	387.8389
56	749.1652	0.0100	7.4638	417.9704
57	834.5525	0.0100	8.3273	474.6540
58	895.8465	0.0100	8.9501	519.1085
59	961.2851	0.0200	19.2257	1,134.3164
60	1,019.1732	0.0200	20.3435	1,220.6078
61	1,086.5464	0.1297	140.8708	8,593.1209
62	1,018.9675	0.2498	254.5109	15,779.6745
63	803.7053	0.1600	128.5928	8,101.3490
64	713.7470	0.3300	235.5365	15,074.3372
65	517.8788	0.5000	258.9394	16,831.0606
66	273.0676	0.4000	109.2270	7,208.9837
67	171.7384	0.4000	68.6953	4,602.5884
68	108.2686	0.4000	43.3074	2,944.9063
69	72.4116	0.4000	28.9646	1,998.5598
70	47.0449	1.0000	47.0449	3,293.1405
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
Total			1,389.0517	88,725.2169
Weighted Average Retirement Age = 88,725.2169 / 1,389.0517				63.87
Rounded Weighted Average Retirement Age				64

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation. This table calculates the weighted average retirement age for all active persons in the plan.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2021 Valuation

- The salary increase assumption was updated as follows to better reflect anticipated salary growth.

Current Year:	3.0% for 2022+
Prior Year:	2.5% for 2021, 2.5% for 2022, and 3.0% for 2023+

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 26a – Schedule of Active Participant Data

Distribution of Active Participants as of January 1, 2022 – Age by Benefit Service

Attained Age	Years of Credited Service ¹																	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up								
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		11		30	89,342	0		0		0		0	
40 - 44	0		1		4		8		41	81,089	22	74,881	0		0		0	
45 - 49	0		2		1		9		27	72,830	39	86,552	6		0		0	
50 - 54	0		0		1		8		19		27	85,488	22	83,299	9		0	
55 - 59	0		0		0		8		25	63,092	39	73,210	34	96,374	31	104,039	28	105,628
60 - 64	1		0		1		3		18		33	72,117	32	68,202	31	91,777	50	73,991
65 - 69	0		0		1		0		6		13		1		1		2	
70 & up	0		0		0		1		0		1		0		0		0	

Attained Age	Years of Credited Service ²																	
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up								
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0	
35 - 39	0		9		3		1		0		0		0		0		0	
40 - 44	8		101	78,182	18		2		1		0		0		0		0	
45 - 49	7		80	84,742	104	84,577	9		2		1		0		0		0	
50 - 54	4		71	97,371	93	84,963	51	88,203	8		0		0		0		0	
55 - 59	6		44	88,375	80	84,820	49	99,676	31	93,004	9		1		0		0	
60 - 64	4		43	94,912	30	92,681	19		22	91,191	11		0		1		0	
65 - 69	2		11		12		4		2		1		0		0		0	
70 & up	0		2		0		0		0		0		0		0		0	

¹ 661 employees who are currently accruing benefits.

² 957 employees who are not currently accruing benefits.

Parkview Health System, Inc. Employees Pension Plan**EIN/PN: 35-1972384 / 001****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
2022	\$1,353,459	\$430,052	\$22,062,651	\$23,846,162
2023	\$2,675,244	\$585,391	\$21,752,067	\$25,012,702
2024	\$3,873,184	\$723,541	\$21,411,195	\$26,007,920
2025	\$5,059,354	\$845,140	\$21,036,966	\$26,941,460
2026	\$6,162,617	\$1,134,618	\$20,632,097	\$27,929,332
2027	\$7,163,664	\$1,349,890	\$20,187,186	\$28,700,740
2028	\$8,014,730	\$1,481,603	\$19,712,797	\$29,209,130
2029	\$8,761,962	\$1,622,113	\$19,204,529	\$29,588,604
2030	\$9,445,266	\$1,697,638	\$18,651,363	\$29,794,267
2031	\$10,033,295	\$1,724,128	\$18,055,156	\$29,812,579
2032	\$10,486,254	\$1,729,310	\$17,415,921	\$29,631,485
2033	\$10,910,941	\$1,768,939	\$16,752,434	\$29,432,314
2034	\$11,253,768	\$1,827,155	\$16,049,319	\$29,130,242
2035	\$11,510,358	\$1,895,211	\$15,307,320	\$28,712,889
2036	\$11,788,050	\$1,935,496	\$14,528,097	\$28,251,643
2037	\$11,967,217	\$1,956,114	\$13,714,268	\$27,637,599
2038	\$12,082,737	\$1,987,576	\$12,869,476	\$26,939,789
2039	\$12,154,144	\$1,992,091	\$11,998,455	\$26,144,690
2040	\$12,219,543	\$1,993,559	\$11,107,098	\$25,320,200
2041	\$12,213,468	\$1,966,471	\$10,202,480	\$24,382,419
2042	\$12,120,553	\$1,937,810	\$9,292,783	\$23,351,146
2043	\$12,016,652	\$1,898,791	\$8,387,124	\$22,302,567
2044	\$11,842,900	\$1,857,298	\$7,495,353	\$21,195,551
2045	\$11,660,918	\$1,802,872	\$6,627,675	\$20,091,465
2046	\$11,399,996	\$1,746,829	\$5,794,309	\$18,941,134
2047	\$11,031,723	\$1,679,644	\$5,005,068	\$17,716,435
2048	\$10,618,774	\$1,605,299	\$4,268,845	\$16,492,918
2049	\$10,153,537	\$1,545,491	\$3,593,074	\$15,292,102
2050	\$9,633,080	\$1,459,251	\$2,983,297	\$14,075,628
2051	\$9,081,294	\$1,367,738	\$2,442,727	\$12,891,759
2052	\$8,506,370	\$1,272,690	\$1,972,127	\$11,751,187
2053	\$7,919,762	\$1,176,761	\$1,569,971	\$10,666,494
2054	\$7,328,084	\$1,081,015	\$1,232,724	\$9,641,823
2055	\$6,739,165	\$986,832	\$955,227	\$8,681,224
2056	\$6,162,937	\$895,188	\$731,213	\$7,789,338
2057	\$5,606,322	\$807,176	\$553,792	\$6,967,290
2058	\$5,074,358	\$723,553	\$415,879	\$6,213,790
2059	\$4,571,285	\$644,727	\$310,589	\$5,526,601
2060	\$4,100,050	\$571,425	\$231,549	\$4,903,024
2061	\$3,662,068	\$503,699	\$173,105	\$4,338,872
2062	\$3,257,812	\$441,592	\$130,438	\$3,829,842
2063	\$2,886,778	\$385,022	\$99,586	\$3,371,386
2064	\$2,547,820	\$333,826	\$77,404	\$2,959,050
2065	\$2,239,273	\$287,773	\$61,468	\$2,588,514
2066	\$1,959,191	\$246,588	\$49,963	\$2,255,742
2067	\$1,705,569	\$209,972	\$41,558	\$1,957,099
2068	\$1,476,430	\$177,615	\$35,297	\$1,689,342
2069	\$1,269,949	\$149,200	\$30,509	\$1,449,658
2070	\$1,084,476	\$124,410	\$26,726	\$1,235,612
2071	\$918,548	\$102,933	\$23,627	\$1,045,108

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 24 – Change in Actuarial Assumptions

Summary of Changes from the January 1, 2021 Valuation

- The salary increase assumption was updated as follows to better reflect anticipated salary growth.

Current Year:	3.0% for 2022+
Prior Year:	2.5% for 2021, 2.5% for 2022, and 3.0% for 2023+

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

All employees hired prior to January 1, 2005 are eligible to participate in the Pension Plan upon meeting Eligibility Requirements. No employees hired subsequent to January 1, 2005 will be eligible for the Plan.

Eligibility Requirements

Attainment of age 21 and one year of service following date of hire are required. A year of service for eligibility is based upon the completion of 1,000 hours.

Compensation

Regular wages or salary, as reported on Form W-2, including bonuses, commissions, overtime and all other forms of special pay, as well as before-tax contributions to any plans referenced by IRC Section 125, 403(b), 401(k) and 457(b). Before-tax contributions to an IRC Section 457(f) plan and payments made to Highly Compensated Employees for various fringe benefit plans are excluded from compensation.

Average Final Compensation

Based upon Compensation of the 60 consecutive months within the 120 months preceding Normal Retirement which produces the highest average.

Vesting Service

An employee is credited with one year of Vesting Service for each plan year in which he works at least 1,000 hours. All years of service while an employee of Parkview, or an entity acquired by Parkview, are included in the calculation of Vesting Service.

Any former employee rehired by Parkview who has accrued a benefit under the plan prior to termination is eligible to earn a year of Vesting Service toward eligibility requirements for vested and early retirement pensions.

Vesting Service is used in the determination for eligibility for vested and early retirement pensions.

Benefit Service

A participant is credited with one year of Benefit Service for each plan year in which he works at least 1,000 hours as a participant in the plan. Only years of service while an employee of Parkview are included in the calculation of Benefit Service, except where noted for former employees of Huntington Memorial Hospital.

Participants, who made an irrevocable waiver to no longer participate in the plan, will not accrue Benefit Service subsequent to January 1, 2005. In addition, any participant who is rehired subsequent to January 1, 2005, will not accrue Benefit Service under the plan.

Benefit Service is used in the calculation of all pension benefits under the plan.

Normal Retirement Date

First day of the month coincident with or next following the later the attainment of age 65 or the fifth anniversary of the date of participation. Former employees of Huntington Memorial Hospital are eligible for Normal Retirement upon attainment of age 65.

Early Retirement Date

Age 55 and 10 years of Vesting Service. Former employees of Huntington Memorial Hospital are eligible for Early Retirement at age 55 and 5 years of Vesting Service.

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions (continued)

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

1. Actively employed, with at least 5 years of Vesting Service, or
2. Terminated with a vested deferred pension but before benefit commencement, and
3. Married at time of death.

Eligibility for Disability Pension

Former employees of Huntington Memorial Hospital who retire due to disability after attainment of age 45 and completion of 10 years of Vesting Service.

Accrued Benefit

For those employees who did not irrevocably waive participation in the plan:

Using Final Average Compensation and Social Security Covered Compensation as of date of termination:

42.5% of Final Average Compensation reduced by 12.5% of Final Average Compensation not in excess of the Social Security Covered Compensation, reduced for Benefit Service less than 25 at Normal Retirement. The formula result is then prorated by Benefit Service to Date, over Benefit Service Projected to Age 65.

The Accrued Benefit is no less than 1.1% of Average Final Compensation multiplied by Benefit Service not to exceed 40 years.

Former employees of Huntington Memorial Hospital will receive the greater of:

1. The Accrued Benefit under the Huntington plan as of December 31, 1997, plus a benefit accrued (as noted above) for Benefit Service earned as a Parkview employee after that date, or
2. A benefit accrued (as noted above) for all years of Benefit Service as a Huntington and Parkview employee.

For those employees who irrevocably waived participation in the Plan:

An Accrued Benefit as calculated above using only Benefit Service and compensation earned through December 31, 2004.

Normal Monthly Retirement Pension

Monthly Accrued Benefit as of Normal Retirement Date. The normal form of payment is the 5-year certain and life annuity. 100% of active participants are assumed to elect the normal form of payment. The other optional forms of payment are: Life only, 10-year certain and life annuity, 100%, 75%, 66-2/3% and 50% Joint and Survivor Annuities. The benefit may also be paid as a single lump sum, if the value of the lump sum does not exceed \$10,000 (this limit has been extended to \$35,000, effective October 1, 2019).

Parkview Health System, Inc. Employees Pension Plan

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Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Monthly Retirement Pension

Monthly Accrued Benefit as of Early Retirement Date, reduced by $1/180$ for each month of the first 60 months plus $1/360$ for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

For a participant who has attained age 62 and has been employed for 20 years, his Accrued Benefit will not be reduced for early retirement.

Postponed Monthly Retirement Pension

The greater of:

1. Monthly Accrued Benefit as of actual retirement date, crediting service and earnings through postponed retirement date, or
2. The actuarial equivalent of the Normal Monthly Retirement Pension.

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

Monthly Accrued Benefit as of date of termination. Pensions that commence prior to age 65 are payable as an Early Monthly Retirement Pension.

Surviving Spouse Monthly Pension

For all married vested participants not yet receiving a pension: 50% of the monthly Accrued Benefit, actuarially adjusted for the joint and 50% survivor payment form and early commencement, if applicable, payable commencing on the earliest date the participant could have retired, to the surviving spouse and continuing for the remaining lifetime of the surviving spouse.

Postretirement Death Benefit

Based upon the form of annuity chosen by the retiree at date of retirement.

Retirement Pension Disability

For former employees of Huntington Memorial Hospital eligible for disability: Accrued Benefit as calculated above payable immediately.

Summary of Changes from the January 1, 2021 Valuation

None.

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

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2022 Plan Year	2021 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.18%	5.36%
Third Segment Rate	5.92%	6.11%
Effective Interest Rate	5.42%	5.60%
Funding Rates – Unconstrained**		
First Segment Rate	0.88%	1.75%
Second Segment Rate	2.61%	3.04%
Third Segment Rate	3.27%	3.65%
Effective Interest Rate	2.84%	3.26%
PBGC Premium Funding Target Rates		
First Segment Rate	1.16%	0.51%
Second Segment Rate	2.72%	2.26%
Third Segment Rate	3.10%	3.01%
Effective Interest Rate	2.83%	2.56%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The constrained and unconstrained interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2020-85, applied on a static basis, with separate rates for annuitants and non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The valuation assumptions described below were selected by the plan's enrolled actuary. Information and analysis for the chosen rates are provided below for those assumptions the actuary believes are significant to the measurement, specifically salary increases, Social Security maximum wage base, frequency of optional payment, expected rate of return on assets, retirement incidence, termination rates and disability rates.

The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under legislation.

The demographic assumptions are based on the results of the plan's most recent experience study prepared in March 2020. Demographic experience from 1/1/2014 through 1/1/2019 was reviewed to determine retirement rates, termination rates, optional forms of payment, marriage percentage and spouse age difference. The assumptions selected from this analysis are reviewed each year and compared to the actual experience. If an assumption produces significant deviations from expected, we further review and determine if a change is warranted.

Salary increases

Current Year:	3.0% for 2022+
Prior Year:	2.5% for 2021, 2.5% for 2022, and 3.0% for 2023+

The salary increase assumption is based on anticipated compensation practices of the plan sponsor and the assumption used for Parkview's internal budgeting purposes.

Expenses

Expected plan related expenses of \$3,478,744 based on last year's expenses adjusted for expected increases in the PBGC premium for 2022 were added to the Target Normal Cost. To determine the 2022 expense assumption, we reviewed the administrative expenses paid from the trust over the past few years. The trustee and administration costs have not changed significantly. Except for the increase in the PBGC premium, we estimate no material change to the administration expenses for 2022.

Social Security

Current and Future Years:	2.50%
Prior Year:	2.50%

This assumption reflects the actuary's analysis of approximate historical CPI increases to the Social Security Wage Base over the last 10 years.

Frequency of optional payment forms

Optional Forms	Assumption
Single Life Annuity	40%
5 year Certain and Life Annuity	7%
10 year Certain and Life Annuity	8%
50% Joint and Survivor Annuity	15%
66.7% Joint and Survivor Annuity	5%
100% Joint and Survivor Annuity	25%

The optional payment forms assumptions were established from the demographic experience study noted above.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

Male participants are assumed to be 2 years older than their spouses. Female participants are assumed to be 1 year younger than their spouses.

75% of participants are assumed to be married at death.

The marital percentage assumption was established from the demographic experience study noted above.

Withdrawal rates

Sample rates as follows:

Age	Rate of Withdrawal
25	15.0%
30	6.0%
35	4.0%
40	3.5%
50	3.5%
60	3.5%

The withdrawal rates were established from the demographic experience study noted above.

Retirement rates

Current Rates are based on age as follows:

Age	Rates of Retirement
55	2%
56	1%
57	1%
58	1%
59	2%
60	2%
61	13%
62	25%
63	16%
64	33%
65	50%
66	40%
67	40%
68	40%
69	40%
70	100%

Vested terminated participants are assumed to commence benefits at age 65 if employed less than 20 years at termination, or age 62, if employed 20 years or more at termination.

The retirement rates were established from the demographic experience study noted above.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Included in withdrawal rates.

Asset valuation method

Market Value, including the discounted value of accrued contributions.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Buck uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Buck has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Buck also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Summary of Changes from the January 1, 2021 Valuation

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The salary increase assumption was updated to reflect anticipated salary growth as budgeted by the plan sponsor.
- The above changes in assumptions increased the plan's Funding Target by approximately \$11.8M.