

<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>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
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.	10/06/2024	HALLIE CUSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 4440
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1492 6a(2) 1374 6b 2247 6c 570 6d 4191 6e 177 6f 4368 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	4368	01/01/2023	12/31/2023

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

(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

(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

(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** 3771312**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** 4956584**c** Additions: (1) Contributions deposited during the year **7c(1)** 25981680
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 318201
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 10380
▶(6) Total additions **7c(6)** 26310261**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 31266845**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 24478272(2) Administration charge made by carrier **7e(2)** 50194(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 2967067
▶ LUMP SUM BENEFITS(5) Total deductions **7e(5)** 27495533**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3771312

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	10b	

Specify nature of costs.

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. ▶

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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 2023			
2	Assets:			
a	Market value	2a	395525459	
b	Actuarial value	2b	435078004	
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	2357	267965498	267965498
b	For terminated vested participants	600	22478957	22478957
c	For active participants	1492	132840550	134931497
d	Total	4449	423285005	425375952
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	5.25 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	7943217	
b	Expected plan-related expenses	6b	2703940	
c	Target normal cost	6c	10647157	

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		09/19/2024
	Signature of actuary	Date
TIMOTHY J. MAXSON	Type or print name of actuary	23-06697
		Most recent enrollment number
BUCK GLOBAL, LLC	Firm name	260-426-7800
		Telephone number (including area code)
110 W. BERRY ST., SUITE 1300 FORT WAYNE, IN 46802-2317	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	14776299	18778406
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)	14776299	18778406
10 Interest on line 9 using prior year's actual return of <u>-14.02</u> %	-2071637	-2632733
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6406192
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>5.42</u> %		347216
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		6753408
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	426102	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	12278560	16145673

Part III Funding Percentages			
14 Funding target attainment percentage	14	95.59 %	
15 Adjusted funding target attainment percentage	15	102.28 %	
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	113.49 %	
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
09/06/2024	8200000				
Totals ►			18(b)	8200000	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	7523709
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ 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
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	10647157
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization 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	10647157
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	3123448		3123448
36 Additional cash requirement (line 34 minus line 35).....		36	7523709
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	7523709
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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)
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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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

No

Yes

☒
- b

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

(b)

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

(b)

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

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

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

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

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

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

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	274312	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	27126	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	49107	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	150488	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	161290	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(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	72379	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)

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	85179	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	53030	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(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	123368	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)

PACIFIC INVESTMENT MANAGEMENT CO LL

650 NEWPORT CENTER DR
NEWPORT BEACH, CA 92660

(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	331910	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

RREEF AMERICA REIT II, INC

222 SOUTH RIVERSIDE 34TH FLOOR
CHICAGO, IL 60606

(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	106704	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

EPOCH INVESTMENT MANAGEMENT CO LLC

1 VANDERBILT AVENUE
NEW YORK, NY 10017

(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	141280	Yes ☐ No ☒	Yes ☐ No ☐	0	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	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	342818	910545
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7000000	8200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	596249	833552
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)	85908553	80088088
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	30873870	24683788
(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)	278031094	330565032
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4956584	3771312
(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	407709168	449052317
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11937113	34064058
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11937113	34064058
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	395772055	414988259

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)	8200000	
(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)		8200000
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)	11566418	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11566418
(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)		28156642
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		47923060

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24757901	
(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)		24757901
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	301438	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1102260	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	123368	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	49107	
(11) Other expenses	2i(11)	2372782	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3948955
j Total expenses. Add all expense amounts in column (b) and enter total	2j		28706856

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19216204
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 MAZARS, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 522383.

<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>2023</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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 17
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) 2023 v. 230707		

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)

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)

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)

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 93.5 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: _____ %
 High-Yield Debt: _____ % Real Assets: 5.6 % Cash or Cash Equivalents: _____ % Other: 0.9 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method
☐ "Prior year" ADP test
☐ "Current year" ADP test
☐ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2023 This Form is Open to Public Inspection
--	--	--

Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN						
Plan Year Begin Date	01/01/2023	Plan Year End Date	12/31/2023	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	01/01/2023	Plan Year End Date	12/31/2023	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	01/01/2023	Plan Year End Date	12/31/2023	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						

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, 2023 and 2022, 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 a qualified institution as of December 31, 2023 and 2022, 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 Mazars, LLP

**Fort Wayne, Indiana
September 25, 2024**

Federal Employer Identification Number: 44-0160260



Parkview Health System, Inc. Employees' Pension Plan

EIN 35-1972384 PN 001

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

December 31, 2023 and 2022



Parkview Health System, Inc. Employees' Pension Plan
Contents
December 31, 2023 and 2022

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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, 2023 and 2022, 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 a qualified institution as of December 31, 2023 and 2022, 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 Mazars, LLP

**Fort Wayne, Indiana
September 25, 2024**

Federal Employer Identification Number: 44-0160260

Parkview Health System, Inc. Employees' Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	2023	2022
ASSETS		
Investments		
At fair value		
Mutual funds	\$ 152,845,596	\$ 143,104,096
Money market fund	5,270,044	5,388,400
Common stocks	80,088,088	85,908,553
Fixed income	131,284,025	87,546,612
Commingled funds	41,165,367	41,991,986
Real estate funds	24,683,788	30,873,870
At contract value	3,771,312	4,956,584
Total investments	439,108,220	399,770,101
Receivables		
Employer contribution	8,200,000	7,000,000
Accrued interest and dividends	833,552	596,249
Total receivables	9,033,552	7,596,249
Noninterest-bearing Cash	910,545	342,818
Total assets	449,052,317	407,709,168
Liabilities		
Due to broker for securities purchased	34,064,058	11,937,113
Net Assets Available for Benefits	\$ 414,988,259	\$ 395,772,055

Parkview Health System, Inc. Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	2023	2022
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ 28,156,642	\$ (75,354,395)
Interest and dividend income	11,566,418	10,876,773
Net investment income (loss)	39,723,060	(64,477,622)
Contributions		
Employer	8,200,000	7,000,000
Total	47,923,060	(57,477,622)
Deductions		
Benefits paid to participants	24,757,901	23,361,186
Administrative expenses	3,948,955	4,605,718
Total	28,706,856	27,966,904
Net Increase (Decrease)	19,216,204	(85,444,526)
Net Assets Available for Benefits, Beginning of Year	395,772,055	481,216,581
Net Assets Available for Benefits, End of Year	<u>\$ 414,988,259</u>	<u>\$ 395,772,055</u>

Note 1. Description of the Plan

The following description of Parkview Health System, Inc. Employees' Pension Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Parkview Health System, Inc. and subsidiaries (Corporation) and provides for retirement, death, disability, and termination benefits. Participants' benefits vest after five years of credited service. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Lincoln National Life Insurance Company (Lincoln) and Principal Bank (Principal) are the custodians of the Plan. Wells Fargo Bank, N.A. (Wells Fargo) served as a custodian of Plan assets through February 22, 2022, at which time assets held by Wells Fargo were transferred to Principal.

Effective January 1, 2005 the Plan was frozen to new participants. The Plan continues to accrue and pay benefits to existing participants.

Contributions

The Corporation has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Corporation's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the initial past-service costs plus interest on them over a period of 30 years. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

Pension benefits are paid to participants in either monthly installments or in a lump sum based on defined thresholds upon normal retirement which is defined as 65 years of age. The amounts paid are dependent upon the participant's years of vesting service and salary. The Plan also provides for early retirement (starting at age 55), late retirement, death and disability benefits, and joint and survivor benefits and payment options, all of which may affect the amount of participants' benefits.

Vesting

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon completion of five years of vesting service.

Plan Termination

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

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

- c. Other vested benefits insured by the Pension Benefit Guarantee Corporation (PBGC) up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

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

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

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Fixed income securities (corporate bonds, U.S. Government and agency obligations, and state and municipal bonds) are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Mutual and money market funds are valued at the net asset value (NAV) quoted market value of shares held by the Plan at year-end or as provided by the issuer.

Commingled (collective trust) funds are valued at NAV based on information reported by the investment advisor using the audited financial statement of the collective trust at year-end.

The real estate investment fund and real estate investment trust fund are valued using the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by each investee fund rather than actual market transactions and other observable market data.

The guaranteed interest contract is valued at contract value, as provided by Lincoln. Contract value represents contributions made under the contract, plus interest at contract rate, less funds used to pay retirement benefits.

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The Plan's Finance Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance companies. See Note 7 for a discussion of fair value measurements.

Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Corporation or the Plan, at the Corporation's discretion.

Accumulated Plan Benefits

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

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on employees' five highest consecutive years of compensation in the last 10 years of vested service. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on June 22, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan (and related trust) are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 3. Certification by Plan Custodians

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln, Principal and Wells Fargo, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments and amounts due to brokers for securities purchased as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2023 and 2022
- Investment income (loss) as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2023 and the schedule of reportable transactions for the year ended December 31, 2023

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

Note 4. Investment Contract With Insurance Company

In 1958, the Plan entered into a fully benefit-responsive investment contract with Lincoln. Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan. The rate was 3% for 2023 and 2022.

The guaranteed investment contract is fully benefit-responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial Plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. The investment contract is a traditional investment contract.

Note 5. Accumulated Plan Benefits

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

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

The accumulated plan benefit information as of January 1, 2023 was as follows:

	January 1, 2023
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 230,548,027
Other participants	123,958,819
	<u>354,506,846</u>
Nonvested benefits	1,715,548
	<u>356,222,394</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 356,222,394</u>

Changes in the actuarial present value of accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits, January 1, 2022	\$ 355,582,482
Increase during the year attributable to	
Benefits accumulated	9,410,819
Increase for interest due to the decrease in the discounted period	23,226,252
Assumption changes	(8,635,973)
Benefits paid	<u>(23,361,186)</u>
Net increase	<u>639,912</u>
Actuarial present value of accumulated plan benefits, January 1, 2023	<u>\$ 356,222,394</u>

Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 7.00%
- Mortality basis: MP-2021 Mortality Tables with Projections specified by IRS Reg. Section 1.430(h)(3)-1 with separate annuitant and non-annuitant static mortality tables.
- Employee turnover: Sarason T-8 Table
- Retirement: At normal retirement age (65) or attained age if later
- Asset valuation: Market

Other changes in assumptions for the year ended December 31, 2023 include changing the ASC 715 discount rate from 2.96% in 2022 to 5.45% in 2023. Additionally, the ASC 960 discount rate was changed from 6.75% in 2022 to 7.00% in 2023.

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

Note 6. Party-in-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Plan investments are held by Lincoln and Principal, and were held by Wells Fargo through February 22, 2022. Lincoln, Principal, and Wells Fargo are/were the custodians of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan receives management services from an investment advisor. The Plan paid \$1,445,821 and \$1,515,974 of administrative and management fees to the custodians, the investment fund managers, and the investment advisor during 2023 and 2022, respectively. The Corporation provides certain administrative services at no cost to the Plan.

Note 7. Fair Value of Plan Assets

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

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

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023 and 2022:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2023				
Mutual funds	\$ 152,845,596	\$ 145,885,173	\$ 6,960,423	\$ -
Money market fund	5,270,044	-	5,270,044	-
Common stocks	80,088,088	68,850,548	11,237,540	-
Fixed income	131,284,025	113,902,218	17,381,807	-
Commingled funds (A)	41,165,367	-	-	-
Real estate funds (A)	24,683,788	-	-	-
	<u>\$ 435,336,908</u>	<u>\$ 328,637,939</u>	<u>\$ 40,849,814</u>	<u>\$ -</u>

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
December 31, 2022				
Mutual funds	\$ 143,104,096	\$ 135,412,921	\$ 7,691,175	\$ -
Money market fund	5,388,400	-	5,388,400	-
Common stocks	85,908,553	73,588,976	12,319,577	-
Fixed income	87,546,612	-	87,546,612	-
Commingled funds (A)	41,991,986	-	-	-
Real estate funds (A)	30,873,870	-	-	-
	<u>\$ 394,813,517</u>	<u>\$ 209,001,897</u>	<u>\$ 112,945,764</u>	<u>\$ -</u>

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2023 and 2022. The Plan had no liabilities measured at fair value on a recurring basis. Additionally, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. There are no Level 3 securities.

Parkview Health System, Inc. Employees' Pension Plan
Notes to Financial Statements
December 31, 2023 and 2022

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled funds (A)	\$ 41,165,367	\$ —	N/A	None
Real estate investment trust fund (B)	16,081,349	—	N/A	None
Real estate investment fund (C)	8,602,439	—	N/A	None
December 31, 2022				
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled funds (A)	\$ 41,991,986	\$ —	N/A	None
Real estate investment trust fund (B)	20,831,980	—	N/A	None
Real estate investment fund (C)	10,041,890	—	N/A	None

(A) This category includes investments in funds that seek to provide returns consistent with U.S. CPI +5% over the long-term by investing in areas that offer strong relative performance in rising inflation environments.

(B) This category includes investments in a fund that is institutional debt focused. The structure is to invest in participating mortgage loans which are secured primarily by high quality, well leased properties, all of which are located in the United States of America.

(C) This category includes investments in a real estate fund that emphasizes the active management of stable, well located properties among the primary real estate sectors consisting of apartments, industrial, office and retail in major metropolitan markets throughout the United States of America.

Note 8. Risks and Uncertainties

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

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

Note 9. Subsequent Events

Subsequent events have been evaluated through September 25, 2024, which is the date the financial statements were available to be issued.

In May 2024, the Plan purchased an annuity contract for the benefit of certain Plan participants. The Plan paid approximately \$23,300,000 to purchase the contract.

Supplemental Schedules

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, 2023

(a)(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Brown Capital Management	181,780 Shares	\$ 5,229,103	\$ 4,180,945
Cohen & Steers Institutional Realty	133,319 Shares	6,357,958	6,190,019
Dodge & Cox Global Stock Fund	1,808,509 Shares	21,593,765	26,982,951
Fidelity 500 Index Fund	64,050 Shares	10,329,070	10,599,642
PAPS Long Duration Corporate Bond	10,051,547 Shares	96,992,978	97,198,460
PIMCO Paps Short Term Floating Nav Port II Fund	73,213 Shares	733,155	733,156
PIMCO Real Return Fund Class Instl	693,960 Shares	7,701,733	6,960,423
Total mutual funds		148,937,762	152,845,596
* Money Market Fund			
Blackrock Short-Term Investment Fund	5,270,044 Shares	5,270,044	5,270,044
Common Stocks			
Adobe Inc	1,400 Shares	45,761	835,240
AIA Group Ltd USD 1.0	59,200 Shares	305,998	515,915
Alimentation Couche-Tard, Inc	13,750 Shares	366,820	813,666
Alphabet Inc Cl C	13,506 Shares	418,866	1,903,401
Amazon Com Inc Com	3,277 Shares	536,128	497,907
American Express Co	3,618 Shares	594,527	677,796
Amphenol Corp CL A	9,600 Shares	271,586	951,648
Ansys Inc	2,234 Shares	746,270	810,674
Appfolio Inc	2,476 Shares	269,589	428,942
ASML Holding NC Eur 0.09	610 Shares	417,223	459,394
Atlassian Corporation CL A	1,009 Shares	166,334	240,001
Automatic Data Processing Inc	2,300 Shares	148,973	535,831
Bancorp Inc Del Com	8,682 Shares	342,674	334,778
Bank of America Corp	20,963 Shares	706,012	705,824
Berkshire Hathaway Inc.	2,290 Shares	668,394	816,751
Berry Plastics Group Inc	6,962 Shares	455,333	469,169
Bio-Techne Corp	14,272 Shares	990,975	1,101,228
Biogen Inc	2,139 Shares	496,793	553,509
BJ's Wholesale Club Holdings	7,506 Shares	506,053	500,350
Boeing Co	1,969 Shares	343,979	513,240
Booking Holdings Inc	220 Shares	410,253	780,388
Broadcom Inc	551 Shares	319,602	615,054
Brookfield Infrastructure Corp Cl A	12,214 Shares	499,133	430,910
Brookfield Renewable Corp	16,065 Shares	495,958	462,511
Carmax Inc Com	8,201 Shares	720,413	629,345
Caseys Gen Stores Inc	2,125 Shares	439,896	583,823
CBRE Group Inc	14,483 Shares	925,295	1,348,222
CDN National Railways Com NPV	4,450 Shares	503,911	562,065
Celanese Corp	2,444 Shares	303,266	379,724
Charter Communications Inc	926 Shares	311,936	359,918
Cheniere Energy Inc Com New	1,881 Shares	315,825	321,106
Chevron Corp	2,791 Shares	443,020	416,306
Chewy Inc	9,458 Shares	361,437	223,493

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Cisco Systems Inc	9,800 Shares	\$ 218,459	\$ 495,096
Cognex Corp	5,200 Shares	295,053	217,048
Cognizant Tech Solutions Crp Com	7,400 Shares	468,311	558,922
Compass Group 11p	23,800 Shares	458,181	651,053
Constellation Brands Inc	2,254 Shares	500,204	544,905
Costar Group Inc	6,514 Shares	522,119	569,258
Costco Wholesale Corp	1,090 Shares	541,983	719,487
Crowdstrike Holdings Inc	865 Shares	118,429	220,852
CSL LTD NPV	2,660 Shares	207,099	520,328
Cubsmart	8,499 Shares	343,375	393,929
Curtiss Wright Corp Com	1,692 Shares	302,999	376,961
CVS Health Corporation	9,287 Shares	797,693	733,302
Danaher Corp	1,042 Shares	213,430	241,056
Dassault Systemes Se Eur	7,200 Shares	300,901	351,853
Diamondback Energy Inc	3,135 Shares	223,279	486,176
Ecolab Inc	5,397 Shares	1,062,161	1,070,495
Edwards LifeSciences Corp	14,406 Shares	879,031	1,098,458
Endava PLC	6,335 Shares	461,042	493,180
Etsy Inc	3,441 Shares	255,729	278,893
Evercore Inc	1,839 Shares	250,854	314,561
Experian PLC	10,000 Shares	207,726	408,161
Fastenal Co	22,461 Shares	858,791	1,454,799
Floor & Decor Holdings Inc	3,529 Shares	276,524	393,695
Fortinet Inc	7,700 Shares	274,455	450,681
Gilead Sciences Inc	5,351 Shares	348,916	433,485
Godaddy Inc	2,933 Shares	246,471	311,367
Goosehead Insurance Inc	7,051 Shares	312,601	534,466
Guidewire Software Inc	7,195 Shares	661,343	784,543
HCA Holdings Inc	2,004 Shares	537,603	542,443
Heico Corp CL A	5,056 Shares	529,860	720,177
Huntington Ingalls Industries	1,825 Shares	404,079	473,843
Illumina Inc	3,309 Shares	1,103,740	460,745
Industria De Diseno Textil EUR	15,500 Shares	460,481	675,182
Intuitive Surgical Inc	3,793 Shares	352,517	1,279,606
Jacobs Solutions Inc	3,911 Shares	355,860	507,648
Johnson Controls International PLC	7,384 Shares	459,213	425,614
Jones lang Lasalle Inc Com	2,075 Shares	323,243	391,905
Keyence Co NPV	1,600 Shares	103,895	705,005
Kinsale Capital Group Inc	1,418 Shares	476,030	474,902
L'Oreal SA EUR 2.0	1,550 Shares	237,531	771,673
Linde PLC	2,250 Shares	395,129	924,098
Littelfuse Inc Com	643 Shares	178,999	172,041
Live Nation Entertainment Inc	3,383 Shares	285,012	316,649
Lonza Group AG, Zuerich CHF 1.0	510 Shares	307,426	214,338
LPL Financial Holdings Inc	2,011 Shares	397,260	457,744
LVMH Moet Hennessy Loui EUR	930 Shares	206,113	753,710
Markel Group Inc	1,043 Shares	1,238,340	1,480,956

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mastercard Inc CL A	2,300 Shares	\$ 158,257	\$ 980,973
Meta Platforms Inc CL A	2,198 Shares	447,807	778,004
Microsoft Corp	4,391 Shares	169,822	1,651,192
Middleby Corp	2,222 Shares	286,293	327,012
Molina Healthcare Inc	1,228 Shares	370,006	443,689
Moodys Corp	2,532 Shares	789,650	988,898
Nestle SA CHF 0.1	4,430 Shares	369,093	513,272
New Pennymac Financial Service	5,690 Shares	343,342	502,825
Nike Inc Cl B	5,050 Shares	125,431	548,279
Novo Nordisk A/S Ser B	12,170 Shares	477,540	1,493,381
NVR Inc Com	86 Shares	302,515	602,039
O'Reilly Automotive Inc	428 Shares	374,944	406,634
Occidental Pete Corp	9,111 Shares	587,254	544,018
Old Dominion Freight Line Inc	3,436 Shares	893,009	1,392,714
ON Semiconductor Corp	3,442 Shares	261,184	287,510
Paychex Inc	4,600 Shares	497,110	547,906
Paypal Holdings Inc	2,856 Shares	168,868	175,387
Prudential PLC	28,300 Shares	561,759	320,050
Reliance Stl & Alum Co Com	1,649 Shares	356,800	461,192
Repligen Corp	3,918 Shares	572,199	704,456
Roche Hldfs Ag Genussscheine	1,800 Shares	403,368	522,933
Salesforce Inc	2,707 Shares	584,568	712,320
SBA Communications Corp	919 Shares	272,430	233,141
Shin-Etsu Chemical Co Ltd NPV	15,800 Shares	199,239	663,131
Siteone Landscape Supply Inc	2,172 Shares	338,148	352,950
SMC Corp NPV	600 Shares	215,536	322,428
Sprout Social Inc	8,294 Shares	514,050	509,583
Stryker Corp	2,000 Shares	144,148	598,920
Taiwan Semi Conductor Manufactu - ADR	7,600 Shares	110,497	790,400
Tesla Inc	1,535 Shares	309,533	381,417
Texas Instruments	3,000 Shares	391,781	511,380
The Kraft Heinz Company	13,189 Shares	538,216	487,729
Thermo Fisher Scientific Inc	451 Shares	224,552	239,385
TJX Companies Inc	8,050 Shares	227,201	755,170
Transdigm Group Inc	814 Shares	418,159	823,442
Tyler Technologies Inc	493 Shares	224,805	206,133
Uber Technologies	9,137 Shares	285,857	562,565
Union Pacific Group	1,492 Shares	303,650	366,465
United Therapeutics Corp Del	1,874 Shares	371,716	412,074
UTZ Brands Inc	26,517 Shares	411,164	430,636
Veeva Systems Inc	5,027 Shares	1,108,130	967,798
Ventas Inc Com	5,868 Shares	301,550	292,461
Veralto Corporation	10,010 Shares	745,977	823,423
Vertex Pharmaceuticals Inc Com	835 Shares	242,365	339,753
Viper Energy Inc CL A	12,623 Shares	403,940	396,110
Visa Inc Class A Shrs	1,272 Shares	280,959	331,165
Vulcan Materials Company	4,537 Shares	618,607	1,029,943

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Walt Disney Co	3,300 Shares	\$ 363,230	\$ 297,957
Waste Connections, Inc	5,410 Shares	543,711	807,551
Waters Corp	1,800 Shares	393,569	592,614
Wells Fargo & Co	14,854 Shares	639,674	731,114
West Pharmaceuticals SVCS Inc	1,370 Shares	375,020	482,404
Willscot Mobile Mini Holdings	21,362 Shares	757,975	950,609
WNS Holdings LTD	11,147 Shares	858,195	704,490
Workiva Inc	1,533 Shares	173,367	155,645
Total common stocks		57,215,493	80,088,088
U.S. Government and Agency Obligations			
Fed Natl MTG Assn Pool #AI5534	34,549 Shares	36,816	34,082
Fed Natl MTG Assn Pool #FM2875	4,755 Shares	4,998	4,782
US Treasury Bonds	49,900,000 Shares	46,893,650	48,494,816
US Treasury Bonds	20,000,000 Shares	18,333,786	19,065,600
US Treasury Bonds	15,700,000 Shares	15,452,352	16,026,246
US Treasury Bonds	23,200,000 Shares	23,861,426	22,890,047
US Treasury Notes	40,000 Shares	38,873	39,528
US Treasury Notes	260,000 Shares	255,659	256,922
US Treasury Notes	325,000 Shares	321,728	323,336
US Treasury Notes	330,000 Shares	326,597	328,594
US Treasury Notes	180,000 Shares	176,189	178,384
US Treasury Notes	355,000 Shares	349,531	353,697
US Treasury Notes	395,000 Shares	393,843	395,940
US Treasury Notes	1,164,845 Shares	1,036,768	1,063,993
US Treasury Notes	2,334,354 Shares	2,155,243	2,208,065
US Treasury Inflation Index Bond	665,958 Shares	568,900	584,804
US Treasury Note	510,000 Shares	490,556	498,046
US Treasury Note	330,000 Shares	317,651	322,189
US Treasury Note	310,000 Shares	300,591	302,600
US Treasury Note	545,000 Shares	530,438	530,547
Corporate Bonds			
Amcor Flexibles North AM	75,000 Shares	73,311	73,666
American Express Co	70,000 Shares	68,672	68,867
American Express Co	60,000 Shares	60,000	59,824
American Express Credit Account	180,000 Shares	177,694	176,932
American Honda Financial Corp	105,000 Shares	104,902	106,805
Ameriprise Financial Inc	140,000 Shares	134,473	136,555
Amphenol Corp	105,000 Shares	105,852	104,350
Ashtead Capital Inc	200,000 Shares	199,534	197,890
AT&T Inc	100,000 Shares	96,025	98,897
AvalonBay Communities Inc	110,000 Shares	107,913	108,329
Bank of America Corp	190,000 Shares	181,803	184,786
Bank of America Credit Card Tr	110,000 Shares	103,146	108,396
Bank of Montreal	115,000 Shares	108,510	110,809

Parkview Health System, Inc. Employees' Pension Plan
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Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)
December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Bank of Montreal	30,000 Shares	\$ 28,949	\$ 29,398
Bank of Nova Scotia	165,000 Shares	150,597	158,682
Berry Global Inc	100,000 Shares	99,096	101,096
BMW Vehicle Owner Trust	117,154 Shares	114,073	115,500
BPCE SA	300,000 Shares	300,000	302,352
Brookfield Finance Inc	200,000 Shares	200,000	212,758
Canadian Imperial bank	130,000 Shares	129,567	129,997
Capital One Multi-asset Execut	150,000 Shares	138,750	144,378
Capital One Prime Auto Receiva	28,049 Shares	28,043	27,950
Capital One Prime Auto Receiva	25,000 Shares	24,205	24,532
Cassa Depositi E Prestiti	200,000 Shares	199,620	199,726
Caterpillar Finl Service	70,000 Shares	69,989	69,931
Charles Schwab Corp	105,000 Shares	100,262	103,922
Charter Communications	200,000 Shares	199,822	204,466
Citigroup Inc	165,000 Shares	157,483	160,636
CNH Equipment Trust	14,610 Shares	14,609	14,568
CNH Equipment Trust	110,000 Shares	109,751	109,808
Constellation Energy Gen LLC	300,000 Shares	299,928	315,321
Credit Suisse AG	250,000 Shares	249,428	273,803
Danske Bank	400,000 Shares	400,000	402,836
Discover Card Execution Note	110,000 Shares	107,070	107,661
Dish Network Corp	100,000 Shares	102,000	104,386
DTE Energy Co	105,000 Shares	105,068	103,776
Duke Energy Carolinas LLC	100,000 Shares	99,820	102,365
Electricite De France	200,000 Shares	198,646	226,182
Entergy Arkansas LLC	200,000 Shares	199,346	203,888
Equitable Holdings Inc	100,000 Shares	100,000	102,680
ERP Operating LP	75,000 Shares	72,678	73,376
Eversource Energy	100,000 Shares	99,844	100,505
Eversource Energy Gbl	70,000 Shares	70,372	69,461
Ford Credit Auto Owner Trust	111,884 Shares	106,553	108,879
Fox Corp	110,000 Shares	105,924	107,078
General Mills Inc	90,000 Shares	94,223	89,732
General Motors Finl Co	55,000 Shares	55,526	55,626
Genuine Parts Co	110,000 Shares	103,023	105,620
Glencore Funding LLC	100,000 Shares	99,834	103,752
GLP Cap LP	100,000 Shares	98,196	107,883
GM Financial Securitized Term	73,385 Shares	72,192	71,703
GM Financial Securitized Term	120,000 Shares	117,375	118,062
Goldman Sachs Group Inc	110,000 Shares	106,716	108,140
GTCR W-2 Merger Sub LLC	200,000 Shares	200,000	211,344
Honda Auto Receivables Owner T	125,000 Shares	125,303	125,156
HP Enterprise Co	70,000 Shares	69,987	70,164
HP Enterprise Co	35,000 Shares	34,813	34,836
Hyundai Auto Receivables Trust	105,000 Shares	105,591	105,441
Ingersoll Rand Inc	100,000 Shares	99,234	105,800
Interpublic Group Cos	130,000 Shares	135,664	129,259

Parkview Health System, Inc. Employees' Pension Plan
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Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)
December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Intesa Sanpaolo	400,000 Shares	\$ 399,604	\$ 426,404
Israel Discount Bank	200,000 Shares	199,870	194,622
John Deere Owner Trust	92,955 Shares	89,587	90,878
John Deere Owner Trust	60,000 Shares	58,416	59,030
JPMorgan Chase & Co	135,000 Shares	132,196	133,902
Keycorp	100,000 Shares	99,459	97,764
Kinder Morgan Ener Part	15,000 Shares	14,811	14,976
Kinder Morgan Ener Part	70,000 Shares	70,077	69,350
L3Harris Technologies Inc	200,000 Shares	199,738	204,150
Marriott International	80,000 Shares	81,141	80,466
Marvell Technology Inc	200,000 Shares	198,696	212,078
Mercedes-Benz Auto Receivables	29,418 Shares	29,416	29,395
Mercedes-Benz Auto Receivables	92,245 Shares	88,491	89,498
Morgan Stanley	165,000 Shares	151,128	161,301
MPLX LP	95,000 Shares	94,490	94,459
National Grid PLC	100,000 Shares	100,000	105,076
Nextera Energy Capital Holdings Inc	95,000 Shares	95,693	95,891
Nissan Auto Receivables Owner	114,210 Shares	109,976	111,104
Nissan Auto Receivables Owner Trust	67,807 Shares	67,734	67,590
Nutrien Ltd	105,000 Shares	104,810	105,285
NY State Electronic & Gas	100,000 Shares	99,841	104,723
Oracle Corp	110,000 Shares	104,553	106,336
Oracle Corp	100,000 Shares	99,930	99,545
Pacific Gas & Electric	200,000 Shares	199,500	219,682
Pacific Gas & Electric	100,000 Shares	96,919	108,772
Pacificorp	100,000 Shares	99,956	98,111
Parker-Hannifin Corp	80,000 Shares	79,908	79,234
Phillip Morris Intl Inc	100,000 Shares	99,178	101,632
Phillips 66 Co	85,000 Shares	81,245	82,710
Popular Inc	100,000 Shares	99,637	102,875
Rand Parent LLC	100,000 Shares	100,000	95,633
Realty Income Corp	55,000 Shares	53,930	54,078
Royal Bank of Canada	110,000 Shares	109,363	110,013
Ryder System Inc	125,000 Shares	127,837	124,394
Santos Finance Ltd	300,000 Shares	298,782	318,156
Sherwin Williams Co	70,000 Shares	68,520	69,369
Societe Generale	200,000 Shares	200,000	210,950
Spectra Energy Partners	135,000 Shares	134,086	134,733
Standard Chartered PLC	300,000 Shares	300,000	307,740
State Street Corp	35,000 Shares	33,538	34,105
State Street Corp	40,000 Shares	40,000	39,810
Sysco Corporation	100,000 Shares	99,037	108,250
Tapestry Inc	300,000 Shares	298,425	320,063
Toronto-Dominion Bank	155,000 Shares	153,014	156,068
Toyota Auto Receivables Owner	49,519 Shares	46,360	48,049
Toyota Auto Receivables Owner	82,336 Shares	78,866	80,114
Toyota Motor Credit Corp	90,000 Shares	89,961	90,021

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Trans-Canada Pipelines	105,000 Shares	\$ 97,604	\$ 101,252
UBS Group AG	200,000 Shares	200,000	206,904
UBS Group AG Snr NTS USD	200,000 Shares	200,000	206,130
Verizon Communications	90,000 Shares	90,585	89,034
Volkswagon Auto Loan Enhanced	86,339 Shares	82,596	84,045
Wells Fargo & Co	105,000 Shares	100,235	102,934
Williams Partners LP	110,000 Shares	106,841	108,237
State and Municipal Bonds			
Louisiana Loc Govt Envrnmntl	100,000 Shares	100,000	102,897
Ney York State Urban Dev Corp Rev	200,000 Shares	188,108	191,410
Texas Natural Gas Securitization	100,000 Shares	100,000	103,339
Foreign Government and Agency			
Hong Kong Govt	200,000 Shares	199,256	208,272
Republic of Panama	500,000 Shares	464,230	467,210
Republic of Romania	550,000 Shares	588,924	623,732
Republic of Serbia	300,000 Shares	293,109	307,500
Romania	550,000 Shares	584,575	648,137
Saudi International Bond	200,000 Shares	185,388	188,264
United Mexican States	200,000 Shares	199,996	203,604
Total fixed income		128,725,766	131,284,025
Commingled Funds			
Clarion Lion Properties Fund LP	3,246 Shares	\$ 5,872,006	\$ 5,105,219
Lazard Emerging World Investors LP	18,000,000 Shares	18,000,000	15,724,320
All World Ex US Equity CEF Fund	1,388,828 Shares	14,000,000	12,872,470
Wellington CTF DIH	473,263 Shares	6,431,594	7,463,358
Total commingled funds		44,303,600	41,165,367
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	688 Shares	7,353,593	8,602,439
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	124,005 Shares	12,123,049	16,081,349
Total real estate funds		19,476,642	24,683,788
Investment Contract With Insurance Company			
Lincoln National Life		3,771,312	3,771,312
		\$ 407,700,619	\$ 439,108,220

* 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, 2023

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred With Transaction</u>	<u>Cost of Asset</u>	<u>Value</u>	<u>Net Gain (Loss)</u>
Series of transactions greater than 5%						
Blackrock Short-Term Investment Fund	\$ 240,286,943	\$ -	\$ -	\$ 240,286,943	\$ 240,286,943	\$ -
Blackrock Short-Term Investment Fund	-	240,405,299	-	240,405,299	240,405,299	-
Lincoln National Life	26,310,261	-	-	26,310,261	26,310,261	-
Lincoln National Life	-	27,495,533	-	27,495,533	27,495,533	-
PAPS Long Duration Corporate Bond	21,224,982	-	-	21,224,982	21,224,982	-
PAPS Long Duration Corporate Bond	-	6,970,000	-	8,035,691	6,970,000	(1,065,691)
PIMCO Paps Short Term Floating Nav Port II Fund	29,432,424	-	-	29,432,424	29,432,424	-
PIMCO Paps Short Term Floating Nav Port II Fund	-	28,800,000	-	28,799,291	28,800,000	709
United States Treasury Bond 11/15/2052	118,523,133	-	-	118,523,133	118,523,133	-
United States Treasury Bond 11/15/2052	-	119,116,351	-	120,361,723	119,116,351	(1,245,372)
United States Treasury Bond 11/15/2042	473,934,761	-	-	473,934,761	473,934,761	-
United States Treasury Bond 11/15/2042	-	473,890,038	-	476,721,446	473,890,038	(2,831,408)
United States Treasury Bond 5/15/2043	503,138,003	-	-	503,138,003	503,138,003	-
United States Treasury Bond 5/15/2043	-	483,395,032	-	484,804,395	483,395,032	(1,409,363)
United States Treasury Bond 8/15/2043	230,249,391	-	-	230,249,391	230,249,391	-
United States Treasury Bond 8/15/2043	-	215,597,569	-	214,797,133	215,597,569	800,436

Parkview Health System, Inc. Employees' Pension Plan
EIN 35-1972384 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2023

<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred With Transaction</u>	<u>Cost of Asset</u>	<u>Value</u>	<u>Net Gain (Loss)</u>
Series of transactions greater than 5%						
Blackrock Short-Term Investment Fund	\$ 240,286,943	\$ -	\$ -	\$ 240,286,943	\$ 240,286,943	\$ -
Blackrock Short-Term Investment Fund	-	240,405,299	-	240,405,299	240,405,299	-
Lincoln National Life	26,310,261	-	-	26,310,261	26,310,261	-
Lincoln National Life	-	27,495,533	-	27,495,533	27,495,533	-
PAPS Long Duration Corporate Bond	21,224,982	-	-	21,224,982	21,224,982	-
PAPS Long Duration Corporate Bond	-	6,970,000	-	8,035,691	6,970,000	(1,065,691)
PIMCO Paps Short Term Floating Nav Port II Fund	29,432,424	-	-	29,432,424	29,432,424	-
PIMCO Paps Short Term Floating Nav Port II Fund	-	28,800,000	-	28,799,291	28,800,000	709
United States Treasury Bond 11/15/2052	118,523,133	-	-	118,523,133	118,523,133	-
United States Treasury Bond 11/15/2052	-	119,116,351	-	120,361,723	119,116,351	(1,245,372)
United States Treasury Bond 11/15/2042	473,934,761	-	-	473,934,761	473,934,761	-
United States Treasury Bond 11/15/2042	-	473,890,038	-	476,721,446	473,890,038	(2,831,408)
United States Treasury Bond 5/15/2043	503,138,003	-	-	503,138,003	503,138,003	-
United States Treasury Bond 5/15/2043	-	483,395,032	-	484,804,395	483,395,032	(1,409,363)
United States Treasury Bond 8/15/2043	230,249,391	-	-	230,249,391	230,249,391	-
United States Treasury Bond 8/15/2043	-	215,597,569	-	214,797,133	215,597,569	800,436

Parkview Health System, Inc. Employees' Pension Plan
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Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year)
December 31, 2023

(a)(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds			
Brown Capital Management	181,780 Shares	\$ 5,229,103	\$ 4,180,945
Cohen & Steers Institutional Realty	133,319 Shares	6,357,958	6,190,019
Dodge & Cox Global Stock Fund	1,808,509 Shares	21,593,765	26,982,951
Fidelity 500 Index Fund	64,050 Shares	10,329,070	10,599,642
PAPS Long Duration Corporate Bond	10,051,547 Shares	96,992,978	97,198,460
PIMCO Paps Short Term Floating Nav Port II Fund	73,213 Shares	733,155	733,156
PIMCO Real Return Fund Class Instl	693,960 Shares	7,701,733	6,960,423
Total mutual funds		148,937,762	152,845,596
* Money Market Fund			
Blackrock Short-Term Investment Fund	5,270,044 Shares	5,270,044	5,270,044
Common Stocks			
Adobe Inc	1,400 Shares	45,761	835,240
AIA Group Ltd USD 1.0	59,200 Shares	305,998	515,915
Alimentation Couche-Tard, Inc	13,750 Shares	366,820	813,666
Alphabet Inc Cl C	13,506 Shares	418,866	1,903,401
Amazon Com Inc Com	3,277 Shares	536,128	497,907
American Express Co	3,618 Shares	594,527	677,796
Amphenol Corp CL A	9,600 Shares	271,586	951,648
Ansys Inc	2,234 Shares	746,270	810,674
Appfolio Inc	2,476 Shares	269,589	428,942
ASML Holding NC Eur 0.09	610 Shares	417,223	459,394
Atlassian Corporation CL A	1,009 Shares	166,334	240,001
Automatic Data Processing Inc	2,300 Shares	148,973	535,831
Bancorp Inc Del Com	8,682 Shares	342,674	334,778
Bank of America Corp	20,963 Shares	706,012	705,824
Berkshire Hathaway Inc.	2,290 Shares	668,394	816,751
Berry Plastics Group Inc	6,962 Shares	455,333	469,169
Bio-Techne Corp	14,272 Shares	990,975	1,101,228
Biogen Inc	2,139 Shares	496,793	553,509
BJ's Wholesale Club Holdings	7,506 Shares	506,053	500,350
Boeing Co	1,969 Shares	343,979	513,240
Booking Holdings Inc	220 Shares	410,253	780,388
Broadcom Inc	551 Shares	319,602	615,054
Brookfield Infrastructure Corp Cl A	12,214 Shares	499,133	430,910
Brookfield Renewable Corp	16,065 Shares	495,958	462,511
Carmax Inc Com	8,201 Shares	720,413	629,345
Caseys Gen Stores Inc	2,125 Shares	439,896	583,823
CBRE Group Inc	14,483 Shares	925,295	1,348,222
CDN National Railways Com NPV	4,450 Shares	503,911	562,065
Celanese Corp	2,444 Shares	303,266	379,724
Charter Communications Inc	926 Shares	311,936	359,918
Cheniere Energy Inc Com New	1,881 Shares	315,825	321,106
Chevron Corp	2,791 Shares	443,020	416,306
Chewy Inc	9,458 Shares	361,437	223,493

Parkview Health System, Inc. Employees' Pension Plan
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Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)
December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Cisco Systems Inc	9,800 Shares	\$ 218,459	\$ 495,096
Cognex Corp	5,200 Shares	295,053	217,048
Cognizant Tech Solutions Crp Com	7,400 Shares	468,311	558,922
Compass Group 11p	23,800 Shares	458,181	651,053
Constellation Brands Inc	2,254 Shares	500,204	544,905
Costar Group Inc	6,514 Shares	522,119	569,258
Costco Wholesale Corp	1,090 Shares	541,983	719,487
CrowdStrike Holdings Inc	865 Shares	118,429	220,852
CSL LTD NPV	2,660 Shares	207,099	520,328
Cubsmart	8,499 Shares	343,375	393,929
Curtiss Wright Corp Com	1,692 Shares	302,999	376,961
CVS Health Corporation	9,287 Shares	797,693	733,302
Danaher Corp	1,042 Shares	213,430	241,056
Dassault Systemes Se Eur	7,200 Shares	300,901	351,853
Diamondback Energy Inc	3,135 Shares	223,279	486,176
Ecolab Inc	5,397 Shares	1,062,161	1,070,495
Edwards LifeSciences Corp	14,406 Shares	879,031	1,098,458
Endava PLC	6,335 Shares	461,042	493,180
Etsy Inc	3,441 Shares	255,729	278,893
Evercore Inc	1,839 Shares	250,854	314,561
Experian PLC	10,000 Shares	207,726	408,161
Fastenal Co	22,461 Shares	858,791	1,454,799
Floor & Decor Holdings Inc	3,529 Shares	276,524	393,695
Fortinet Inc	7,700 Shares	274,455	450,681
Gilead Sciences Inc	5,351 Shares	348,916	433,485
Godaddy Inc	2,933 Shares	246,471	311,367
Goosehead Insurance Inc	7,051 Shares	312,601	534,466
Guidewire Software Inc	7,195 Shares	661,343	784,543
HCA Holdings Inc	2,004 Shares	537,603	542,443
Heico Corp CL A	5,056 Shares	529,860	720,177
Huntington Ingalls Industries	1,825 Shares	404,079	473,843
Illumina Inc	3,309 Shares	1,103,740	460,745
Industria De Diseno Textil EUR	15,500 Shares	460,481	675,182
Intuitive Surgical Inc	3,793 Shares	352,517	1,279,606
Jacobs Solutions Inc	3,911 Shares	355,860	507,648
Johnson Controls International PLC	7,384 Shares	459,213	425,614
Jones lang Lasalle Inc Com	2,075 Shares	323,243	391,905
Keyence Co NPV	1,600 Shares	103,895	705,005
Kinsale Capital Group Inc	1,418 Shares	476,030	474,902
L'Oreal SA EUR 2.0	1,550 Shares	237,531	771,673
Linde PLC	2,250 Shares	395,129	924,098
Littelfuse Inc Com	643 Shares	178,999	172,041
Live Nation Entertainment Inc	3,383 Shares	285,012	316,649
Lonza Group AG, Zuerich CHF 1.0	510 Shares	307,426	214,338
LPL Financial Holdings Inc	2,011 Shares	397,260	457,744
LVMH Moet Hennessy Loui EUR	930 Shares	206,113	753,710
Markel Group Inc	1,043 Shares	1,238,340	1,480,956

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Mastercard Inc CL A	2,300 Shares	\$ 158,257	\$ 980,973
Meta Platforms Inc CL A	2,198 Shares	447,807	778,004
Microsoft Corp	4,391 Shares	169,822	1,651,192
Middleby Corp	2,222 Shares	286,293	327,012
Molina Healthcare Inc	1,228 Shares	370,006	443,689
Moodys Corp	2,532 Shares	789,650	988,898
Nestle SA CHF 0.1	4,430 Shares	369,093	513,272
New Pennymac Financial Service	5,690 Shares	343,342	502,825
Nike Inc Cl B	5,050 Shares	125,431	548,279
Novo Nordisk A/S Ser B	12,170 Shares	477,540	1,493,381
NVR Inc Com	86 Shares	302,515	602,039
O'Reilly Automotive Inc	428 Shares	374,944	406,634
Occidental Pete Corp	9,111 Shares	587,254	544,018
Old Dominion Freight Line Inc	3,436 Shares	893,009	1,392,714
ON Semiconductor Corp	3,442 Shares	261,184	287,510
Paychex Inc	4,600 Shares	497,110	547,906
Paypal Holdings Inc	2,856 Shares	168,868	175,387
Prudential PLC	28,300 Shares	561,759	320,050
Reliance Stl & Alum Co Com	1,649 Shares	356,800	461,192
Repligen Corp	3,918 Shares	572,199	704,456
Roche Hldfs Ag Genussscheine	1,800 Shares	403,368	522,933
Salesforce Inc	2,707 Shares	584,568	712,320
SBA Communications Corp	919 Shares	272,430	233,141
Shin-Etsu Chemical Co Ltd NPV	15,800 Shares	199,239	663,131
Siteone Landscape Supply Inc	2,172 Shares	338,148	352,950
SMC Corp NPV	600 Shares	215,536	322,428
Sprout Social Inc	8,294 Shares	514,050	509,583
Stryker Corp	2,000 Shares	144,148	598,920
Taiwan Semi Conductor Manufactu - ADR	7,600 Shares	110,497	790,400
Tesla Inc	1,535 Shares	309,533	381,417
Texas Instruments	3,000 Shares	391,781	511,380
The Kraft Heinz Company	13,189 Shares	538,216	487,729
Thermo Fisher Scientific Inc	451 Shares	224,552	239,385
TJX Companies Inc	8,050 Shares	227,201	755,170
Transdigm Group Inc	814 Shares	418,159	823,442
Tyler Technologies Inc	493 Shares	224,805	206,133
Uber Technologies	9,137 Shares	285,857	562,565
Union Pacific Group	1,492 Shares	303,650	366,465
United Therapeutics Corp Del	1,874 Shares	371,716	412,074
UTZ Brands Inc	26,517 Shares	411,164	430,636
Veeva Systems Inc	5,027 Shares	1,108,130	967,798
Ventas Inc Com	5,868 Shares	301,550	292,461
Veralto Corporation	10,010 Shares	745,977	823,423
Vertex Pharmaceuticals Inc Com	835 Shares	242,365	339,753
Viper Energy Inc CL A	12,623 Shares	403,940	396,110
Visa Inc Class A Shrs	1,272 Shares	280,959	331,165
Vulcan Materials Company	4,537 Shares	618,607	1,029,943

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Walt Disney Co	3,300 Shares	\$ 363,230	\$ 297,957
Waste Connections, Inc	5,410 Shares	543,711	807,551
Waters Corp	1,800 Shares	393,569	592,614
Wells Fargo & Co	14,854 Shares	639,674	731,114
West Pharmaceuticals SVCS Inc	1,370 Shares	375,020	482,404
Willscot Mobile Mini Holdings	21,362 Shares	757,975	950,609
WNS Holdings LTD	11,147 Shares	858,195	704,490
Workiva Inc	1,533 Shares	173,367	155,645
Total common stocks		57,215,493	80,088,088
U.S. Government and Agency Obligations			
Fed Natl MTG Assn Pool #A15534	34,549 Shares	36,816	34,082
Fed Natl MTG Assn Pool #FM2875	4,755 Shares	4,998	4,782
US Treasury Bonds	49,900,000 Shares	46,893,650	48,494,816
US Treasury Bonds	20,000,000 Shares	18,333,786	19,065,600
US Treasury Bonds	15,700,000 Shares	15,452,352	16,026,246
US Treasury Bonds	23,200,000 Shares	23,861,426	22,890,047
US Treasury Notes	40,000 Shares	38,873	39,528
US Treasury Notes	260,000 Shares	255,659	256,922
US Treasury Notes	325,000 Shares	321,728	323,336
US Treasury Notes	330,000 Shares	326,597	328,594
US Treasury Notes	180,000 Shares	176,189	178,384
US Treasury Notes	355,000 Shares	349,531	353,697
US Treasury Notes	395,000 Shares	393,843	395,940
US Treasury Notes	1,164,845 Shares	1,036,768	1,063,993
US Treasury Notes	2,334,354 Shares	2,155,243	2,208,065
US Treasury Inflation Index Bond	665,958 Shares	568,900	584,804
US Treasury Note	510,000 Shares	490,556	498,046
US Treasury Note	330,000 Shares	317,651	322,189
US Treasury Note	310,000 Shares	300,591	302,600
US Treasury Note	545,000 Shares	530,438	530,547
Corporate Bonds			
Amcor Flexibles North AM	75,000 Shares	73,311	73,666
American Express Co	70,000 Shares	68,672	68,867
American Express Co	60,000 Shares	60,000	59,824
American Express Credit Account	180,000 Shares	177,694	176,932
American Honda Financial Corp	105,000 Shares	104,902	106,805
Ameriprise Financial Inc	140,000 Shares	134,473	136,555
Amphenol Corp	105,000 Shares	105,852	104,350
Ashtead Capital Inc	200,000 Shares	199,534	197,890
AT&T Inc	100,000 Shares	96,025	98,897
AvalonBay Communities Inc	110,000 Shares	107,913	108,329
Bank of America Corp	190,000 Shares	181,803	184,786
Bank of America Credit Card Tr	110,000 Shares	103,146	108,396
Bank of Montreal	115,000 Shares	108,510	110,809

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Bank of Montreal	30,000 Shares	\$ 28,949	\$ 29,398
Bank of Nova Scotia	165,000 Shares	150,597	158,682
Berry Global Inc	100,000 Shares	99,096	101,096
BMW Vehicle Owner Trust	117,154 Shares	114,073	115,500
BPCE SA	300,000 Shares	300,000	302,352
Brookfield Finance Inc	200,000 Shares	200,000	212,758
Canadian Imperial bank	130,000 Shares	129,567	129,997
Capital One Multi-asset Execut	150,000 Shares	138,750	144,378
Capital One Prime Auto Receiva	28,049 Shares	28,043	27,950
Capital One Prime Auto Receiva	25,000 Shares	24,205	24,532
Cassa Depositi E Prestiti	200,000 Shares	199,620	199,726
Caterpillar Finl Service	70,000 Shares	69,989	69,931
Charles Schwab Corp	105,000 Shares	100,262	103,922
Charter Communications	200,000 Shares	199,822	204,466
Citigroup Inc	165,000 Shares	157,483	160,636
CNH Equipment Trust	14,610 Shares	14,609	14,568
CNH Equipment Trust	110,000 Shares	109,751	109,808
Constellation Energy Gen LLC	300,000 Shares	299,928	315,321
Credit Suisse AG	250,000 Shares	249,428	273,803
Danske Bank	400,000 Shares	400,000	402,836
Discover Card Execution Note	110,000 Shares	107,070	107,661
Dish Network Corp	100,000 Shares	102,000	104,386
DTE Energy Co	105,000 Shares	105,068	103,776
Duke Energy Carolinas LLC	100,000 Shares	99,820	102,365
Electricite De France	200,000 Shares	198,646	226,182
Entergy Arkansas LLC	200,000 Shares	199,346	203,888
Equitable Holdings Inc	100,000 Shares	100,000	102,680
ERP Operating LP	75,000 Shares	72,678	73,376
Eversource Energy	100,000 Shares	99,844	100,505
Eversource Energy Gbl	70,000 Shares	70,372	69,461
Ford Credit Auto Owner Trust	111,884 Shares	106,553	108,879
Fox Corp	110,000 Shares	105,924	107,078
General Mills Inc	90,000 Shares	94,223	89,732
General Motors Finl Co	55,000 Shares	55,526	55,626
Genuine Parts Co	110,000 Shares	103,023	105,620
Glencore Funding LLC	100,000 Shares	99,834	103,752
GLP Cap LP	100,000 Shares	98,196	107,883
GM Financial Securitized Term	73,385 Shares	72,192	71,703
GM Financial Securitized Term	120,000 Shares	117,375	118,062
Goldman Sachs Group Inc	110,000 Shares	106,716	108,140
GTCR W-2 Merger Sub LLC	200,000 Shares	200,000	211,344
Honda Auto Receivables Owner T	125,000 Shares	125,303	125,156
HP Enterprise Co	70,000 Shares	69,987	70,164
HP Enterprise Co	35,000 Shares	34,813	34,836
Hyundai Auto Receivables Trust	105,000 Shares	105,591	105,441
Ingersoll Rand Inc	100,000 Shares	99,234	105,800
Interpublic Group Cos	130,000 Shares	135,664	129,259

Parkview Health System, Inc. Employees' Pension Plan
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Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year) (continued)
December 31, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Intesa Sanpaolo	400,000 Shares	\$ 399,604	\$ 426,404
Israel Discount Bank	200,000 Shares	199,870	194,622
John Deere Owner Trust	92,955 Shares	89,587	90,878
John Deere Owner Trust	60,000 Shares	58,416	59,030
JPMorgan Chase & Co	135,000 Shares	132,196	133,902
Keycorp	100,000 Shares	99,459	97,764
Kinder Morgan Ener Part	15,000 Shares	14,811	14,976
Kinder Morgan Ener Part	70,000 Shares	70,077	69,350
L3Harris Technologies Inc	200,000 Shares	199,738	204,150
Marriott International	80,000 Shares	81,141	80,466
Marvell Technology Inc	200,000 Shares	198,696	212,078
Mercedes-Benz Auto Receivables	29,418 Shares	29,416	29,395
Mercedes-Benz Auto Receivables	92,245 Shares	88,491	89,498
Morgan Stanley	165,000 Shares	151,128	161,301
MPLX LP	95,000 Shares	94,490	94,459
National Grid PLC	100,000 Shares	100,000	105,076
Nextera Energy Capital Holdings Inc	95,000 Shares	95,693	95,891
Nissan Auto Receivables Owner	114,210 Shares	109,976	111,104
Nissan Auto Receivables Owner Trust	67,807 Shares	67,734	67,590
Nutrien Ltd	105,000 Shares	104,810	105,285
NY State Electronic & Gas	100,000 Shares	99,841	104,723
Oracle Corp	110,000 Shares	104,553	106,336
Oracle Corp	100,000 Shares	99,930	99,545
Pacific Gas & Electric	200,000 Shares	199,500	219,682
Pacific Gas & Electric	100,000 Shares	96,919	108,772
Pacificorp	100,000 Shares	99,956	98,111
Parker-Hannifin Corp	80,000 Shares	79,908	79,234
Phillip Morris Intl Inc	100,000 Shares	99,178	101,632
Phillips 66 Co	85,000 Shares	81,245	82,710
Popular Inc	100,000 Shares	99,637	102,875
Rand Parent LLC	100,000 Shares	100,000	95,633
Realty Income Corp	55,000 Shares	53,930	54,078
Royal Bank of Canada	110,000 Shares	109,363	110,013
Ryder System Inc	125,000 Shares	127,837	124,394
Santos Finance Ltd	300,000 Shares	298,782	318,156
Sherwin Williams Co	70,000 Shares	68,520	69,369
Societe Generale	200,000 Shares	200,000	210,950
Spectra Energy Partners	135,000 Shares	134,086	134,733
Standard Chartered PLC	300,000 Shares	300,000	307,740
State Street Corp	35,000 Shares	33,538	34,105
State Street Corp	40,000 Shares	40,000	39,810
Sysco Corporation	100,000 Shares	99,037	108,250
Tapestry Inc	300,000 Shares	298,425	320,063
Toronto-Dominion Bank	155,000 Shares	153,014	156,068
Toyota Auto Receivables Owner	49,519 Shares	46,360	48,049
Toyota Auto Receivables Owner	82,336 Shares	78,866	80,114
Toyota Motor Credit Corp	90,000 Shares	89,961	90,021

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, 2023

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Trans-Canada Pipelines	105,000 Shares	\$ 97,604	\$ 101,252
UBS Group AG	200,000 Shares	200,000	206,904
UBS Group AG Snr NTS USD	200,000 Shares	200,000	206,130
Verizon Communications	90,000 Shares	90,585	89,034
Volkswagon Auto Loan Enhanced	86,339 Shares	82,596	84,045
Wells Fargo & Co	105,000 Shares	100,235	102,934
Williams Partners LP	110,000 Shares	106,841	108,237
State and Municipal Bonds			
Louisiana Loc Govt Envrnmntl	100,000 Shares	100,000	102,897
Ney York State Urban Dev Corp Rev	200,000 Shares	188,108	191,410
Texas Natural Gas Securitization	100,000 Shares	100,000	103,339
Foreign Government and Agency			
Hong Kong Govt	200,000 Shares	199,256	208,272
Republic of Panama	500,000 Shares	464,230	467,210
Republic of Romania	550,000 Shares	588,924	623,732
Republic of Serbia	300,000 Shares	293,109	307,500
Romania	550,000 Shares	584,575	648,137
Saudi International Bond	200,000 Shares	185,388	188,264
United Mexican States	200,000 Shares	199,996	203,604
Total fixed income		128,725,766	131,284,025
Commingled Funds			
Clarion Lion Properties Fund LP	3,246 Shares	\$ 5,872,006	\$ 5,105,219
Lazard Emerging World Investors LP	18,000,000 Shares	18,000,000	15,724,320
All World Ex US Equity CEF Fund	1,388,828 Shares	14,000,000	12,872,470
Wellington CTF DIH	473,263 Shares	6,431,594	7,463,358
Total commingled funds		44,303,600	41,165,367
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	688 Shares	7,353,593	8,602,439
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	124,005 Shares	12,123,049	16,081,349
Total real estate funds		19,476,642	24,683,788
Investment Contract With Insurance Company			
Lincoln National Life		3,771,312	3,771,312
		\$ 407,700,619	\$ 439,108,220

* Party-in-interest

<div>SCHEDULE SB (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div></div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
<div>Round off amounts to nearest dollar.</div> <div>Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.</div>		
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 2023		
2 Assets:		
a Market value		2a 395,525,459
b Actuarial value		2b 435,078,004
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		2,357 267,965,498 267,965,498
b For terminated vested participants		600 22,478,957 22,478,957
c For active participants		1,492 132,840,550 134,931,497
d Total		4,449 423,285,005 425,375,952
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 5.25%
6 Target normal cost		
a Present value of current plan year accruals		6a 7,943,217
b Expected plan-related expenses		6b 2,703,940
c Target normal cost		6c 10,647,157
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	09/19/2024
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) 2023 v. 230728		

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)	14,776,299	18,778,406
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)	14,776,299	18,778,406
10	Interest on line 9 using prior year's actual return of <u>-14.02</u> %	-2,071,637	-2,632,733
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,406,192
	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>5.42</u> %		347,216
	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		6,753,408
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	426,102	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	12,278,560	16,145,673

Part III		Funding Percentages	
14	Funding target attainment percentage	14	95.59 %
15	Adjusted funding target attainment percentage	15	102.28 %
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	113.49 %
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
09/06/2024	8,200,000	0			
Totals ►			18(b)	8,200,000	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 7,523,709
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: 5.00 %	3rd segment: 5.74 %	☐ 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	10,647,157	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	10,647,157	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	3,123,448	0	3,123,448
36 Additional cash requirement (line 34 minus line 35)	36	7,523,709	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7,523,709	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Funding assumptions selection and rationale

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.

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 specified in this report. Further, the model applies those funding rules 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 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 rules as well as the manner in which the model generates its output.

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. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding Assumptions and Methods

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

Interest rates

	2023 Plan Year	2022 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.00%	5.18%
Third Segment Rate	5.74%	5.92%
Effective Interest Rate	5.25%	5.42%
Funding Rates – Unconstrained**		
First Segment Rate	2.13%	0.88%
Second Segment Rate	3.62%	2.61%
Third Segment Rate	3.93%	3.27%
Effective Interest Rate	3.68%	2.84%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction.

The 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 2022-22, 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

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

Salary increases

Current Year:	3.0%
Prior Year:	3.0%

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 \$2,703,940 based on last year’s expenses adjusted for expected increases in the PBGC premium for 2023 were added to the Target Normal Cost. To determine the 2023 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 2023.

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

EIN/PN: 35-1972384 / 001

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

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	6.75%	5.92%	5.92%
2021 Expected Return	6.75%	6.11%	6.11%

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date (approximately 45% fixed income / cash, 40% equity, and 15% other).

Summary of Changes from the January 1, 2022 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 above changes in assumptions increased the plan's Funding Target by approximately \$12.3M.
- The assumed administrative expense to be paid from plan assets decreased from \$3,478,744 to \$2,703,940.
- The asset valuation method was changed to value the market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the immediately preceding year and the year before that, respectively. Previously the actuarial valuation of assets was market value as of the valuation date, including discounted receivables. The updated asset valuation method meets the criteria for automatic approval under Revenue Procedure 2017-56 Section 3.01.

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

EIN/PN: 35-1972384 / 001

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, 2022 Valuation

None.

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, 2023 – 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		5		19		0		0		0		0	
40 - 44	0		1		2		6		45	94,182	24	81,523	0		0		0	
45 - 49	0		1		3		7		23	92,117	36	86,186	7		0		0	
50 - 54	0		0		1		3		17		26	81,321	21	89,986	9		0	
55 - 59	0		0		0		10		16		27	87,132	38	85,470	28	97,354	18	
60 - 64	1		0		1		3		11		32	75,743	27	77,089	27	84,606	58	88,541
65 - 69	0		0		1		0		6		5		7		0		3	
70 & up	0		0		0		1		0		1		1		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		1		1		0		0		0		0		0		0	
40 - 44	7		88	82965	10		2		1		0		0		0		0	
45 - 49	7		82	93714	83	88394	4		2		1		0		0		0	
50 - 54	6		73	101674	99	94042	49	94238	6		0		0		0		0	
55 - 59	6		48	91627	88	86832	40	115547	28	105801	4		0		0		0	
60 - 64	3		39	103318	33	101692	25	83008	21	93049	12		1		1		0	
65 - 69	2		12		11		3		2		1		0		0		0	
70 & up	0		1		0		1		0		0		0		0		0	

¹ 588 employees who are currently accruing benefits.

² 904 employees who are not currently accruing benefits.

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, 2022 Valuation

- The assumed administrative expense to be paid from plan assets decreased from \$3,478,744 to \$2,703,940.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 25 – Change in Actuarial Methods

Summary of Changes from the January 1, 2022 Valuation

- The asset valuation method was changed to value the market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the immediately preceding year and the year before that, respectively. Previously the actuarial valuation of assets was market value as of the valuation date, including discounted receivables. The updated asset valuation method meets the criteria for automatic approval under Revenue Procedure 2017-56 Section 3.01.

<div>SCHEDULE SB (Form 5500) <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>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning	01/01/2023	and ending	12/31/2023
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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.

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

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2023			
2 Assets:			
a Market value	2a	395,525,459	
b Actuarial value	2b	435,078,004	
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	2,357	267,965,498	267,965,498
b For terminated vested participants	600	22,478,957	22,478,957
c For active participants	1,492	132,840,550	134,931,497
d Total	4,449	423,285,005	425,375,952
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	5.25%	
6 Target normal cost			
a Present value of current plan year accruals	6a	7,943,217	
b Expected plan-related expenses	6b	2,703,940	
c Target normal cost	6c	10,647,157	

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.

<div>SIGN HERE</div>	<div>Timothy J. Maxson TJM</div> <div>Signature of actuary</div>	<div>09/19/2024</div> <div>Date</div>
<div>TIMOTHY J. MAXSON</div> <div>Type or print name of actuary</div>	<div>2306697</div> <div>Most recent enrollment number</div>	
<div>BUCK GLOBAL, LLC</div> <div>Firm name</div>	<div>260-426-7800</div> <div>Telephone number (including area code)</div>	
<div>110 W. BERRY ST., SUITE 1300</div>		
<div>FORT WAYNE IN 46802-2317</div> <div>Address of the firm</div>		

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment: 4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment: 5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment: 5.74 %</div> </div>	☐ 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	10,647,157
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 style="text-align: right;">10,647,157
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	3,123,448	0
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: right;">7,523,709
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: right;">7,523,709
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b style="text-align: right;">0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years.....		40 style="text-align: right;">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		

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Funding assumptions selection and rationale

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.

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 specified in this report. Further, the model applies those funding rules 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 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 rules as well as the manner in which the model generates its output.

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. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Prescribed Funding Assumptions and Methods

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

Interest rates

	2023 Plan Year	2022 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.00%	5.18%
Third Segment Rate	5.74%	5.92%
Effective Interest Rate	5.25%	5.42%
Funding Rates – Unconstrained**		
First Segment Rate	2.13%	0.88%
Second Segment Rate	3.62%	2.61%
Third Segment Rate	3.93%	3.27%
Effective Interest Rate	3.68%	2.84%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction.

The 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 2022-22, 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

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods

Salary increases

Current Year:	3.0%
Prior Year:	3.0%

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 \$2,703,940 based on last year’s expenses adjusted for expected increases in the PBGC premium for 2023 were added to the Target Normal Cost. To determine the 2023 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 2023.

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

EIN/PN: 35-1972384 / 001

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

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	6.75%	5.92%	5.92%
2021 Expected Return	6.75%	6.11%	6.11%

The expected asset return assumption was based on an analysis of long term expected returns for the asset classes in which the plan's assets were invested as of the measurement date (approximately 45% fixed income / cash, 40% equity, and 15% other).

Summary of Changes from the January 1, 2022 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 above changes in assumptions increased the plan's Funding Target by approximately \$12.3M.
- The assumed administrative expense to be paid from plan assets decreased from \$3,478,744 to \$2,703,940.
- The asset valuation method was changed to value the market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the immediately preceding year and the year before that, respectively. Previously the actuarial valuation of assets was market value as of the valuation date, including discounted receivables. The updated asset valuation method meets the criteria for automatic approval under Revenue Procedure 2017-56 Section 3.01.

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

EIN/PN: 35-1972384 / 001

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

Early Monthly Retirement Pension

Monthly Accrued Benefit as of Early Retirement Date, reduced by $\frac{1}{180}$ for each month of the first 60 months plus $\frac{1}{360}$ 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, 2022 Valuation

None.

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	651.6949	0.0099	6.4535	354.9428
56	684.9334	0.0100	6.8234	382.1077
57	744.0931	0.0100	7.4220	423.0539
58	826.4775	0.0100	8.2551	478.7986
59	886.7784	0.0200	17.7356	1,046.3985
60	936.3448	0.0200	18.7269	1,123.6137
61	994.6255	0.1299	129.1713	7,879.4499
62	938.0780	0.2497	234.2793	14,525.3135
63	759.3280	0.1600	121.4925	7,654.0260
64	669.6342	0.3300	220.9793	14,142.6752
65	475.5105	0.5000	237.7553	15,454.0917
66	261.0697	0.4000	104.4279	6,892.2388
67	163.6016	0.4000	65.4407	4,384.5242
68	104.4278	0.4000	41.7711	2,840.4366
69	66.1316	0.4000	26.4526	1,825.2320
70	44.3005	1.0000	44.3005	3,101.0325
71	2.0000	1.0000	2.0000	142.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
Total			1,295.4868	82,794.9355
Weighted Average Retirement Age = 82,794.9355 / 1,295.4868				63.91
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, 2022 Valuation

- The assumed administrative expense to be paid from plan assets decreased from \$3,478,744 to \$2,703,940.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Line 25 – Change in Actuarial Methods

Summary of Changes from the January 1, 2022 Valuation

- The asset valuation method was changed to value the market value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in the immediately preceding year and the year before that, respectively. Previously the actuarial valuation of assets was market value as of the valuation date, including discounted receivables. The updated asset valuation method meets the criteria for automatic approval under Revenue Procedure 2017-56 Section 3.01.

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, 2023 – 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		5		19		0		0		0		0	
40 - 44	0		1		2		6		45	94,182	24	81,523	0		0		0	
45 - 49	0		1		3		7		23	92,117	36	86,186	7		0		0	
50 - 54	0		0		1		3		17		26	81,321	21	89,986	9		0	
55 - 59	0		0		0		10		16		27	87,132	38	85,470	28	97,354	18	
60 - 64	1		0		1		3		11		32	75,743	27	77,089	27	84,606	58	88,541
65 - 69	0		0		1		0		6		5		7		0		3	
70 & up	0		0		0		1		0		1		1		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		1		1		0		0		0		0		0		0	
40 - 44	7		88	82965	10		2		1		0		0		0		0	
45 - 49	7		82	93714	83	88394	4		2		1		0		0		0	
50 - 54	6		73	101674	99	94042	49	94238	6		0		0		0		0	
55 - 59	6		48	91627	88	86832	40	115547	28	105801	4		0		0		0	
60 - 64	3		39	103318	33	101692	25	83008	21	93049	12		1		1		0	
65 - 69	2		12		11		3		2		1		0		0		0	
70 & up	0		1		0		1		0		0		0		0		0	

¹ 588 employees who are currently accruing benefits.

² 904 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
2023	\$1,387,096	\$322,109	\$23,828,901	\$25,538,106
2024	\$2,585,166	\$461,237	\$23,483,953	\$26,530,356
2025	\$3,763,475	\$572,165	\$23,105,567	\$27,441,207
2026	\$4,876,086	\$829,745	\$22,696,568	\$28,402,399
2027	\$5,925,427	\$1,052,451	\$22,245,602	\$29,223,480
2028	\$6,815,309	\$1,191,865	\$21,763,605	\$29,770,779
2029	\$7,596,043	\$1,367,605	\$21,248,337	\$30,211,985
2030	\$8,313,672	\$1,463,581	\$20,687,920	\$30,465,173
2031	\$8,934,095	\$1,508,258	\$20,083,186	\$30,525,539
2032	\$9,437,583	\$1,545,740	\$19,430,637	\$30,413,960
2033	\$9,905,350	\$1,596,440	\$18,750,395	\$30,252,185
2034	\$10,292,393	\$1,666,294	\$18,029,037	\$29,987,724
2035	\$10,594,685	\$1,764,741	\$17,264,943	\$29,624,369
2036	\$10,913,714	\$1,814,523	\$16,459,132	\$29,187,369
2037	\$11,146,125	\$1,846,612	\$15,613,586	\$28,606,323
2038	\$11,313,587	\$1,892,238	\$14,731,323	\$27,937,148
2039	\$11,434,047	\$1,923,945	\$13,816,467	\$27,174,459
2040	\$11,563,107	\$1,934,689	\$12,874,339	\$26,372,135
2041	\$11,615,357	\$1,925,903	\$11,911,532	\$25,452,792
2042	\$11,579,257	\$1,923,350	\$10,935,847	\$24,438,454
2043	\$11,548,400	\$1,894,700	\$9,956,151	\$23,399,251
2044	\$11,450,652	\$1,876,543	\$8,982,257	\$22,309,452
2045	\$11,353,606	\$1,842,987	\$8,024,609	\$21,221,202
2046	\$11,174,888	\$1,804,752	\$7,093,986	\$20,073,626
2047	\$10,872,692	\$1,747,800	\$6,201,155	\$18,821,647
2048	\$10,528,143	\$1,683,141	\$5,356,385	\$17,567,669
2049	\$10,125,121	\$1,636,606	\$4,568,904	\$16,330,631
2050	\$9,664,495	\$1,564,595	\$3,846,378	\$15,075,468
2051	\$9,169,999	\$1,479,574	\$3,194,367	\$13,843,940
2052	\$8,646,412	\$1,389,508	\$2,616,062	\$12,651,982
2053	\$8,104,286	\$1,297,094	\$2,112,232	\$11,513,612
2054	\$7,549,043	\$1,203,072	\$1,681,297	\$10,433,412
2055	\$6,987,964	\$1,108,914	\$1,319,561	\$9,416,439
2056	\$6,431,782	\$1,015,712	\$1,021,637	\$8,469,131
2057	\$5,887,604	\$924,737	\$780,919	\$7,593,260
2058	\$5,360,981	\$836,882	\$590,121	\$6,787,984
2059	\$4,857,043	\$752,751	\$441,749	\$6,051,543
2060	\$4,379,682	\$673,307	\$328,493	\$5,381,482
2061	\$3,931,352	\$598,918	\$243,559	\$4,773,829
2062	\$3,513,578	\$529,802	\$180,893	\$4,224,273
2063	\$3,126,810	\$466,069	\$135,309	\$3,728,188
2064	\$2,770,749	\$407,711	\$102,522	\$3,280,982
2065	\$2,444,410	\$354,623	\$79,117	\$2,878,150
2066	\$2,146,366	\$306,620	\$62,445	\$2,515,431
2067	\$1,875,012	\$263,466	\$50,512	\$2,188,990
2068	\$1,628,646	\$224,900	\$41,858	\$1,895,404
2069	\$1,405,623	\$190,640	\$35,442	\$1,631,705
2070	\$1,204,405	\$160,395	\$30,536	\$1,395,336
2071	\$1,023,604	\$133,870	\$26,643	\$1,184,117
2072	\$861,996	\$110,777	\$23,427	\$996,200

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	651.6949	0.0099	6.4535	354.9428
56	684.9334	0.0100	6.8234	382.1077
57	744.0931	0.0100	7.4220	423.0539
58	826.4775	0.0100	8.2551	478.7986
59	886.7784	0.0200	17.7356	1,046.3985
60	936.3448	0.0200	18.7269	1,123.6137
61	994.6255	0.1299	129.1713	7,879.4499
62	938.0780	0.2497	234.2793	14,525.3135
63	759.3280	0.1600	121.4925	7,654.0260
64	669.6342	0.3300	220.9793	14,142.6752
65	475.5105	0.5000	237.7553	15,454.0917
66	261.0697	0.4000	104.4279	6,892.2388
67	163.6016	0.4000	65.4407	4,384.5242
68	104.4278	0.4000	41.7711	2,840.4366
69	66.1316	0.4000	26.4526	1,825.2320
70	44.3005	1.0000	44.3005	3,101.0325
71	2.0000	1.0000	2.0000	142.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
Total			1,295.4868	82,794.9355
Weighted Average Retirement Age = 82,794.9355 / 1,295.4868				63.91
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 26b – Schedule of Projection of Expected Benefit Payments**

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$1,387,096	\$322,109	\$23,828,901	\$25,538,106
2024	\$2,585,166	\$461,237	\$23,483,953	\$26,530,356
2025	\$3,763,475	\$572,165	\$23,105,567	\$27,441,207
2026	\$4,876,086	\$829,745	\$22,696,568	\$28,402,399
2027	\$5,925,427	\$1,052,451	\$22,245,602	\$29,223,480
2028	\$6,815,309	\$1,191,865	\$21,763,605	\$29,770,779
2029	\$7,596,043	\$1,367,605	\$21,248,337	\$30,211,985
2030	\$8,313,672	\$1,463,581	\$20,687,920	\$30,465,173
2031	\$8,934,095	\$1,508,258	\$20,083,186	\$30,525,539
2032	\$9,437,583	\$1,545,740	\$19,430,637	\$30,413,960
2033	\$9,905,350	\$1,596,440	\$18,750,395	\$30,252,185
2034	\$10,292,393	\$1,666,294	\$18,029,037	\$29,987,724
2035	\$10,594,685	\$1,764,741	\$17,264,943	\$29,624,369
2036	\$10,913,714	\$1,814,523	\$16,459,132	\$29,187,369
2037	\$11,146,125	\$1,846,612	\$15,613,586	\$28,606,323
2038	\$11,313,587	\$1,892,238	\$14,731,323	\$27,937,148
2039	\$11,434,047	\$1,923,945	\$13,816,467	\$27,174,459
2040	\$11,563,107	\$1,934,689	\$12,874,339	\$26,372,135
2041	\$11,615,357	\$1,925,903	\$11,911,532	\$25,452,792
2042	\$11,579,257	\$1,923,350	\$10,935,847	\$24,438,454
2043	\$11,548,400	\$1,894,700	\$9,956,151	\$23,399,251
2044	\$11,450,652	\$1,876,543	\$8,982,257	\$22,309,452
2045	\$11,353,606	\$1,842,987	\$8,024,609	\$21,221,202
2046	\$11,174,888	\$1,804,752	\$7,093,986	\$20,073,626
2047	\$10,872,692	\$1,747,800	\$6,201,155	\$18,821,647
2048	\$10,528,143	\$1,683,141	\$5,356,385	\$17,567,669
2049	\$10,125,121	\$1,636,606	\$4,568,904	\$16,330,631
2050	\$9,664,495	\$1,564,595	\$3,846,378	\$15,075,468
2051	\$9,169,999	\$1,479,574	\$3,194,367	\$13,843,940
2052	\$8,646,412	\$1,389,508	\$2,616,062	\$12,651,982
2053	\$8,104,286	\$1,297,094	\$2,112,232	\$11,513,612
2054	\$7,549,043	\$1,203,072	\$1,681,297	\$10,433,412
2055	\$6,987,964	\$1,108,914	\$1,319,561	\$9,416,439
2056	\$6,431,782	\$1,015,712	\$1,021,637	\$8,469,131
2057	\$5,887,604	\$924,737	\$780,919	\$7,593,260
2058	\$5,360,981	\$836,882	\$590,121	\$6,787,984
2059	\$4,857,043	\$752,751	\$441,749	\$6,051,543
2060	\$4,379,682	\$673,307	\$328,493	\$5,381,482
2061	\$3,931,352	\$598,918	\$243,559	\$4,773,829
2062	\$3,513,578	\$529,802	\$180,893	\$4,224,273
2063	\$3,126,810	\$466,069	\$135,309	\$3,728,188
2064	\$2,770,749	\$407,711	\$102,522	\$3,280,982
2065	\$2,444,410	\$354,623	\$79,117	\$2,878,150
2066	\$2,146,366	\$306,620	\$62,445	\$2,515,431
2067	\$1,875,012	\$263,466	\$50,512	\$2,188,990
2068	\$1,628,646	\$224,900	\$41,858	\$1,895,404
2069	\$1,405,623	\$190,640	\$35,442	\$1,631,705
2070	\$1,204,405	\$160,395	\$30,536	\$1,395,336
2071	\$1,023,604	\$133,870	\$26,643	\$1,184,117
2072	\$861,996	\$110,777	\$23,427	\$996,200

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**2023****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2023 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 provide participating employer information in accordance with the form instructions.)**B** This return/report is:☒ a single-employer plan☐ the first return/report☐ an amended return/report☐ a DFE (specify) _____☐ the final 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 planPARKVIEW 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.

2b Employer Identification
Number (EIN)

35-1972384

2c Plan Sponsor's telephone
number

260-373-4000

2d Business code (see
instructions)

622000

1450 PRODUCTION DRIVE
FORT WAYNE, IN 46808**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	<i>Hallie Custer</i>	Oct 6, 2024	Hallie Custer
	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 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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 4440
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) 1492
a(2) Total number of active participants at the end of the plan year	6a(2) 1374
b Retired or separated participants receiving benefits	6b 2247
c Other retired or separated participants entitled to future benefits.	6c 570
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4191
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 177
f Total. Add lines 6d and 6e.	6f 4368
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 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 (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>1</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

Authorization for FORVIS MAZARS to Electronically Sign Form 5500

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

1. The plan administrator and/or plan sponsor must provide FORVIS MAZARS 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 MAZARS 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 MAZARS to electronically sign Form 5500 on behalf of the plan named below.
- ☐ I do not authorize FORVIS MAZARS 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

Hallie Custer
Signature of Plan Administrator

Oct 6, 2024
Date

Hallie Custer
Name of Plan Administrator

hallie.custer@parkview.com
Email Address

Please return the signed authorization form to FORVIS MAZARS.