

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4368
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.....	6a(1)	1374
	6a(2)	1260
	6b	1479
	6c	570
	6d	3309
	6e	90
	6f	3399
	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)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

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.

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	3399	01/01/2024	12/31/2024

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1942621
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 3771312
c	(1) Contributions deposited during the year	7c(1) 24300000
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 283779
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 24583779
d	Total of balance and additions (add lines 7b and 7c(6))	7d 28355091
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 24512878
	(2) Administration charge made by carrier.....	7e(2) 43335
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ LUMP SUM BENEFITS	7e(4) 1856257
(5) Total deductions	7e(5) 26412470	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1942621

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. ▶

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>414706963</u>
	b Actuarial value	2b	<u>434479040</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>2410</u>	<u>277853852</u>
	b For terminated vested participants	<u>592</u>	<u>23377055</u>
	c For active participants	<u>1374</u>	<u>127298052</u>
	d Total	<u>4376</u>	<u>428528959</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.18 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>7442879</u>
	b Expected plan-related expenses	6b	<u>1627328</u>
	c Target normal cost	6c	<u>9070207</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary	<u>09/24/2025</u>
<u>TIMOTHY J. MAXSON</u>	Date
Type or print name of actuary	<u>23-06697</u>
<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
Firm name	<u>260-426-7800</u>
<u>110 W. BERRY ST., SUITE 1300</u> <u>FORT WAYNE, IN 46802-2317</u>	Telephone number (including area code)
Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> 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) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 9070207
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 9070207
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	7833200		7833200
36 Additional cash requirement (line 34 minus line 35)			36 1237007
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 9209146
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 7972139
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 7833200
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LINCOLN NATIONAL LIFE INSURANCE CO

35-0472300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	156467	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	134949	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	144472	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLINGTON TRUST

280 CONGRESS STREET
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	41201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	73763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	143700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	493422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	92460	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	175860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
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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.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	910545	2276792
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8200000	10000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	833552	8210946
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)	80088088	70624354
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	24683788	20984297
(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)	330565032	355167786
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3771312	1942621
(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	449052317	469206796
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34064058	83354951
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	34064058	83354951
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	414988259	385851845

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)	10000000	
(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)		10000000
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)	12876620	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12876620
(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)		-1082919
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21793701

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24978675	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	23261269	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		48239944
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)	156467	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1156127	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	143700	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1233877	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2690171
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50930115

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-29136414
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 551647.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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): <u>35-0472300</u>		
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	<u>903</u>

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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: 94.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: _____ %
 High-Yield Debt: _____ % Real Assets: 4.6 % Cash or Cash Equivalents: _____ % Other: 0.4 %

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 _____.

<p>Structured Attachment</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	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	01/01/2024	Plan Year End Date	12/31/2024	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	01/01/2024	Plan Year End Date	12/31/2024	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, 2024 and 2023, 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, 2024 and 2023, 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
October 2, 2025**

Federal Employer Identification Number: 44-0160260

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

10/02/2025

Signature of Plan Administrator

Date

Hallie Custer

hallie.custer@parkview.com

Name of Plan Administrator

Email Address

Please return the signed authorization form to FORVIS MAZARS.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 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 a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>PARKVIEW HEALTH SYSTEM, INC. EMPLOYEES PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>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)</p> <p>PARKVIEW HEALTH SYSTEM, INC.</p> <p>1450 PRODUCTION DRIVE FORT WAYNE, IN 46808</p>	<p>1c Effective date of plan 07/01/1958</p> <p>2b Employer Identification Number (EIN) 35-1972384</p> <p>2c Plan Sponsor's telephone number 260-373-4000</p> <p>2d Business code (see instructions) 622000</p>

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>	10/02/2025	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">4368</td> </tr> </table>	5	4368																		
5	4368																				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">1374</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">1260</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">1479</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">570</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">3309</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">90</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">3399</td> </tr> <tr> <td>6g(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	1374	6a(2)	1260	6b	1479	6c	570	6d	3309	6e	90	6f	3399	6g(1)	0	6g(2)	0	6h	0
6a(1)	1374																				
6a(2)	1260																				
6b	1479																				
6c	570																				
6d	3309																				
6e	90																				
6f	3399																				
6g(1)	0																				
6g(2)	0																				
6h	0																				
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																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
7																					

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Parkview Health System, Inc. Employees' Pension Plan
EIN 35-1972384 PN 001
Schedule H, Line 4i – Schedule of Net Assets (Held at End of Year)
December 31, 2024

(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	\$ 4,531,781
Cohen & Steers Institutional Realty	20,449 Shares	975,786	979,719
Dodge & Cox Global Stock Fund	1,360,903 Shares	16,546,977	18,657,984
Fidelity 500 Index Fund	64,888 Shares	10,492,773	13,249,491
PAPS Long Duration Corporate Bond	9,008,242 Shares	86,843,617	82,965,903
PIMCO Paps Short Term Floating Nav Port II Fund	7,142 Shares	71,546	71,546
PIMCO Real Return Fund Class Instl	301,932 Shares	3,340,174	3,010,266
PIMCO Sector FD	193,358 Shares	1,937,347	1,950,980
Total Mutual Funds		125,437,323	125,417,670
* Money Market Fund			
Short-Term Investment Fund A S1	14,155,008 Shares	14,155,005	14,155,005
Common Stocks			
Adobe Inc	1,100 Shares	35,955	489,148
AIA Group Ltd USD 1.0	73,000 Shares	453,934	529,094
Alimentation Couche-Tard, Inc	10,650 Shares	284,119	590,449
Alphabet Inc Cl C	10,549 Shares	330,018	2,008,952
Amazon Com Inc Com	2,875 Shares	480,503	630,746
American Express Co	3,343 Shares	590,520	992,169
Amphenol Corp CL A	14,800 Shares	209,347	1,027,860
Ansys Inc	1,382 Shares	461,659	466,190
Appfolio Inc	2,718 Shares	429,060	670,585
Applied Materials Inc	3,123 Shares	539,368	507,893
ASML Holding NC Eur 0.09	790 Shares	536,244	555,191
Atlassian Corporation CL A	1,451 Shares	235,752	353,144
Automatic Data Processing Inc	1,700 Shares	110,111	497,641
Axos Financial, Inc	4,779 Shares	385,912	333,813
Berkshire Hathaway Inc.	1,890 Shares	561,514	856,699
Bio-Techne Corp	10,724 Shares	744,620	772,450
Booking Holdings Inc	237 Shares	642,605	1,177,516
Broadcom Inc	1,753 Shares	101,681	406,416
Brookfield Infrastructure Corp Cl A	10,867 Shares	390,923	434,789
Brookfield Renewable Corp	20,293 Shares	511,552	561,304
Cadence Design Systems Inc	1,412 Shares	346,651	424,250
Carmax Inc Com	5,932 Shares	521,094	485,000
CBRE Group Inc	6,332 Shares	404,541	831,328
CDN National Railways Com NPV	3,450 Shares	390,673	350,226
Charles River Laboratories	1,363 Shares	259,598	251,610
Cheniere Energy Inc Com New	2,966 Shares	503,760	637,304
Cisco Systems Inc	7,600 Shares	169,417	449,920
Cognizant Tech Solutions Crp Com	3,661 Shares	231,688	281,531
Comcast Corp Class A	5,946 Shares	257,370	223,153
Compass Group 11p	18,500 Shares	356,149	616,937

Parkview Health System, Inc. Employees' Pension Plan
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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks (cont.)			
Constellation Brands Inc	1,089 Shares	\$ 247,618	\$ 240,669
Copart Inc Com	7,340 Shares	411,582	421,243
Costar Group Inc	11,934 Shares	907,757	854,355
Costco Wholesale Corp	580 Shares	288,395	531,437
CSL LTD NPV	2,070 Shares	161,164	360,978
Cubalmart	6,695 Shares	270,661	286,881
Curtiss Wright Corp Com	1,185 Shares	219,923	420,521
Davita Inc	2,784 Shares	444,553	416,347
Diamondback Energy Inc	3,108 Shares	304,055	509,184
Ecolab Inc	4,058 Shares	798,637	950,871
Edwards LifeSciences Corp	11,305 Shares	691,859	836,909
Encompass Health Corp	3,285 Shares	286,474	303,370
Endava PLC	5,059 Shares	368,179	156,323
Entegris Inc	2,919 Shares	315,123	289,156
Evercore Inc	1,825 Shares	282,309	505,872
Experian PLC	7,700 Shares	159,949	332,308
Fastenal Co	11,567 Shares	392,202	831,783
Ferguson PLC	2,540 Shares	547,145	440,868
Floor & Decor Holdings Inc	3,510 Shares	288,547	349,947
Fortinet Inc	5,900 Shares	210,297	557,432
GE Healthcare Technologies Inc	4,313 Shares	369,214	337,190
Generac Holdings Inc	229 Shares	38,689	35,506
Godaddy Inc	2,979 Shares	266,350	587,965
Goosehead Insurance Inc	6,972 Shares	381,473	747,538
Guidewire Software Inc	3,275 Shares	301,028	552,100
HCA Holdings Inc	2,261 Shares	644,534	678,639
Heico Corp CL A	4,134 Shares	451,823	769,255
Ilex Corp	1,519 Shares	298,167	317,912
Industria De Diseno Textil EUR	12,000 Shares	356,501	616,809
Intuitive Surgical Inc	1,280 Shares	89,026	668,109
Janus International Group Inc	3,257 Shares	25,054	23,939
Johnson Controls International PLC	7,304 Shares	456,772	576,505
Jones lang Lasalle Inc Com	1,806 Shares	294,268	457,171
JPMorgan Chase & Co	5,816 Shares	1,112,742	1,394,153
Kenvue Inc	24,660 Shares	566,283	526,491
Keyence Co NPV	1,200 Shares	77,921	493,470
Kinsale Capital Group Inc	975 Shares	348,080	453,502
L'Oreal SA EUR 2.0	1,200 Shares	183,895	424,771
Linde PLC	1,750 Shares	307,323	732,673
Lonza Group AG, Zuerich CHF 1.0	510 Shares	306,300	301,519
LVMH Moet Hennessy Louis Vuitton EUR	720 Shares	159,571	473,790
Markel Group Inc	958 Shares	1,203,877	1,653,728
Mastercard Inc CL A	1,800 Shares	123,854	947,826
Medpace Holdings Inc	829 Shares	306,513	275,419
Meta Platforms Inc CL A	1,395 Shares	285,727	816,786

Parkview Health System, Inc. Employees' Pension Plan
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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks (cont.)			
Mettler-Toledo Intl Inc	629 Shares	\$ 771,989	\$ 769,695
Microcgip Technology Inc Com	5,031 Shares	398,460	288,528
Microsoft Corp	3,332 Shares	131,322	1,404,438
Middleby Corp	2,684 Shares	352,502	363,548
Monolithic Pwr Sys Inc	573 Shares	335,566	339,044
Moodys Corp	1,834 Shares	587,535	868,161
MSCI Inc	681 Shares	335,050	408,607
Mueller Inds Inc	5,126 Shares	316,465	406,799
New Pennymac Financial Service	3,509 Shares	212,282	358,409
Nike Inc Cl B	6,380 Shares	300,957	482,775
Novo Nordisk A/S Ser B	7,930 Shares	394,552	911,433
NVR Inc Com	79 Shares	331,044	646,133
O'Reilly Automotive Inc	518 Shares	472,215	614,244
Old Dominion Freight Line Inc	7,010 Shares	991,766	1,236,564
Park Hotels & Resorts Inc	12,281 Shares	175,569	172,794
Patrick Industries Inc	443 Shares	38,776	36,763
Paychex Inc	3,500 Shares	378,236	490,770
Post Holdings Inc	4,702 Shares	527,292	538,191
Reliance Inc	2,043 Shares	488,895	550,098
Repligen Corp	3,579 Shares	502,083	515,161
Resmed Inc	2,427 Shares	489,228	555,031
Roche Hldfs Ag Genussscheine	1,400 Shares	313,731	394,695
Salesforce Inc	2,508 Shares	590,840	838,500
Shin-Etsu Chemical Co Ltd NPV	12,200 Shares	153,843	411,106
Sirius XM Holdings Inc	15,339 Shares	388,844	349,729
Siteone Landscape Supply Inc	2,216 Shares	339,774	292,002
Sitio Royalties Corp CL A	5,063 Shares	119,418	97,108
SMC Corp NPV	500 Shares	179,613	197,818
Starbucks Corp Com	1,523 Shares	142,704	138,974
Stryker Corp	1,500 Shares	108,111	540,075
Taiwan Semi Conductor Manufactu - ADR	5,900 Shares	85,780	1,165,191
Texas Instruments	2,300 Shares	300,365	431,273
TJX Companies Inc	6,250 Shares	176,399	755,063
Transdigm Group Inc	501 Shares	257,368	634,907
Tyler Technologies Inc	397 Shares	181,030	228,926
Uber Technologies	7,807 Shares	309,616	470,918
Union Pacific Group	3,299 Shares	738,314	752,304
United Rental Inc Com	207 Shares	153,435	145,819
United Therapeutics Corp Del	1,635 Shares	330,570	576,893
Unitedhealth Group Inc	1,006 Shares	495,928	508,895
Veeva Systems Inc	4,397 Shares	956,280	924,469
Veralto Corporation	8,009 Shares	650,523	815,717
Verisk Analytics Inc	857 Shares	190,074	236,044
Viper Energy Inc CL A	14,459 Shares	498,217	709,503
Visa Inc Class A Shrs	2,720 Shares	708,770	859,629
Vulcan Materials Company	4,110 Shares	611,035	1,057,215
Waste Connections, Inc	3,426 Shares	344,317	587,833

Parkview Health System, Inc. Employees' Pension Plan
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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stocks (cont.)			
Waters Corp	785 Shares	\$ 171,640	\$ 291,219
West Pharmaceuticals SVCS Inc	2,938 Shares	909,130	962,371
WNS Holdings LTD	8,872 Shares	683,046	420,444
Total Common Stocks		47,648,251	70,624,354
U.S. Government and Agency Obligations			
Fed Home Ln Mtg Corp	409,962 Shares	400,707	406,778
Fed Natl Mtg Assn 30 YR TBA	6,500,000 Shares	6,449,346	6,409,325
Fed Natl MTG Assn Pool #AI5534	16,284 Shares	17,354	16,168
Fed Natl MTG Assn Pool #FM2875	462 Shares	487	461
Fed Natl Mtge Assn Pool #FS4377	295,946 Shares	262,687	251,634
Government National Mortgage Assn	44,619 Shares	44,223	44,463
US Treasury Bonds	290,000 Shares	286,248	290,006
US Treasury Bonds	49,900,000 Shares	45,022,486	44,899,022
US Treasury Bonds	20,000,000 Shares	18,115,961	17,602,000
US Treasury Bonds	14,400,000 Shares	14,008,743	13,549,248
US Treasury Bonds	1,700,000 Shares	1,706,373	1,678,546
US Treasury Bonds	1,300,000 Shares	1,352,955	1,240,811
US Treasury Bonds	4,000,000 Shares	3,903,530	3,877,840
US Treasury Bonds	5,500,000 Shares	5,000,092	4,977,335
US Treasury Bonds	1,500,000 Shares	1,461,567	1,454,415
US Treasury Bonds	16,900,000 Shares	15,509,649	14,721,759
US Treasury Bonds	600,000 Shares	590,980	582,960
US Treasury Notes	65,000 Shares	65,155	65,352
US Treasury Notes	305,000 Shares	303,939	306,235
US Treasury Notes	165,000 Shares	164,903	165,449
US Treasury Notes	160,000 Shares	162,131	161,243
US Treasury Notes	360,000 Shares	363,497	361,930
US Treasury Notes	335,000 Shares	335,393	335,553
US Treasury Notes	60,000 Shares	59,473	59,525
US Treasury Notes	1,200,000 Shares	1,130,092	1,107,480
US Treasury Notes	1,100,000 Shares	1,075,852	1,049,653
US Treasury Notes	2,700,000 Shares	2,723,938	2,641,275
US Treasury Notes	600,000 Shares	592,863	588,894
US Treasury Notes	600,000 Shares	581,063	578,250
US Treasury Notes	600,000 Shares	584,492	580,734
US Treasury Notes	1,400,000 Shares	1,367,528	1,354,332
US Treasury Notes	800,000 Shares	800,112	787,688
US Treasury Notes	800,000 Shares	822,680	807,432
US Treasury Notes	800,000 Shares	834,246	817,656
US Treasury Notes	1,700,000 Shares	1,725,051	1,693,812
US Treasury Inflation Index Bond	1,195,040 Shares	1,036,768	1,067,959
US Treasury Inflation Index Bond	2,394,876 Shares	2,155,243	2,202,592
US Treasury Inflation Index Bond	2,772,576 Shares	2,751,315	2,658,013

Parkview Health System, Inc. Employees' Pension Plan
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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government and Agency Obligations (cont.)			
US Treasury Notes	5,800,000 Shares	\$ 5,556,405	\$ 5,552,688
US Treasury Bonds	1,300,000 Shares	1,060,677	949,455
US Treasury Bonds	2,600,000 Shares	2,268,756	2,030,678
US Treasury Inflation Index Bond	683,226 Shares	568,900	592,200
US Treasury Note	90,000 Shares	87,595	89,117
US Treasury Note	130,000 Shares	127,014	128,816
US Treasury Note	140,000 Shares	136,008	138,579
US Treasury Note	300,000 Shares	291,103	291,315
US Treasury Note	1,000,000 Shares	911,836	898,130
Corporate Bonds			
522 Funding Clo Ltd	250,000 Shares	250,000	250,000
ABU Dhabi Deve Hldg Co	500,000 Shares	497,535	507,940
Amcor Flexibles North AM	65,000 Shares	63,668	64,759
American Express Co	60,000 Shares	60,000	60,015
American Honda Financial Corp	60,000 Shares	59,994	59,750
American Tower Corp	50,000 Shares	46,727	48,017
Ameriprise Financial Inc	75,000 Shares	72,039	74,681
Anchorage Capital	500,000 Shares	500,000	500,003
Anchorage Capital Clo Ltd	375,579 Shares	375,580	375,610
Apex Credit Clo LLC	352,125 Shares	352,126	352,675
Ares Clo Ltd	400,000 Shares	400,000	400,096
Arthur J Gallagher & Co	100,000 Shares	99,376	96,013
Ashtead Capital Inc	200,000 Shares	199,534	196,886
AT&T Inc	65,000 Shares	60,819	62,661
Athene Global FDG	400,000 Shares	400,000	404,632
Athene Global Funding	300,000 Shares	324,302	311,529
Atlantic Avenue Ltd	400,000 Shares	400,000	399,985
Bain Capital Credit	500,000 Shares	500,000	500,000
Banco Btg Pactual/Cayman	200,000 Shares	198,314	200,274
Banco Santander SA	400,000 Shares	400,000	401,776
Bank Montreal	15,000 Shares	15,101	15,138
Bank Nova Scotia	100,000 Shares	100,000	96,748
Bank of America Corp	95,000 Shares	90,328	90,566
Bank of America Credit Card Tr	75,000 Shares	74,577	75,384
Bank of Montreal	45,000 Shares	42,461	44,962
Bank of Montreal	30,000 Shares	28,949	29,862
Bank of Nova Scotia	20,000 Shares	18,254	19,982
Berry Global Inc	100,000 Shares	99,096	100,959
BMO Mortgage Trust	500,000 Shares	515,000	525,570
BMW Vehicle Owner Trust	39,330 Shares	38,296	39,152
BMW Vehicle Owner Trust	50,000 Shares	51,164	50,590
BPCE SA	300,000 Shares	300,000	302,322
Brandywine Oper Partnership	100,000 Shares	99,505	106,420
Brookfield Finance Inc	200,000 Shares	200,000	210,788
Canadian Imperial Bank	60,000 Shares	59,991	59,725
Capital One Financial Co	45,000 Shares	44,567	44,964

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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds (cont.)			
Capital One Multi-asset Execut	70,000 Shares	\$ 69,951	\$ 70,008
Capital One Prime Auto Receiva	17,137 Shares	16,592	17,045
Capital One Prime Auto Receiva	30,000 Shares	29,783	30,112
Carlyle Global Market Strategi	500,000 Shares	500,000	500,022
Cassa Depositi E Prestiti	200,000 Shares	199,620	201,384
Cassa Depositi E Prestiti Roma	300,000 Shares	297,483	305,475
Caterpillar Finl Service	30,000 Shares	29,848	29,959
CDW LLC/ CDW Finance	200,000 Shares	199,484	197,128
Charles Schwab Corp	65,000 Shares	59,799	62,183
Citibank Credit Card Insurance	110,000 Shares	110,318	110,715
Citigroup Inc	90,000 Shares	85,900	89,668
Citizens Financial Group	200,000 Shares	200,000	200,696
CNH Equipment Trust	77,728 Shares	75,821	77,020
CNH Industrial Cap LLC	30,000 Shares	28,103	29,082
Constellation Energy Gen LLC	200,000 Shares	199,952	204,362
Credit Suisse AG	250,000 Shares	249,428	267,728
CSMC 2018-RPL9 TR	414,226 Shares	386,655	395,309
Discover Card Execution Note	60,000 Shares	58,402	59,720
DTE Energy Co	65,000 Shares	62,468	62,972
Duke Energy Carolinas LLC	100,000 Shares	99,820	95,130
Duke Energy Corp	300,000 Shares	323,269	316,087
Electricite De France	200,000 Shares	198,646	214,528
Enbridge Inc	60,000 Shares	58,372	59,822
Enel Finance Intl NV	200,000 Shares	196,758	197,876
Energy Transfer Partners	30,000 Shares	29,658	29,958
Entergy Arkansas LLC	200,000 Shares	199,346	199,068
Eph Fin Intl AS	300,000 Shares	351,622	335,523
Equifax Inc	100,000 Shares	99,968	98,731
Equitable Holdings Inc	100,000 Shares	100,000	100,928
ERP Operating LP	65,000 Shares	63,452	64,633
Exeter Automobile Receivables	500,000 Shares	499,969	499,025
Farm Credit Bank of Texas	100,000 Shares	100,000	105,019
Fiserv Inc	65,000 Shares	63,240	63,569
Ford Auto Securitization Trust	227,077 Shares	165,069	162,693
Ford Credit Auto Owner Trust	105,000 Shares	106,390	106,388
Ford Credit Auto Owner Trust	30,000 Shares	29,802	29,702
Ford Motor Credit Co LLC	200,000 Shares	194,860	198,402
Ford Motor Credit Co LLC	100,000 Shares	107,575	106,499
Ford Motor Credit Co LLC	200,000 Shares	199,794	195,678
Fox Corp	60,000 Shares	57,777	59,712
General Motors Finl Co	30,000 Shares	30,287	30,257
Genuine Parts Co	60,000 Shares	56,194	59,839
Global Payments Inc	300,000 Shares	346,994	328,643
GLP Cap LP	100,000 Shares	98,196	105,858
GM Financial Securitized Term	29,776 Shares	29,126	29,660
GM Financial Securitized Term	40,000 Shares	40,300	40,206

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(Continued)

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds (cont.)			
Goldman Sachs Group Inc	80,000 Shares	\$ 75,853	\$ 75,646
GTCR W-2 Merger Sub LLC	200,000 Shares	200,000	209,672
Hewlett Packard Enterprise Co	65,000 Shares	65,152	64,671
Honda Auto Receivables Owner T	76,027 Shares	76,221	76,286
Hyundai Auto Receivables Trust	54,835 Shares	55,070	55,121
Hyundai Capital America	100,000 Shares	99,908	99,989
Indigo Credit Management	500,000 Shares	539,925	517,735
Interstate Pwr & Lt Co	100,000 Shares	99,792	96,137
Intesa Sanpaolo	400,000 Shares	399,604	432,756
Israel Discount Bank	200,000 Shares	199,870	199,754
Jamestown Clo Ltd	500,000 Shares	500,000	499,994
Jane Str Group LLC	300,000 Shares	300,000	308,301
John Deere Owner Trust	45,784 Shares	44,665	45,585
JPMorgan Chase & Co	75,000 Shares	76,502	76,760
Keycorp	45,000 Shares	44,756	45,040
Kinder Morgan INC/ Delawa	60,000 Shares	59,417	59,859
Lloyds Banking Group PLC	200,000 Shares	200,000	198,246
Marriott International	60,000 Shares	60,735	60,119
Marvell Technology Inc	200,000 Shares	198,696	207,644
Mercedes-Benz Auto Receivables	18,450 Shares	17,700	18,333
Meta Platforms Inc	100,000 Shares	99,568	97,483
Morgan Stanley	80,000 Shares	74,517	76,682
Morgan Stanley Direct	300,000 Shares	296,670	301,677
Mountain View Clo	500,000 Shares	500,100	500,000
MPLX LP	35,000 Shares	33,737	33,792
National Grid PLC	100,000 Shares	100,000	101,999
National Retail Prop Inc	30,000 Shares	29,747	29,755
Natwest Group Plc	300,000 Shares	300,000	295,500
Nextera Energy Capital Holdings Inc	60,000 Shares	60,438	60,112
Nissan Auto Receivables Owner	42,170 Shares	40,607	41,770
NMI Holdings	200,000 Shares	197,508	200,852
NY State Electronic & Gas	100,000 Shares	99,841	102,229
Oracle Corp	60,000 Shares	57,029	59,654
Pacific Gas & Electric	200,000 Shares	199,500	219,044
Pacific Gas & Electric	200,000 Shares	205,615	217,906
Pacificorp	100,000 Shares	99,956	93,446
Phillip Morris Intl Inc	100,000 Shares	99,178	100,528
Phillip Morris Intl Inc	100,000 Shares	98,557	100,007
Pikes Peak Clo	350,000 Shares	350,000	350,314
Popular Inc	100,000 Shares	99,637	102,990
Public SVC Enterprise Group	200,000 Shares	199,678	199,476
Pultegroup Inc	60,000 Shares	59,875	60,338
PVH Corporation	100,000 Shares	108,316	106,573
Rand Parent LLC	100,000 Shares	100,000	100,548
Realty Income Corp	55,000 Shares	53,930	54,865
RGA Global Funding	100,000 Shares	99,761	98,346
Royal Bank of Canada	60,000 Shares	59,995	60,275

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds (cont.)			
Sammons Financial Group Inc	100,000 Shares	\$ 99,952	\$ 99,262
Santos Finance Ltd	300,000 Shares	298,782	318,522
State Street Corp	40,000 Shares	40,000	39,995
Symphony Clo Ltd	500,000 Shares	500,000	499,755
Synchrony Financial	200,000 Shares	200,000	201,836
T-Mobile USA Inc	65,000 Shares	61,593	63,344
Toronto-Dominion Bank	80,000 Shares	78,975	80,366
Totalenergies Cap	200,000 Shares	200,000	185,490
Toyota Auto Receivables Owner	23,058 Shares	22,086	22,882
Toyota Auto Receivables Owner Trust	42,084 Shares	42,056	42,333
Toyota Motor Credit Corp	60,000 Shares	59,954	60,142
Tralee CDO Ltd	500,000 Shares	500,000	500,067
Uber Technologies Inc	300,000 Shares	299,418	278,973
UBS Group AG	200,000 Shares	200,000	204,474
UBS Group AG Snr NTS USD	200,000 Shares	200,000	205,210
Verizon Communications	55,000 Shares	55,137	55,521
VMED 02 UK Financing	100,000 Shares	108,375	105,686
Volkswagon Auto Loan Enhanced	15,989 Shares	15,297	15,905
Wells Fargo	600,000 Shares	605,983	606,480
Wells Fargo & Co	80,000 Shares	76,648	78,150
Williams Partners LP	60,000 Shares	58,277	59,975
Wrkco Inc	60,000 Shares	59,009	59,841
Xcel Energy Inc	60,000 Shares	58,395	59,558
State and Municipal Bonds			
Louisiana Loc Govt Envrnmntl	100,000 Shares	100,000	98,961
Texas Natural Gas Securitization	100,000 Shares	100,000	98,479
Foreign Government and Agency			
Govt United Kingdom	200,000 Shares	250,576	222,073
Hong Kong Govt	200,000 Shares	199,256	200,370
Republic of Chile	200,000 Shares	214,111	210,344
Republic of Panama	500,000 Shares	464,230	425,905
Republic of Peru	800 Shares	223,427	224,437
Republic of Peru	1,300 Shares	340,244	343,850
Republic of Peru	4,500 Shares	1,159,267	1,196,964
Republic of Poland	300,000 Shares	296,523	276,042
Republic of Serbia	300,000 Shares	293,109	308,082
Republic of South Africa	42,500,000 Shares	2,173,551	2,050,957
Republic of South Africa	8,500,000 Shares	403,563	382,439

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(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Government and Agency (cont.)			
Republic of Turkey	200,000 Shares	\$ 196,564	\$ 203,088
Republic Romania	550,000 Shares	588,924	592,108
Romania	550,000 Shares	584,575	594,401
Saudi International Bond	200,000 Shares	185,388	169,136
United Mexican States	5,000 Shares	225,458	177,492
United Mexican States	200,000 Shares	199,996	177,964
Total Fixed Income		<u>177,597,135</u>	<u>174,799,930</u>
Commingled Funds			
Clarion Lion Properties Fund LP	3,332 Shares	6,000,820	4,934,795
Lazard Emerging World Investors LP	18,000,000 Shares	18,000,000	16,724,705
All World Ex US Equity CEF Fund	1,388,827 Shares	14,000,000	13,846,665
Wellington CTF DIH	354,968 Shares	4,857,312	5,289,016
Total Commingled Funds		<u>42,858,132</u>	<u>40,795,181</u>
Real Estate Investment Fund			
UBS (US) Trumbull Property Income	636 Shares	6,800,162	7,694,164
Real Estate Investment Trust Fund			
RREEF America REIT II, INC LLC	106,427 Shares	10,496,526	13,290,133
Total Real Estate Funds		<u>17,296,688</u>	<u>20,984,297</u>
Investment Contract With Insurance Company			
Lincoln National Life		1,942,621	1,942,621
		<u>\$ 426,935,155</u>	<u>\$ 448,719,058</u>

* Party-in-interest

Parkview Health System, Inc. Employees' Pension Plan
EIN 35-1972384 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Value	Net Gain (Loss)
Series of transactions greater than 5%						
Short-Term Investment Fund A S1	\$ 243,441,775	\$ -	\$ -	\$ 243,441,775	\$ 243,441,775	\$ -
Short-Term Investment Fund A S1	-	234,556,814	-	234,556,814	234,556,814	-
Lincoln National Life	24,583,779	-	-	24,583,779	24,583,779	-
Lincoln National Life	-	26,412,470	-	26,412,470	26,412,470	-
PIMCO Paps Short Term Floating Nav Port II Fund	57,338,190	-	-	57,338,190	57,338,190	-
PIMCO Paps Short Term Floating Nav Port II Fund	-	58,000,000	-	57,999,797	58,000,000	203
United States Treasury Bonds 11/15/2052	219,145,457	-	-	219,145,457	219,145,457	-
United States Treasury Bonds 11/15/2052	-	224,891,768	-	227,497,236	224,891,768	(2,605,468)
United States Treasury Bonds 11/15/2042	1,327,407,411	-	-	1,327,407,411	1,327,407,411	-
United States Treasury Bonds 11/15/2042	-	1,327,031,023	-	1,329,278,570	1,327,031,023	(2,247,547)
United States Treasury Bonds 5/15/2043	161,361,235	-	-	161,361,235	161,361,235	-
United States Treasury Bonds 5/15/2043	-	161,256,939	-	161,579,058	161,256,939	(322,119)
United States Treasury Bonds 8/15/2043	57,823,718	-	-	57,823,718	57,823,718	-
United States Treasury Bonds 8/15/2043	-	59,143,150	-	59,267,327	59,143,150	(124,177)
United States Treasury Bonds 11/15/2043	44,235,323	-	(43)	44,235,323	44,235,280	-
United States Treasury Bonds 11/15/2043	-	42,530,048	-	42,528,949	42,530,048	1,099
United States Treasury Bonds 2/15/2044	35,977,284	-	(13)	35,977,284	35,977,271	-
United States Treasury Bonds 2/15/2044	-	34,685,626	-	34,624,329	34,685,626	61,297
United States Treasury Bonds 5/15/2044	81,279,140	-	(13)	81,279,140	81,279,127	-
United States Treasury Bonds 5/15/2044	-	77,130,329	-	77,375,611	77,130,329	(245,282)
United States Treasury Bonds 8/15/2044	115,178,933	-	(9)	115,178,933	115,178,924	-
United States Treasury Bonds 8/15/2044	-	109,807,692	-	110,178,843	109,807,692	(371,151)
United States Treasury Notes Treasury Infl Index	32,970,632	-	-	32,970,632	32,970,632	-
United States Treasury Notes Treasury Infl Index	-	30,284,601	-	30,219,316	30,284,601	65,285
United States Treasury Notes 2/15/2034	270,272,896	-	(58)	270,272,896	270,272,838	-
United States Treasury Notes 2/15/2034	-	264,513,204	-	264,716,495	264,513,204	(203,291)
United States Treasury Notes 2/28/2029	46,290,413	-	(62)	46,290,413	46,290,351	-
United States Treasury Notes 2/28/2029	-	46,412,054	-	46,290,414	46,412,054	121,640

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	414,706,963
	b Actuarial value	2b	434,479,040
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2,410	277,853,852
	b For terminated vested participants	592	23,377,055
	c For active participants	1,374	127,298,052
	d Total	4,376	428,528,959
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	5.18%
6	Target normal cost		
	a Present value of current plan year accruals	6a	7,442,879
	b Expected plan-related expenses	6b	1,627,328
	c Target normal cost	6c	9,070,207

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>September 24, 2025</u> Date
	TIMOTHY J. MAXSON Type or print name of actuary	<u>2306697</u> Most recent enrollment number
	BUCK GLOBAL, LLC Firm name	<u>260-426-7800</u> 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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> 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)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	9,070,207	
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	9,070,207	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	7,833,200	0	7,833,200
36 Additional cash requirement (line 34 minus line 35).....	36	1,237,007	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	9,209,146	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	7,972,139	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	7,833,200	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 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. Gallagher 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. Gallagher 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. Gallagher 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/PBGC Assumptions and Methods

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

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.18%	5.25%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.92%	3.68%
PBGC Premium Funding Target Rates		
First Segment Rate	5.01%	4.84%
Second Segment Rate	5.13%	5.15%
Third Segment Rate	5.15%	4.85%
Effective Interest Rate	5.13%	5.01%

* Used for minimum funding and benefit restriction purposes.

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

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 in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

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 \$1,625,196 based on last year's expenses adjusted for expected increases in the PBGC premium for 2024 were added to the Target Normal Cost. To determine the 2024 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 2024.

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
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	6.75%	5.92%	5.92%

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, 2023 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 \$0.3M.
- The assumed administrative expense to be paid from plan assets decreased from \$2,703,940 to \$1,625,196.

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, 2023 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, 2024 – 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.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		0		0		9		0		0		0		0		0	
40 - 44	0		0		2		4		34	96,266	23	82,280	0		0		0		0	
45 - 49	0		1		2		8		18		47	91,629	7		0		0		0	
50 - 54	0		2		2		4		14		24	86,548	23	90,821	3		0		0	
55 - 59	0		0		0		7		14		30	87,526	34	82,889	33	101,244	8		0	
60 - 64	1		0		0		3		11		27	84,157	25	80,912	21	86,460	54	100,427	4	
65 - 69	0		0		0		0		2		4		6		1		4		4	
70 & up	0		0		0		1		0		1		0		0		0		0	

Attained Age	Years of Credited Service ²																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		0		0		0		0		0		0		0	
40 - 44	4		58	82,180	7		2		1		1		0		0		0		0	
45 - 49	6		99	94,182	63	93,540	2		1		1		0		0		0		0	
50 - 54	6		72	111,000	107	91,191	41	100,598	5		0		0		0		0		0	
55 - 59	5		49	89,128	80	90,340	42	97,863	22	104,647	3		0		0		0		0	
60 - 64	5		38	92,077	40	99,385	27	93,956	21	95,192	12		1		0		0		0	
65 - 69	2		14		10		0		2		0		0		0		0		0	
70 & up	0		2		0		0		0		0		0		0		0		0	

¹ 522 employees who are currently accruing benefits.

² 852 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, 2023 Valuation

- The assumed administrative expense to be paid from plan assets decreased from \$2,703,940 to \$1,625,196.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	414,706,963
	b Actuarial value	2b	434,479,040
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	2,410	277,853,852
	b For terminated vested participants	592	23,377,055
	c For active participants	1,374	127,298,052
	d Total	4,376	428,528,959
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	5.18%
6	Target normal cost		
	a Present value of current plan year accruals	6a	7,442,879
	b Expected plan-related expenses	6b	1,627,328
	c Target normal cost	6c	9,070,207

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary	<u>September 24, 2025</u> Date
	TIMOTHY J. MAXSON Type or print name of actuary	2306697 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	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> 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	9,070,207
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** 9,070,207

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	7,833,200	0	7,833,200
36 Additional cash requirement (line 34 minus line 35).....			36 1,237,007
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 9,209,146

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

a Total (excess, if any, of line 37 over line 36)	38a	7,972,139
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	7,833,200

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

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	590.3144	0.0097	5.7499	316.2455
56	641.0638	0.0099	6.3562	355.9450
57	682.4338	0.0099	6.7898	387.0160
58	737.2602	0.0100	7.3457	426.0495
59	819.3192	0.0200	16.3671	965.6616
60	868.0815	0.0200	17.3616	1,041.6978
61	912.5906	0.1300	118.6368	7,236.8432
62	859.5401	0.2497	214.6350	13,307.3719
63	700.4259	0.1600	112.0681	7,060.2929
64	632.2222	0.3300	208.6333	13,352.5319
65	448.5173	0.5000	224.2587	14,576.8123
66	236.6925	0.4000	94.6770	6,248.6819
67	152.1104	0.4000	60.8442	4,076.5599
68	96.6195	0.4000	38.6478	2,628.0497
69	64.5125	0.4000	25.8050	1,780.5463
70	39.3653	1.0000	39.3653	2,755.5679
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	<u>1.0000</u>	<u>74.0000</u>
Total			1,201.5414	76,805.8734
				63.92
				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, 2023 Valuation

- The assumed administrative expense to be paid from plan assets decreased from \$2,703,940 to \$1,625,196.

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, 2024 – 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.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		0		0		9		0		0		0		0		0	
40 - 44	0		0		2		4		34	96,266	23	82,280	0		0		0		0	
45 - 49	0		1		2		8		18		47	91,629	7		0		0		0	
50 - 54	0		2		2		4		14		24	86,548	23	90,821	3		0		0	
55 - 59	0		0		0		7		14		30	87,526	34	82,889	33	101,244	8		0	
60 - 64	1		0		0		3		11		27	84,157	25	80,912	21	86,460	54	100,427	4	
65 - 69	0		0		0		0		2		4		6		1		4		4	
70 & up	0		0		0		1		0		1		0		0		0		0	

Attained Age	Years of Credited Service ²																			
	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.	No.	Avg. An. Acc.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		0		0		0		0		0		0	
35 - 39	0		0		1		0		0		0		0		0		0		0	
40 - 44	4		58	82,180	7		2		1		1		0		0		0		0	
45 - 49	6		99	94,182	63	93,540	2		1		1		0		0		0		0	
50 - 54	6		72	111,000	107	91,191	41	100,598	5		0		0		0		0		0	
55 - 59	5		49	89,128	80	90,340	42	97,863	22	104,647	3		0		0		0		0	
60 - 64	5		38	92,077	40	99,385	27	93,956	21	95,192	12		1		0		0		0	
65 - 69	2		14		10		0		2		0		0		0		0		0	
70 & up	0		2		0		0		0		0		0		0		0		0	

¹ 522 employees who are currently accruing benefits.

² 852 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
2024	\$1,227,835	\$388,886	\$25,189,218	\$26,805,939
2025	\$2,476,897	\$479,469	\$24,750,049	\$27,706,415
2026	\$3,615,798	\$639,754	\$24,279,010	\$28,534,562
2027	\$4,683,427	\$815,219	\$23,764,948	\$29,263,594
2028	\$5,595,095	\$1,059,909	\$23,219,174	\$29,874,178
2029	\$6,411,790	\$1,265,929	\$22,637,019	\$30,314,738
2030	\$7,163,106	\$1,368,582	\$22,014,908	\$30,546,596
2031	\$7,797,357	\$1,451,540	\$21,350,570	\$30,599,467
2032	\$8,321,703	\$1,502,856	\$20,641,297	\$30,465,856
2033	\$8,821,825	\$1,555,062	\$19,901,721	\$30,278,608
2034	\$9,231,832	\$1,620,881	\$19,116,742	\$29,969,455
2035	\$9,561,373	\$1,737,571	\$18,310,967	\$29,609,911
2036	\$9,903,091	\$1,813,262	\$17,470,229	\$29,186,582
2037	\$10,168,904	\$1,852,485	\$16,596,883	\$28,618,272
2038	\$10,373,105	\$1,895,346	\$15,694,059	\$27,962,510
2039	\$10,530,982	\$1,933,020	\$14,765,645	\$27,229,647
2040	\$10,705,740	\$1,944,041	\$13,816,344	\$26,466,125
2041	\$10,794,189	\$1,936,400	\$12,851,686	\$25,582,275
2042	\$10,805,189	\$1,942,837	\$11,877,946	\$24,625,972
2043	\$10,836,022	\$1,927,452	\$10,902,128	\$23,665,602
2044	\$10,804,972	\$1,940,125	\$9,931,889	\$22,676,986
2045	\$10,789,072	\$1,909,864	\$8,975,398	\$21,674,334
2046	\$10,683,692	\$1,875,316	\$8,041,286	\$20,600,294
2047	\$10,460,240	\$1,821,941	\$7,138,353	\$19,420,534
2048	\$10,192,769	\$1,762,213	\$6,275,205	\$18,230,187
2049	\$9,867,384	\$1,732,011	\$5,459,925	\$17,059,320
2050	\$9,492,159	\$1,674,664	\$4,699,649	\$15,866,472
2051	\$9,084,178	\$1,601,013	\$4,000,212	\$14,685,403
2052	\$8,646,742	\$1,521,130	\$3,365,901	\$13,533,773
2053	\$8,187,793	\$1,435,852	\$2,799,184	\$12,422,829
2054	\$7,710,039	\$1,347,856	\$2,300,547	\$11,358,442
2055	\$7,219,302	\$1,258,731	\$1,868,646	\$10,346,679
2056	\$6,724,939	\$1,169,103	\$1,500,460	\$9,394,502
2057	\$6,232,999	\$1,080,083	\$1,191,617	\$8,504,699
2058	\$5,748,373	\$992,518	\$936,744	\$7,677,635
2059	\$5,276,160	\$906,935	\$729,768	\$6,912,863
2060	\$4,820,556	\$824,509	\$564,339	\$6,209,404
2061	\$4,384,835	\$745,808	\$434,163	\$5,564,806
2062	\$3,971,539	\$671,214	\$333,250	\$4,976,003
2063	\$3,582,285	\$601,066	\$256,118	\$4,439,469
2064	\$3,218,006	\$535,557	\$197,891	\$3,951,454
2065	\$2,878,972	\$474,797	\$154,379	\$3,508,148
2066	\$2,564,869	\$418,795	\$122,079	\$3,105,743
2067	\$2,274,934	\$367,478	\$98,147	\$2,740,559
2068	\$2,008,186	\$320,704	\$80,334	\$2,409,224
2069	\$1,763,507	\$278,287	\$66,916	\$2,108,710
2070	\$1,539,712	\$240,030	\$56,617	\$1,836,359
2071	\$1,335,593	\$205,717	\$48,510	\$1,589,820
2072	\$1,150,024	\$175,103	\$41,924	\$1,367,051
2073	\$982,028	\$147,940	\$36,400	\$1,166,368

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. Gallagher 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. Gallagher 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. Gallagher 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

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

Prescribed Funding/PBGC Assumptions and Methods

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

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.18%	5.25%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.92%	3.68%
PBGC Premium Funding Target Rates		
First Segment Rate	5.01%	4.84%
Second Segment Rate	5.13%	5.15%
Third Segment Rate	5.15%	4.85%
Effective Interest Rate	5.13%	5.01%

* Used for minimum funding and benefit restriction purposes.

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

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 in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Actuarial cost method

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

Parkview Health System, Inc. Employees Pension Plan

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

Non-Prescribed Funding Assumptions and Methods

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 \$1,625,196 based on last year's expenses adjusted for expected increases in the PBGC premium for 2024 were added to the Target Normal Cost. To determine the 2024 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 2024.

Social Security

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

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

Frequency of optional payment forms

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

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

Parkview Health System, Inc. Employees Pension Plan

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

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

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

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

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

Withdrawal rates

Sample rates as follows:

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

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

Retirement rates

Current Rates are based on age as follows:

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

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

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Included in withdrawal rates.

Asset valuation method

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
2024 Expected Return	7.00%	5.59%	5.59%
2023 Expected Return	7.00%	5.74%	5.74%
2022 Expected Return	6.75%	5.92%	5.92%

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, 2023 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 \$0.3M.
- The assumed administrative expense to be paid from plan assets decreased from \$2,703,940 to \$1,625,196.

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

Schedule SB, Part V - Summary of Plan Provisions

Eligible Employees

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

Eligibility Requirements

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

Compensation

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

Average Final Compensation

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

Vesting Service

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

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

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

Benefit Service

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

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

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

Normal Retirement Date

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

Early Retirement Date

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

Parkview Health System, Inc. Employees Pension Plan

EIN/PN: 35-1972384 / 001

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

Eligibility for Vested Pension

100% vesting after five years of Vesting Service.

Eligibility for Surviving Spouse Pension

Death occurring while:

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

Eligibility for Disability Pension

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

Accrued Benefit

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

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

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

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

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

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

For those employees who irrevocably waived participation in the Plan:

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

Normal Monthly Retirement Pension

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

Parkview Health System, Inc. Employees Pension Plan

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

Early Monthly Retirement Pension

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

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

Postponed Monthly Retirement Pension

The greater of:

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

Deferred Monthly Retirement Benefit for Termination Prior to Retirement

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

Surviving Spouse Monthly Pension

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

Postretirement Death Benefit

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

Retirement Pension Disability

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

Summary of Changes from the January 1, 2023 Valuation

None.

Parkview Health System, Inc. Employees Pension Plan

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	590.3144	0.0097	5.7499	316.2455
56	641.0638	0.0099	6.3562	355.9450
57	682.4338	0.0099	6.7898	387.0160
58	737.2602	0.0100	7.3457	426.0495
59	819.3192	0.0200	16.3671	965.6616
60	868.0815	0.0200	17.3616	1,041.6978
61	912.5906	0.1300	118.6368	7,236.8432
62	859.5401	0.2497	214.6350	13,307.3719
63	700.4259	0.1600	112.0681	7,060.2929
64	632.2222	0.3300	208.6333	13,352.5319
65	448.5173	0.5000	224.2587	14,576.8123
66	236.6925	0.4000	94.6770	6,248.6819
67	152.1104	0.4000	60.8442	4,076.5599
68	96.6195	0.4000	38.6478	2,628.0497
69	64.5125	0.4000	25.8050	1,780.5463
70	39.3653	1.0000	39.3653	2,755.5679
71	1.0000	1.0000	1.0000	71.0000
72	1.0000	1.0000	1.0000	72.0000
73	1.0000	1.0000	1.0000	73.0000
74	1.0000	1.0000	<u>1.0000</u>	<u>74.0000</u>
Total			1,201.5414	76,805.8734
Weighted Average Retirement Age = 76,805.8734 / 1,201.5414				63.92
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

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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
2024	\$1,227,835	\$388,886	\$25,189,218	\$26,805,939
2025	\$2,476,897	\$479,469	\$24,750,049	\$27,706,415
2026	\$3,615,798	\$639,754	\$24,279,010	\$28,534,562
2027	\$4,683,427	\$815,219	\$23,764,948	\$29,263,594
2028	\$5,595,095	\$1,059,909	\$23,219,174	\$29,874,178
2029	\$6,411,790	\$1,265,929	\$22,637,019	\$30,314,738
2030	\$7,163,106	\$1,368,582	\$22,014,908	\$30,546,596
2031	\$7,797,357	\$1,451,540	\$21,350,570	\$30,599,467
2032	\$8,321,703	\$1,502,856	\$20,641,297	\$30,465,856
2033	\$8,821,825	\$1,555,062	\$19,901,721	\$30,278,608
2034	\$9,231,832	\$1,620,881	\$19,116,742	\$29,969,455
2035	\$9,561,373	\$1,737,571	\$18,310,967	\$29,609,911
2036	\$9,903,091	\$1,813,262	\$17,470,229	\$29,186,582
2037	\$10,168,904	\$1,852,485	\$16,596,883	\$28,618,272
2038	\$10,373,105	\$1,895,346	\$15,694,059	\$27,962,510
2039	\$10,530,982	\$1,933,020	\$14,765,645	\$27,229,647
2040	\$10,705,740	\$1,944,041	\$13,816,344	\$26,466,125
2041	\$10,794,189	\$1,936,400	\$12,851,686	\$25,582,275
2042	\$10,805,189	\$1,942,837	\$11,877,946	\$24,625,972
2043	\$10,836,022	\$1,927,452	\$10,902,128	\$23,665,602
2044	\$10,804,972	\$1,940,125	\$9,931,889	\$22,676,986
2045	\$10,789,072	\$1,909,864	\$8,975,398	\$21,674,334
2046	\$10,683,692	\$1,875,316	\$8,041,286	\$20,600,294
2047	\$10,460,240	\$1,821,941	\$7,138,353	\$19,420,534
2048	\$10,192,769	\$1,762,213	\$6,275,205	\$18,230,187
2049	\$9,867,384	\$1,732,011	\$5,459,925	\$17,059,320
2050	\$9,492,159	\$1,674,664	\$4,699,649	\$15,866,472
2051	\$9,084,178	\$1,601,013	\$4,000,212	\$14,685,403
2052	\$8,646,742	\$1,521,130	\$3,365,901	\$13,533,773
2053	\$8,187,793	\$1,435,852	\$2,799,184	\$12,422,829
2054	\$7,710,039	\$1,347,856	\$2,300,547	\$11,358,442
2055	\$7,219,302	\$1,258,731	\$1,868,646	\$10,346,679
2056	\$6,724,939	\$1,169,103	\$1,500,460	\$9,394,502
2057	\$6,232,999	\$1,080,083	\$1,191,617	\$8,504,699
2058	\$5,748,373	\$992,518	\$936,744	\$7,677,635
2059	\$5,276,160	\$906,935	\$729,768	\$6,912,863
2060	\$4,820,556	\$824,509	\$564,339	\$6,209,404
2061	\$4,384,835	\$745,808	\$434,163	\$5,564,806
2062	\$3,971,539	\$671,214	\$333,250	\$4,976,003
2063	\$3,582,285	\$601,066	\$256,118	\$4,439,469
2064	\$3,218,006	\$535,557	\$197,891	\$3,951,454
2065	\$2,878,972	\$474,797	\$154,379	\$3,508,148
2066	\$2,564,869	\$418,795	\$122,079	\$3,105,743
2067	\$2,274,934	\$367,478	\$98,147	\$2,740,559
2068	\$2,008,186	\$320,704	\$80,334	\$2,409,224
2069	\$1,763,507	\$278,287	\$66,916	\$2,108,710
2070	\$1,539,712	\$240,030	\$56,617	\$1,836,359
2071	\$1,335,593	\$205,717	\$48,510	\$1,589,820
2072	\$1,150,024	\$175,103	\$41,924	\$1,367,051
2073	\$982,028	\$147,940	\$36,400	\$1,166,368