

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC. EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1966
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) LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC. 8170 33RD AVENUE SOUTH P.O. BOX 1309 MINNEAPOLIS, MN 55440-1309
2b Employer Identification Number (EIN) 41-0811697
2c Plan Sponsor's telephone number 651-430-4505
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, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/07/2025, ALICIA GILBERT; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/07/2025, ALICIA GILBERT; 4. Signature of employer/plan sponsor; 5. Signature of 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	510
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)	142
	6a(2)	126
	6b	227
	6c	133
	6d	486
	6e	11
	6f	497
	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 3H

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 type="checkbox"/> Insurance	(1) <input 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

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>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, 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>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>41-0811697</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 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>71025511</u>
	b Actuarial value	2b	<u>71025511</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>234</u>	<u>18469800</u>
	b For terminated vested participants	<u>135</u>	<u>8098031</u>
	c For active participants	<u>142</u>	<u>18389672</u>
	d Total	<u>511</u>	<u>44957503</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>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1303007</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>1303007</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>ANTHONY L. URDAHL</u> Type or print name of actuary <u>USI CONSULTING GROUP</u> Firm name <u>800 NORMAN CENTER DRIVE, SUITE 400</u> <u>BLOOMINGTON, MN 55437</u> Address of the firm	Date <u>23-05312</u> Most recent enrollment number <u>954-934-5554</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>15.21</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2440405
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		129097
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		2569502
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	157.94 %
15	Adjusted funding target attainment percentage	15	157.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	141.76 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input 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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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
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	1303007
b Excess assets, if applicable, but not greater than line 31a			31b	1303007
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	
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement				
36 Additional cash requirement (line 34 minus line 35)			36	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)			38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40 Unpaid minimum required contributions for all years			40	

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 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 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 41-0811697	

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)

U.S. BANCORP FUND SERVICES, LLC

39-1939072

(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?
14	NONE	53750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(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?
14	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		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
U.S. BANK NATIONAL ASSOCIATION	14	0
(d) Enter name and EIN (address) of source of indirect compensation FIRST AMERICAN FUNDS 1555 N RIVERCENTER DRIVE SUITE 300 MILWAUKEE, WI 53212 31-0841368	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.35	
(a) Enter service provider name as it appears on line 2 U.S. BANK NATIONAL ASSOCIATION	14	0
(d) Enter name and EIN (address) of source of indirect compensation FIRST AMERICAN FUNDS 1555 N RIVERCENTER DRIVE SUITE 300 MILWAUKEE, WI 53212 41-2003732	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.10 NOT FROM NFS	
(a) Enter service provider name as it appears on line 2 U.S. BANCORP FUND SERVICES, LLC	28	0
(d) Enter name and EIN (address) of source of indirect compensation FIRST AMERICAN FUNDS 1555 N RIVERCENTER DRIVE SUITE 300 MILWAUKEE, WI 53212 41-2003732	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.10	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>41-0811697</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CITI L&G</u>		
b Name of sponsor of entity listed in (a): <u>CITI</u>		
c EIN-PN <u>35-7085469-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18320840</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	D Employer Identification Number (EIN) 41-0811697	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	11596 12383
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1493270 1811096
(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)	9552271 10675288
(5) Partnership/joint venture interests	1c(5)	15169651 16613786
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	16777535 18320840
(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)	28021188 28126217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(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	71025511	75559610
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71025511	75559610

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)	0	
(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)		0
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	1059776	
(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)		6592875
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7652651

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3064802	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3064802
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	53750	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		53750
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3118552

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4534099
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		15000000
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 543481.

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>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, 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>LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.</u>	D Employer Identification Number (EIN) <u>41-0811697</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): _____

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	5
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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	

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED DECEMBER 31, 2024 AND 2023



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**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Plan Administrator
Lakeview Memorial Hospital Association, Inc.
Employees' Pension Plan
Stillwater, Minnesota

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of Lakeview Memorial Hospital Association, Inc. Employees' Pension 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 and the statements of accumulated plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Lakeview Memorial Hospital Association, Inc. Employees' Pension 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 and for the years ended December 31, 2024 and 2023, 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 Auditors' Responsibilities for the Audit of the Financial Statements section

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

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

Basis for Opinion

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

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 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 schedule of assets (held at end of year) as of December 31, 2024 and the supplemental schedule of reportable transactions for the year ended December 31, 2024 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.


Plan Administrator
Lakeview Memorial Hospital Association, Inc.
Employees' Pension Plan

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).



CliftonLarsonAllen LLP

St. Cloud, Minnesota

October 7, 2025

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS (at Fair Value)		
Common Stock	\$ 10,675,288	\$ 9,552,271
Mutual Funds	28,126,217	28,021,188
Collective Fund	18,320,840	16,777,535
Hedge Funds	16,613,786	15,169,651
Money Market Funds	1,811,096	1,493,270
Total Investments (at Fair Value)	<u>75,547,227</u>	<u>71,013,915</u>
ACCRUED INVESTMENT INCOME	<u>12,383</u>	<u>11,596</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 75,559,610</u></u>	<u><u>\$ 71,025,511</u></u>

See accompanying Notes to Financial Statements.

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 6,592,875	\$ 8,590,248
Interest and Dividends	1,059,776	817,272
Total Investment Income	7,652,651	9,407,520
EMPLOYER CONTRIBUTIONS	-	2,499,996
Total Additions	7,652,651	11,907,516
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,064,802	2,795,988
ADMINISTRATIVE EXPENSES	53,750	913
Total Deductions	3,118,552	2,796,901
NET INCREASE	4,534,099	9,110,615
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	71,025,511	61,914,896
End of Year	\$ 75,559,610	\$ 71,025,511

See accompanying Notes to Financial Statements.

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN VESTED BENEFITS		
Participants Currently Receiving Benefits	\$ 17,172,741	\$ 16,531,370
Other Participants	21,834,871	22,823,978
Total Vested Benefits	39,007,612	39,355,348
 NONVESTED BENEFITS	 29,450	 35,667
 TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	 \$ 39,037,062	 \$ 39,391,015

See accompanying Notes to Financial Statements.

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	\$ 39,391,015	\$ 38,063,223
(DECREASE) INCREASE IN THE YEAR ATTRIBUTED TO:		
Benefits Accumulated	1,186,858	1,616,460
Increase for Interest Due to the Decrease in the Discount Period	2,462,350	2,384,655
Changes in Actuarial Assumptions	(937,490)	123,143
Benefits Paid	(3,065,671)	(2,796,466)
Net (Decrease) Increase	(353,953)	1,327,792
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	\$ 39,037,062	\$ 39,391,015

See accompanying Notes to Financial Statements.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering eligible employees of Lakeview Memorial Hospital Association, Inc. and its participating employers, Lakeview Memorial Hospital Foundation and Stillwater Health System (collectively referred to as the Company). The Plan was established in 1966 and has been amended throughout the years to comply with tax legislation. The Plan was last restated effective January 1, 2013 and last amended effective December 13, 2016. The Plan provides for pension, death, and disability benefits. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2007, the Plan was amended to freeze participation in the Plan. No new employees hired after July 1, 2007 will be allowed to enter the Plan.

The Company is the Plan Sponsor and administrator and has appointed U.S. Bank, National Association (U.S. Bank) as trustee. The trustee is responsible for making distributions to participants. U.S. Bank performs some, but not all, of the recordkeeping services for the Plan. U.S. Bank performs these functions at the direction of the Company in accordance with the provisions of the Plan.

Benefits

The Plan provides retirement benefits for eligible employees at age 65, as follows:

The monthly amount of retirement income is determined as of a specified date and payable as a single life annuity equal to the formula below, but not less than the accrued benefit as of March 20, 1990.

The sum of (1) and (2), multiplied by (3):

- 1) 1.0% of the participant's Final Average Earnings up to the integration level
- 2) 1.5% of the participant's Final Average Earnings over the integration level
- 3) Years of benefit service with a maximum of 30

Retirement benefits for early retirement (early retirement being age 55 and 10 vesting years of service or age 60) are the accrued benefits as of the early retirement date, reduced for such early retirement as stipulated in the Plan document.

Disability retirement benefits are the accrued benefits as of the disability retirement date, reduced as stipulated in the Plan document. Disability retirement is defined as termination upon total and permanent disability after attaining age 50 and completing 15 years of service.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Benefits (Continued)

Benefits are payable in the form of a single life annuity, a qualified joint and survivor annuity, a term-certain and life annuity form, or a contingent annuity. Death benefits are payable in the form of a monthly annuity to the surviving spouse to whom the participant was married for at least one year. If the actuarial equivalent present value of the participant's vested benefit does not exceed \$1,000, the present value will be paid in a lump sum without the participant's consent.

The Plan was amended effective July 1, 2014, to provide current vested terminated participants a one-time opportunity to receive a lump-sum distribution and to allow participants who terminated on or after July 1, 2014 and who have 5 or more years of vesting service the option to elect to receive their accrued benefit in the form of an annuity or a single lump sum.

A participant is fully vested in his or her accrued benefit upon the earliest of the following three events: (1) completion of five or more years of vesting service, (2) attainment of age 60, or (3) Plan termination.

Funding Policy

The Plan's funding policy is for the Company to contribute amounts, which will meet or exceed the annual ERISA minimum funding requirement, plus additional amounts that may be contributed from time to time. During 2024 and 2023, the Companies made contributions of \$-0- and \$2,499,996, respectively. The Companies' contributions for 2024 and 2023 met the minimum funding requirement of ERISA.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Payments of Benefits

When a participant retires, monthly retirement income benefits are paid directly out of Plan assets. Benefit payments to participants are recorded upon distribution. As required by regulation, the Plan performs a rollover to an individual retirement account for any participant whose account balance is greater than \$1,000 (but less than \$5,000) and who has not elected another form of payment.

Actuarial Method

The method used in determining the Company's contributions is the unit credit cost method.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

U.S. Bank, N.A. the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary from Hildi Incorporated and is that amount that results from applying independent actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. In the current year, actuarial assumption changes that decreased the accumulated plan benefits were due to a new mortality table and a change in the interest rates.

The significant actuarial assumptions used in the valuations as of January 1, 2025 and 2024 were as follows:

- a. Assumed Rate of Return on Investments was 6.75% for 2025 and 6.50% for 2024.
- b. The assumed mortality was based on the PRI-2012 total dataset mortality projected with mortality improvement scale MP-2021 in 2025 and 2024.
- c. Discount Rate was 6.75% for 2025 and 6.50% for 2024.
- d. Assumed Retirement Age is 65 or current age, if older.
- e. Assumed form of payment for active participants is 40% electing to receive a lump sum, and 60% a life annuity.

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

The use of data as of January 1, 2024 and 2023 by the actuaries is considered equivalent to the periods ended December 31, 2024 and 2023, respectively.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). Considerable judgment may be required in interpreting market data used to develop the estimates of fair value. The three levels of the fair value hierarchy under GAAP are described below:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Mutual Funds and Common Stock: Valued daily based on unadjusted quoted market prices from national exchanges.

Money Market Funds: Valued daily based on subscription and redemption activity at a stable \$1 net asset value (NAV). Redemptions can occur daily at NAV and there are no restrictions to redemption or unfunded commitments.

Collective Fund: Valued at NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. If the Plan initiates a full redemption of the collective fund, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Hedge Funds: Valued based on the NAV per share, without further adjustment. NAV is based upon the fair value of the underlying investments. The NAV as provided by the custodian is used as a practical expedient to estimate fair value.

The following tables set forth by level, within the fair value hierarchy the Plan's assets at fair value as of December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Common Stock	\$ 10,675,288	\$ -	\$ -	\$ 10,675,288
Mutual Funds	28,126,217	-	-	28,126,217
Money Market Funds	1,811,096	-	-	1,811,096
Collective Fund	-	18,320,840	-	18,320,840
Total Investments in the Fair Value Hierarchy	<u>\$ 40,612,601</u>	<u>\$ 18,320,840</u>	<u>\$ -</u>	58,933,441
Investments Measured at Net Asset Value				16,613,786
Total Investments at Fair Value				<u>\$ 75,547,227</u>

	2023			Total
	Level 1	Level 2	Level 3	
Common Stock	\$ 9,552,271	\$ -	\$ -	\$ 9,552,271
Mutual Funds	28,021,188	-	-	28,021,188
Money Market Funds	1,493,270	-	-	1,493,270
Collective Fund	-	16,777,535	-	16,777,535
Total Investments in the Fair Value Hierarchy	<u>\$ 39,066,729</u>	<u>\$ 16,777,535</u>	<u>\$ -</u>	55,844,264
Investments Measured at Net Asset Value				15,169,651
Total Investments at Fair Value				<u>\$ 71,013,915</u>

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31:

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
<i>Hedge Funds:</i>					
Lighthouse Global Fund	\$ 12,910,467	\$ 11,556,230	\$ -	Quarterly	90 days
PIMCO Tactical Fund	3,703,319	3,613,421	-	Semi-annual	90 days

The Lighthouse Global Fund investment strategy is general in nature and currently is a Long/Short investment strategy. The related investment strategy may encompass more trading activity which is subject to change over time and which may expose the Fund to risk of loss. Long/Short equity strategies involve the purchase of a long basket of securities and sale of a short basket of securities.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The PIMCO Tactical Fund investment strategy is a directional, opportunistic credit strategy seeking to capitalize on idiosyncratic opportunities across global credit markets.

NOTE 6 PLAN TAX STATUS

The Plan obtained its latest determination letter on October 21, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 PLAN TERMINATION

Although they have not expressed any intention to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated.

- a. Benefits for participants, beneficiaries, designated survivors, or spouses who were receiving benefits for at least three years prior to the termination of the Plan based on the lowest benefit under plan provisions in effect during the five-year period preceding the date of the Plan's termination.
- b. Benefits for participants who were eligible to start receiving benefits on a date at least three years prior to termination of the Plan based on the lowest benefit under plan provisions in effect during the five-year period preceding the date of the Plan's termination.
- c. Benefits for participants, beneficiaries, designated survivors, or spouses receiving benefits as of the date of termination of the Plan.
- d. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) without regard to the maximum amount so insured.
- e. All nonforfeitable benefits under the provisions of the Plan at its termination that are not insured by the PBGC.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 7 PLAN TERMINATION (CONTINUED)

f. All nonvested benefits.

If Plan funds are not sufficient to provide benefits for all categories, benefits will be prorated to participants within the first group for which benefits cannot be provided in full.

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

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

NOTE 8 RISKS AND UNCERTAINTIES

The Plan invests in various stocks, mutual funds, money market accounts, a common/collective trust fund, and hedge funds, which may include investments in, but not limited to, U.S. government securities, corporate debt instruments, mutual funds, and corporate equity securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur over time and that such changes could materially affect the amounts reported in the financial statements.

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Transactions resulting in Plan assets being transferred to or used by a related party are prohibited under ERISA, as amended, unless a specific exemption applies. Certain Plan investments are managed by U.S. Bank. U.S. Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees incurred by the Plan for investment services are included as a reduction of the return earned on each investment.

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value	
*	U.S. Bank	Investments held at U.S. Bank (see attached)	<u>\$ 55,688,490</u>	<u>\$ 75,547,227</u>

* Indicates party-in-interest

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>						
First American	Treasury Obligation Fund Class Y - (230 transactions)	6,421,234	-	6,421,234	6,421,234	-
First American	Treasury Obligation Fund Class Y - (181 transactions)	-	6,104,163	6,104,163	6,104,163	-

*There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.
Columns (e) and (f) are omitted as they are not applicable.*

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DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007700	1,537,990.050	1,537,990.05 1.0000	1,537,990.05	.00 .00	5,549.60	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007750	89,563.400	89,563.40 1.0000	89,563.40	.00 .00	315.97	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007752	75,360.440	75,360.44 1.0000	75,360.44	.00 .00	355.86	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007754	108,182.220	108,182.22 1.0000	108,182.22	.00 .00	375.14	4.00
Total First Am Treas Ob Fd Cl Y	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Total Money Markets	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Total Cash And Equivalents	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Domestic Common Stocks						
Aaon Inc 000360206 Asset Minor Code 42 ACCOUNT 000019007752	445.000	52,367.60 117.6800	37,537.47	14,830.13 14,830.13	.00	0.27

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DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Acv Auctions Inc 00091G104 Asset Minor Code 42 ACCOUNT 000019007754	4,798.000	103,636.80 21.6000	61,971.06	41,665.74 30,947.10	.00	0.00
Amn Healthcare Svcs Inc 001744101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 23.9200	.00	.00 - 17,142.12	.00	0.00
Agilent Technologies Inc 00846U101 Asset Minor Code 42 ACCOUNT 000019007752	425.000	57,094.50 134.3400	54,214.73	2,879.77 - 9,334.68	105.40	0.74
Alarm Com Holdings Inc 011642105 Asset Minor Code 42 ACCOUNT 000019007754	1,699.000	103,299.20 60.8000	75,941.05	27,358.15 - 17,049.09	.00	0.00
Alkami Technology Inc 01644J108 Asset Minor Code 42 ACCOUNT 000019007754	2,727.000	100,026.36 36.6800	83,165.63	16,860.73 16,860.73	.00	0.00
Allstate Corp 020002101 Asset Minor Code 42 ACCOUNT 000019007752	225.000	43,377.75 192.7900	33,769.21	9,608.54 3,819.34	207.00	1.91
Cencora Inc 03073E105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 224.6800	.00	.00 - 5,646.87	.00	0.00
Ametek Inc 031100100 Asset Minor Code 42 ACCOUNT 000019007752	290.000	52,275.40 180.2600	34,509.65	17,765.75 - 4,168.34	.00	0.62
Apollo Global Mgmt Inc 03769M106 Asset Minor Code 42 ACCOUNT 000019007752	696.000	114,951.36 165.1600	59,889.68	55,061.68 46,297.34	.00	1.12

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DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ares Management Corp A 03990B101 Asset Minor Code 42 ACCOUNT 000019007752	470.000	83,204.10 177.0300	44,214.70	38,989.40 25,945.18	.00	2.10
Autozone Inc 053332102 Asset Minor Code 42 ACCOUNT 000019007752	17.000	54,434.00 3,202.0000	45,256.91	9,177.09 7,752.83	.00	0.00
Avantor Inc 05352A100 Asset Minor Code 42 ACCOUNT 000019007752	2,785.000	58,679.95 21.0700	67,812.31	- 9,132.36 - 2,350.83	.00	0.00
Avery Dennison Corp 053611109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 187.1300	.00	.00 - 15,488.69	.00	0.00
Axon Enterprise Inc 05464C101 Asset Minor Code 42 ACCOUNT 000019007752	260.000	154,523.20 594.3200	56,870.31	97,652.89 78,350.81	.00	0.00
Azek Co Inc CI A 05478C105 Asset Minor Code 42 ACCOUNT 000019007752	1,800.000	85,446.00 47.4700	69,905.46	15,540.54 7,746.39	.00	0.00
Best Buy Co Inc 086516101 Asset Minor Code 42 ACCOUNT 000019007752	590.000	50,622.00 85.8000	53,377.85	- 2,755.85 - 2,755.85	554.60	4.38
Blackline Inc 09239B109 Asset Minor Code 42 ACCOUNT 000019007754	1,850.000	112,406.00 60.7600	64,161.83	48,244.17 - 3,108.00	.00	0.00
Blue Owl Cap Inc 09581B103 Asset Minor Code 42 ACCOUNT 000019007752	2,600.000	60,476.00 23.2600	63,891.34	- 3,415.34 - 3,415.34	.00	3.10

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Bruker Corporation 116794108 Asset Minor Code 42 ACCOUNT 000019007752	1,010.000	59,206.20 58.6200	67,584.17	- 8,377.97 - 14,396.10	.00	0.34
Builders Firstsource Inc 12008R107 Asset Minor Code 42 ACCOUNT 000019007752	335.000	47,881.55 142.9300	54,408.73	- 6,527.18 - 6,527.18	.00	0.00
Ccc Intelligent Solutions Hld Com 12510Q100 Asset Minor Code 42 ACCOUNT 000019007754	9,869.000	115,763.37 11.7300	93,514.20	22,249.17 3,355.46	.00	0.00
Cdw Corp 12514G108 Asset Minor Code 42 ACCOUNT 000019007752	330.000	57,433.20 174.0400	60,373.17	- 2,939.97 - 21,123.26	.00	1.44
Csw Industrials Inc 126402106 Asset Minor Code 42 ACCOUNT 000019007754	183.000	64,562.40 352.8000	71,602.20	- 7,039.80 - 7,039.80	.00	0.27
Caci Intl Inc 127190304 Asset Minor Code 42 ACCOUNT 000019007752	155.000	62,629.30 404.0600	25,331.94	37,297.36 - 7,622.51	.00	0.00
Certara Inc 15687V109 Asset Minor Code 42 ACCOUNT 000019007754	3,006.000	32,013.90 10.6500	103,660.37	- 71,646.47 - 20,861.64	.00	0.00
Chemed Corp 16359R103 Asset Minor Code 42 ACCOUNT 000019007754	195.000	103,311.00 529.8000	46,215.56	57,095.44 - 10,715.25	.00	0.38
Cognex Corp 192422103 Asset Minor Code 42 ACCOUNT 000019007754	1,954.000	70,070.44 35.8600	89,096.65	- 19,026.21 - 11,489.52	.00	0.89

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Comerica Inc 200340107 Asset Minor Code 42 ACCOUNT 000019007752	1,745.000	107,928.25 61.8500	81,754.06	26,174.19 - 3,940.79	1,238.95	4.59
Crane Company 224408104 Asset Minor Code 42 ACCOUNT 000019007752	340.000	51,595.00 151.7500	29,748.52	21,846.48 - 2,653.44	.00	0.56
Crown Hldgs Inc 228368106 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 82.6900	.00	.00 - 5,930.95	.00	0.00
D R Horton Inc 23331A109 Asset Minor Code 42 ACCOUNT 000019007752	375.000	52,432.50 139.8200	65,669.49	- 13,236.99 - 13,236.99	.00	1.14
Definitive Healthcare Corp Class A 24477E103 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 4.1100	.00	.00 32,559.85	.00	0.00
Diamondback Energy Inc 25278X109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 163.8300	.00	.00 - 23,395.93	.00	0.00
Dicks Sporting Goods Inc 253393102 Asset Minor Code 42 ACCOUNT 000019007752	265.000	60,642.60 228.8400	58,544.70	2,097.90 2,097.90	.00	1.92
Dominos Pizza Inc 25754A201 Asset Minor Code 42 ACCOUNT 000019007752	255.000	107,038.80 419.7600	111,213.98	- 4,175.18 - 4,175.18	.00	1.44
Doordash Inc CI A 25809K105 Asset Minor Code 42 ACCOUNT 000019007752	440.000	73,810.00 167.7500	51,949.88	21,860.12 21,860.12	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Doubleverify Hldgs Inc Com 25862V105 Asset Minor Code 42 ACCOUNT 000019007754	3,972.000	76,302.12 19.2100	99,544.69	- 23,242.57 - 61,859.21	.00	0.00
Doximity Inc CI A 26622P107 Asset Minor Code 42 ACCOUNT 000019007754	3,010.000	160,703.90 53.3900	78,594.99	82,108.91 82,108.91	.00	0.00
Eastgroup Pptys Inc Com 277276101 Asset Minor Code 42 ACCOUNT 000019007752	1,330.000	213,451.70 160.4900	236,742.00	- 23,290.30 - 26,437.43	1,862.00	3.49
Ensign Group Inc The 29358P101 Asset Minor Code 42 ACCOUNT 000019007754	1,257.000	167,005.02 132.8600	57,478.54	109,526.48 25,957.05	78.56	0.19
Equifax Inc 294429105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 254.8500	.00	.00 352.74	.00	0.00
Exponent Inc 30214U102 Asset Minor Code 42 ACCOUNT 000019007754	900.000	80,190.00 89.1000	34,175.15	46,014.85 - 9,560.19	.00	1.26
Extra Space Storage Inc 30225T102 Asset Minor Code 42 ACCOUNT 000019007752	325.000	48,620.00 149.6000	43,325.05	5,294.95 - 30,386.65	.00	4.33
First American Financial 31847R102 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 62.4400	.00	.00 - 2,634.12	.00	0.00
Five Below 33829M101 Asset Minor Code 42 ACCOUNT 000019007754	1,416.000	148,623.36 104.9600	121,931.18	26,692.18 - 118,480.93	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Five9 Inc 338307101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 40.6400	.00	.00 22,769.15	.00	0.00
Floor Decor Holdings Inc A 339750101 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 99.7000	.00	.00 - 22,682.91	.00	0.00
Floor Decor Holdings Inc A 339750101 Asset Minor Code 42 ACCOUNT 000019007754	971.000	96,808.70 99.7000	55,257.59	41,551.11 - 34,142.02	.00	0.00
Total Floor Decor Holdings Inc A	971.000	96,808.70	55,257.59	41,551.11 - 56,824.93	.00	0.00
Flowserve Corp 34354P105 Asset Minor Code 42 ACCOUNT 000019007752	1,420.000	81,678.40 57.5200	74,575.30	7,103.10 7,103.10	298.20	1.46
Freshpet Inc 358039105 Asset Minor Code 42 ACCOUNT 000019007754	1,606.000	237,864.66 148.1100	86,139.10	151,725.56 98,528.10	.00	0.00
Arthur J Gallagher Co 363576109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 283.8500	.00	.00 - 10,723.17	.00	0.00
Ge Vernova LLC 36828A101 Asset Minor Code 42 ACCOUNT 000019007752	270.000	88,811.10 328.9300	57,735.81	31,075.29 31,075.29	67.50	0.30
Glaukos Corp 377322102 Asset Minor Code 42 ACCOUNT 000019007754	797.000	119,502.18 149.9400	71,835.09	47,667.09 59,351.85	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Goosehead Insurance Inc A 38267D109 Asset Minor Code 42 ACCOUNT 000019007754	761.000	81,594.42 107.2200	53,024.35	28,570.07 23,910.62	.00	0.00
Grand Canyon Education Inc 38526M106 Asset Minor Code 42 ACCOUNT 000019007754	1,431.000	234,397.80 163.8000	127,269.50	107,128.30 45,448.56	.00	0.00
Grid Dynamics Holdings Inc 39813G109 Asset Minor Code 42 ACCOUNT 000019007754	3,755.000	83,511.20 22.2400	56,468.03	27,043.17 33,457.05	.00	0.00
Guidewire Software Inc 40171V100 Asset Minor Code 42 ACCOUNT 000019007754	697.000	117,500.26 168.5800	46,762.37	70,737.89 41,499.38	.00	0.00
Helios Technologies Inc 42328H109 Asset Minor Code 42 ACCOUNT 000019007752	1,850.000	82,584.00 44.6400	91,237.57	- 8,653.57 - 8,653.57	.00	0.81
Herc Holdings Inc 42704L104 Asset Minor Code 42 ACCOUNT 000019007752	555.000	105,078.15 189.3300	80,878.45	24,199.70 24,199.70	.00	1.40
Hillman Solutions Corp 431636109 Asset Minor Code 42 ACCOUNT 000019007754	8,115.000	79,040.10 9.7400	74,024.77	5,015.33 5,015.33	.00	0.00
Hubbell Inc Com 443510607 Asset Minor Code 42 ACCOUNT 000019007752	175.000	73,305.75 418.8900	49,678.01	23,627.74 12,160.66	.00	1.26

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Inspire Medical Systems Inc 457730109 Asset Minor Code 42 ACCOUNT 000019007754	373.000	69,146.74 185.3800	77,516.29	- 8,369.55 - 8,369.55	.00	0.00
International Money Express 46005L101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 20.8300	.00	.00 5,885.89	.00	0.00
Iqvia Hldgs Inc 46266C105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 196.5100	.00	.00 - 31,699.29	.00	0.00
Jamf Hldg Corp Com 47074L105 Asset Minor Code 42 ACCOUNT 000019007754	3,853.000	54,134.65 14.0500	70,391.39	- 16,256.74 - 16,256.74	.00	0.00
Kadant Inc 48282T104 Asset Minor Code 42 ACCOUNT 000019007754	450.000	155,245.50 344.9900	36,696.21	118,549.29 29,106.00	.00	0.37
Kemper Corp 488401100 Asset Minor Code 42 ACCOUNT 000019007752	1,020.000	67,768.80 66.4400	61,373.06	6,395.74 6,395.74	.00	1.87
Kinsale Capital Group Inc 49714P108 Asset Minor Code 42 ACCOUNT 000019007754	337.000	156,748.81 465.1300	95,461.95	61,286.86 43,884.14	.00	0.13
Laboratory Corp Of America Holdings 50540R409 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 205.3400	.00	.00 - 3,672.93	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Lincoln Elec Hldgs Inc 533900106 Asset Minor Code 42 ACCOUNT 000019007752	275.000	51,554.25 187.4700	58,984.94	- 7,430.69 - 7,430.69	206.25	1.60
Msci Inc 55354G100 Asset Minor Code 42 ACCOUNT 000019007752	165.000	99,001.65 600.0100	84,776.64	14,225.01 - 28.86	.00	1.07
Marvell Technology Inc 573874104 Asset Minor Code 42 ACCOUNT 000019007752	2,510.000	277,229.50 110.4500	175,385.84	101,843.66 91,667.17	.00	0.22
Maximus Inc 577933104 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 74.6500	.00	.00 - 12,689.11	.00	0.00
Medpace Hldgs Inc 58506Q109 Asset Minor Code 42 ACCOUNT 000019007754	546.000	181,397.58 332.2300	92,239.10	89,158.48 - 15,137.71	.00	0.00
Model N Inc 607525102 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 30.0000	.00	.00 15,788.67	.00	0.00
Mongodb Inc CI A 60937P106 Asset Minor Code 42 ACCOUNT 000019007752	170.000	39,577.70 232.8100	50,328.52	- 10,750.82 - 20,958.63	.00	0.00
Monolithic Power Systems Inc 609839105 Asset Minor Code 42 ACCOUNT 000019007752	100.000	59,170.00 591.7000	61,776.26	- 2,606.26 - 34,461.27	125.00	0.85
Motorola Solutions Inc 620076307 Asset Minor Code 42 ACCOUNT 000019007752	130.000	60,089.90 462.2300	30,393.78	29,696.12 19,388.20	141.70	0.94

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Nasdaq Inc 631103108 Asset Minor Code 42 ACCOUNT 000019007752	1,440.000	111,326.40 77.3100	78,200.27	33,126.13 18,662.75	.00	1.24
Neogen Corp 640491106 Asset Minor Code 42 ACCOUNT 000019007754	2,136.000	25,931.04 12.1400	57,847.24	- 31,916.20 - 17,023.92	.00	0.00
Rithm Capital Corp 64828T201 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 10.8300	.00	.00 - 2,697.46	.00	0.00
Nexstar Media Group Inc 65336K103 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 157.9700	.00	.00 - 7,416.59	.00	0.00
On Semiconductor Corporation 682189105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 63.0500	.00	.00 3,008.42	.00	0.00
Option Care Health Inc 68404L201 Asset Minor Code 42 ACCOUNT 000019007754	2,429.000	56,352.80 23.2000	78,119.71	- 21,766.91 - 25,480.21	.00	0.00
Orthopediatrics Corp 68752L100 Asset Minor Code 42 ACCOUNT 000019007754	1,024.000	23,736.32 23.1800	31,048.61	- 7,312.29 - 9,553.92	.00	0.00
Otis Worldwide Corp 68902V107 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 92.6100	.00	.00 - 19,401.94	.00	0.00
Paycom HCM Inc 70435P102 Asset Minor Code 42 ACCOUNT 000019007754	5,818.000	108,040.26 18.5700	121,765.01	- 13,724.75 - 990.19	.00	0.00

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Paylocity Holding Corp 70438V106 Asset Minor Code 42 ACCOUNT 000019007754	868.000	173,139.96 199.4700	88,552.82	84,587.14 30,050.16	.00	0.00
Pennant Group Inc 70805E109 Asset Minor Code 42 ACCOUNT 000019007754	2,551.000	67,652.52 26.5200	86,364.82	- 18,712.30 32,142.60	.00	0.00
Performance Food Group Co Com 71377A103 Asset Minor Code 42 ACCOUNT 000019007752	1,370.000	115,833.50 84.5500	86,206.49	29,627.01 20,103.99	.00	0.00
Phreesia Inc 71944F106 Asset Minor Code 42 ACCOUNT 000019007754	1,729.000	43,501.64 25.1600	65,282.00	- 21,780.36 3,475.29	.00	0.00
Power Integrations Inc 739276103 Asset Minor Code 42 ACCOUNT 000019007754	1,290.000	79,593.00 61.7000	52,539.77	27,053.23 - 26,328.90	.00	1.36
Powerschool Holdings Inc Com Cl A 73939C106 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 22.8100	.00	.00 - 4,055.31	.00	0.00
Privia Health Group Inc Com 74276R102 Asset Minor Code 42 ACCOUNT 000019007754	6,564.000	128,326.20 19.5500	162,442.23	- 34,116.03 - 10,778.77	.00	0.00
Progyny Inc 74340E103 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 17.2500	.00	.00 33,131.31	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Range Resources Corp 75281A109 Asset Minor Code 42 ACCOUNT 000019007752	2,840.000	102,183.20 35.9800	93,921.34	8,261.86 10,629.04	.00	0.89
Raymond James Finl Inc 754730109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 155.3300	.00	.00 - 11,101.29	.00	0.00
Reinsurance Group America 759351604 Asset Minor Code 42 ACCOUNT 000019007752	235.000	50,203.05 213.6300	27,015.95	23,187.10 - 4,435.83	.00	1.67
Repligen Corp 759916109 Asset Minor Code 42 ACCOUNT 000019007754	813.000	117,023.22 143.9400	127,592.30	- 10,569.08 - 24,926.36	.00	0.00
Republic Svcs Inc 760759100 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 201.1800	.00	.00 - 5,340.07	.00	0.00
Sps Commerce Inc 78463M107 Asset Minor Code 42 ACCOUNT 000019007754	1,161.000	213,612.39 183.9900	29,134.78	184,477.61 - 22,741.80	.00	0.00
Saia Inc 78709Y105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 455.7300	.00	.00 - 7,985.45	.00	0.00
Simpson Mfg Co Inc 829073105 Asset Minor Code 42 ACCOUNT 000019007754	464.000	76,945.12 165.8300	86,818.34	- 9,873.22 - 9,873.22	.00	0.68

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Siteone Landscape Supply Inc 82982L103 Asset Minor Code 42 ACCOUNT 000019007752	190.000	25,036.30 131.7700	28,531.54	- 3,495.24 - 9,631.19	.00	0.00
Skechers U S A Inc 830566105 Asset Minor Code 42 ACCOUNT 000019007752	1,595.000	107,247.80 67.2400	86,201.06	21,046.74 - 2,991.09	.00	0.00
Squarespace Inc Class A 85225A107 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 46.5700	.00	.00 23,737.13	.00	0.00
Toll Bros Inc 889478103 Asset Minor Code 42 ACCOUNT 000019007752	750.000	94,462.50 125.9500	101,514.13	- 7,051.63 - 7,051.63	.00	0.73
Transcat Inc 893529107 Asset Minor Code 42 ACCOUNT 000019007754	647.000	68,413.78 105.7400	75,563.22	- 7,149.44 - 7,149.44	.00	0.00
Tyler Technologies Inc 902252105 Asset Minor Code 42 ACCOUNT 000019007752	230.000	132,627.20 576.6400	88,416.86	44,210.34 29,482.50	.00	0.00
U S Physical Therapy Inc 90337L108 Asset Minor Code 42 ACCOUNT 000019007754	745.000	66,088.95 88.7100	57,307.39	8,781.56 - 3,300.35	.00	1.98
Ulta Beauty Inc Com 90384S303 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 434.9300	.00	.00 - 6,303.82	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Vertiv Holdings Co 92537N108 Asset Minor Code 42 ACCOUNT 000019007752	230.000	26,130.30 113.6100	19,805.05	6,325.25 - 12,682.29	.00	0.13
Vistra Energy Corp 92840M102 Asset Minor Code 42 ACCOUNT 000019007752	745.000	102,713.15 137.8700	43,402.22	59,310.93 20,012.24	.00	0.64
Vulcan Matls Co Com 929160109 Asset Minor Code 42 ACCOUNT 000019007752	640.000	164,627.20 257.2300	132,250.15	32,377.05 14,303.26	.00	0.72
Western Alliance Bancorporation 957638109 Asset Minor Code 42 ACCOUNT 000019007752	1,355.000	113,196.70 83.5400	83,190.87	30,005.83 8,476.86	.00	1.82
Willscot Holdings Corporation 971378104 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 33.4500	.00	.00 - 29,776.71	.00	0.00
Willscot Holdings Corporation 971378104 Asset Minor Code 42 ACCOUNT 000019007754	2,599.000	86,936.55 33.4500	37,498.41	49,438.14 - 28,718.95	.00	0.00
Total Willscot Holdings Corporation	2,599.000	86,936.55	37,498.41	49,438.14 - 58,495.66	.00	0.00
Workiva Inc 98139A105 Asset Minor Code 42 ACCOUNT 000019007754	1,746.000	191,187.00 109.5000	52,213.47	138,973.53 13,915.62	.00	0.00
Xpo Inc 983793100 Asset Minor Code 42 ACCOUNT 000019007752	980.000	128,527.00 131.1500	128,938.20	- 411.20 - 411.20	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Zions Bancorporation N A Com 989701107 Asset Minor Code 42 ACCOUNT 000019007752	2,210.000	119,892.50 54.2500	87,601.45	32,291.05 9,975.10	.00	3.17
Total Domestic Common Stocks	134,070.000	8,921,264.18	6,704,444.03	2,216,820.15 260,601.52	4,885.16	0.61
Foreign Stocks						
Constellium SE F21107101 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 10.2700	.00	.00 - 23,038.55	.00	0.00
Allegion Plc G0176J109 Asset Minor Code 53 ACCOUNT 000019007752	355.000	46,391.40 130.6800	40,399.17	5,992.23 - 3,017.00	.00	1.47
Axalta Coating Systems Ltd G0750C108 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 34.2200	.00	.00 - 15,553.62	.00	0.00
Bank Of Nt Butterfield Son G0772R208 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 36.5500	.00	.00 750.35	.00	0.00
Cushman Wakefield Plc G2717B108 Asset Minor Code 53 ACCOUNT 000019007752	12,680.000	165,854.40 13.0800	163,507.27	2,347.13 2,347.13	.00	0.00
Fabrinet G3323L100 Asset Minor Code 53 ACCOUNT 000019007752	180.000	39,578.40 219.8800	40,947.73	- 1,369.33 - 5,379.42	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Nvent Electric Plc G6700G107 Asset Minor Code 53 ACCOUNT 000019007752	395.000	26,923.20 68.1600	17,701.94	9,221.26 - 15,800.94	.00	1.17
Technipfmc Plc G87110105 Asset Minor Code 53 ACCOUNT 000019007752	5,235.000	151,500.90 28.9400	123,596.42	27,904.48 28,815.69	.00	0.69
Globant Sa L44385109 Asset Minor Code 53 ACCOUNT 000019007754	1,024.000	219,566.08 214.4200	67,970.32	151,595.76 - 24,125.44	.00	0.00
Kornit Digital Ltd M6372Q113 Asset Minor Code 53 ACCOUNT 000019007754	3,010.000	93,159.50 30.9500	101,262.81	- 8,103.31 31,698.50	.00	0.00
Stevanato Group S P A Ord Shs T9224W109 Asset Minor Code 53 ACCOUNT 000019007754	2,700.000	58,833.00 21.7900	80,049.94	- 21,216.94 - 14,850.00	.00	0.26
Royal Caribbean Group Com V7780T103 Asset Minor Code 53 ACCOUNT 000019007752	1,215.000	280,288.35 230.6900	158,843.25	121,445.10 121,445.10	668.25	0.82
Carnival Corp 143658300 Asset Minor Code 53 ACCOUNT 000019007752	6,700.000	166,964.00 24.9200	111,060.47	55,903.53 55,903.53	.00	0.00
Celestica Inc Com 15101Q207 Asset Minor Code 53 ACCOUNT 000019007752	370.000	34,151.00 92.3000	28,063.28	6,087.72 6,087.72	.00	0.00
The Descartes Systems Group Inc 249906108 Asset Minor Code 53 ACCOUNT 000019007754	1,432.000	162,675.20 113.6000	55,550.39	107,124.81 42,301.28	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Embraer Sa Spon A D R 29082A107 Asset Minor Code 53 ACCOUNT 000019007752	3,025.000	110,957.00 36.6800	109,131.64	1,825.36 1,825.36	.00	0.00
Rb Global Inc Com 74935Q107 Asset Minor Code 53 ACCOUNT 000019007754	1,467.000	132,338.07 90.2100	49,205.00	83,133.07 - 12,077.64	.00	0.89
Tfi International Inc 87241L109 Asset Minor Code 53 ACCOUNT 000019007752	480.000	64,843.20 135.0900	64,465.04	378.16 378.16	216.00	1.33
Total Foreign Stocks	40,268.000	1,754,023.70	1,211,754.67	542,269.03 177,710.21	884.25	0.37
Mutual Funds						
Mutual Funds-Equity						
Columbia Pyrford International Stck 19766Q775 Asset Minor Code 98 ACCOUNT 000019007750	502,314.696	6,520,044.75 12.9800	5,982,976.48	537,068.27 - 666,862.12	.00	3.55
Columbia Refer To 19766Q775 19766Q783 Asset Minor Code 98 ACCOUNT 000019007750	.000	.00 14.6300	.00	.00 222,909.82	.00	0.00
Wcm Focused International Growth Ins 461418444 Asset Minor Code 98 ACCOUNT 000019007750	281,716.166	6,130,143.77 21.7600	6,713,937.72	- 583,793.95 - 297,999.09	.00	0.28
Total Mutual Funds-Equity	784,030.862	12,650,188.52	12,696,914.20	- 46,725.68 - 741,951.39	.00	1.96

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Mutual Funds-Fixed Income						
Metropolitan West Total Ret P 592905764 Asset Minor Code 99 ACCOUNT 000019007750	1,860,099.674	15,476,029.29 8.3200	17,757,069.39	- 2,281,040.10 - 544,093.29	17.25	4.75
Total Mutual Funds-Fixed Income	1,860,099.674	15,476,029.29	17,757,069.39	- 2,281,040.10 - 544,093.29	17.25	4.74
Total Mutual Funds	2,644,130.536	28,126,217.81	30,453,983.59	- 2,327,765.78 - 1,286,044.68	17.25	3.49
Miscellaneous						
Partnerships/Joint Ventures						
Pimco Tactical Opp Offshore Fd LP 96MSCP6R0 Asset Minor Code 77 ACCOUNT 000019007750	2,991,988.490	3,703,318.79 1.2377	2,991,988.49	711,330.30 259,716.68	.00	0.00
Lighthouse Global Fd Ltd 98MSCDJW8 Asset Minor Code 77 ACCOUNT 000019007750	5,844.107	12,910,467.00 2,209.1425	6,000,000.00	6,910,467.00 1,354,237.42	.00	0.00
Total Partnerships/Joint Ventures	2,997,832.597	16,613,785.79	8,991,988.49	7,621,797.30 1,613,954.10	.00	0.00
Collective Investment Funds						
L&g S&p 500 Cit Fd 97MSCNMR5 Asset Minor Code 17 ACCOUNT 000019007750	54,821.629	18,320,840.20 334.1900	6,515,223.53	11,805,616.67 2,486,132.78	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Collective Investment Funds	54,821.629	18,320,840.20	6,515,223.53	11,805,616.67 2,486,132.78	.00	0.00
Total Miscellaneous	3,052,654.226	34,934,625.99	15,507,212.02	19,427,413.97 4,100,086.88	.00	0.00
Total Assets	7,682,218.872	75,547,227.79	55,688,490.42	19,858,737.37 3,252,353.93	12,383.23	1.47
Accrued Income	.000	12,383.23	12,383.23			
Grand Total	7,682,218.872	75,559,611.02	55,700,873.65			



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
Effective Date	January 1, 1966
Plan Year	January 1 to December 31
Eligibility	First day of first or seventh month of the Plan Year following attainment of age 21 and 1 year of Eligibility Service for employees hired prior to July 1, 2007.
Eligibility Service	1,000 hours of service in first 12 months from date of hire, or in any plan year, excluding those hired following June 30, 2007 who are ineligible to participate in the plan.
Benefit Service	<p>A Participant's Benefit Service is the sum of the Benefit Services earned:</p> <p>Prior to January 1, 1966</p> <ul style="list-style-type: none"> • Credited service from the first of the month following age 25 and completion of 2 years of continuous service <p>From January 1, 1966 – December 31, 1975</p> <ul style="list-style-type: none"> • age 25 and completion of two years of continuous service <p>After December 31, 1975</p> <ul style="list-style-type: none"> • Years of participation with 1,000 hours. Fractional years credited for year of participation and year of termination for months in which the Participant completes at least 15 days at the rate of 83 ½ Hours of Service. <p>No benefit service beyond age 65 prior to January 1, 1988</p> <p>For the Short Plan Year January 1, 1992 to September 30, 1992, a Participant earns Benefit Service equal to .75 if credited with 750 or more hours during that period.</p> <p>For the Short Plan Year October 1, 2005 to December 31, 2005, a Participant earns Benefit Service equal to .25 if credited with 250 or more hours during that period.</p> <p>Benefit service is not earned for Hours of Service prior to plan participation</p>
Vesting Service	<p>Plan years with 1000 or more Hours of Service, for Participants over age 18.</p> <p>750 hours are required to earn a year of Vesting Service for the Short Plan Year from January 1, 1992 to September 30, 1992. Hours worked during the overlapping period (January 1, 2006 to September 30, 2006) are counted for the calculation of Vesting Service in both periods.</p>

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions *continued*

<p>Compensation</p>	<p>Compensation for the plan is solely the regular wages or salary earned in the plan year. For participants classified as paramedical personnel, however, compensation includes overtime, and on-call pay. Compensation excludes compensation earned prior to plan participation.</p> <p>For the short plan years October 1, 2005 to December 31, 2005 and January 1, 1992 to September 30, 1992 Compensation earned during those periods is annualized and treated as a full plan year for averaging.</p>
<p>Average Monthly Compensation</p>	<p>One sixtieth of the compensation earned from the five consecutive years which results in the highest amount.</p> <p>If the Participant has less than 5 years of compensation, then the Average Monthly Compensation for those years will be divided by 12 times the number of completed years instead.</p> <p>Compensation earned within a Short Plan Year will be annualized based on the number of months.</p> <p>January 1, 1992 - September 30, 1992: multiplied by 12/9.</p> <p>October 1, 2005 - December 31, 2005: multiplied by 12/3</p>
<p>Integration Level</p>	<p>One twelfth of 32.5% of the Social Security taxable wage base. The Taxable wage base is the Social Security taxable wage base as defined on the first day of the plan year.</p>
<p>Monthly Accrued Benefit</p>	<p>A monthly benefit equal to $(a + b) * c$</p> <p>a.) One percent (1.0%) of average monthly compensation not in excess of the integration level</p> <p>b.) One and a half (1.5%) of average monthly compensation in excess of the integration level</p> <p>c.) Years of Benefit Service, not to exceed 30</p>
<p>Normal Retirement Age</p>	<p>Last day of the calendar month in which the Participant turns 65</p>
<p>Normal Retirement</p>	<p>Eligibility: Termination on Normal Retirement Age Benefit: Accrued Benefit</p>
<p>Early Retirement</p>	<p>Eligibility: The earlier of age 55 with 10 years of Vesting Service or age 60 Benefit: Accrued Benefit reduced by (5/9)% for each of the first 60 months prior to normal retirement, and (5/18)% for each 60 additional months.</p>

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

Schedule SB, Part V – Summary of Plan Provisions *continued*

Late Retirement	<p>Eligibility: Retirement following Normal Retirement</p> <p>Benefit: Accrued Benefit with Monthly Accrued Benefit determined as if the actual date of termination was the Normal Retirement Date (this assumes a timely suspension of benefits notice was provided). This benefit however, must be as large as his Monthly Accrued Benefit calculated on the participants actual Normal Retirement Date.</p>
Vested Termination	<p>Eligibility: Termination after attaining five years or more of vesting service, or attainment of age 60</p> <p>Benefit: Accrued Benefit reduced as described for early retirement when applicable, otherwise actuarially reduced from age 65</p>
Disability Retirement	<p>Eligibility: Age 50 with 15 years of vesting service with total and permanent disability</p> <p>Benefit: Accrued Benefit reduced by (5/9)% for each of the first 60 months prior to normal retirement, and (5/18)% for each 60 additional months.</p>
Preretirement Spouse Benefit	<p>Eligibility: Death while entitled to some Vested Accrued Benefit while Participant is married and has been married for at least a year.</p> <p>Benefit: The amount the spouse would have received had the participant elected the 50% joint annuity on his date of death and died immediately reduced for payment as early as what would have been the participant's early retirement date</p>
Normal form of Benefit	Single Life Annuity
Optional Forms of Payment	Life only annuity, J&S annuity (50%, 75%), 10-year certain and life annuity, Contingent Annuity (joint and 66⅔ to survivor) & Lump Sum (only for terminations after June 30, 2014)
Optional Form Conversion Factors	Optional forms are calculated using 1971 Group Annuity Mortality, 7% interest, participants are female and joint annuitants are male. For lump sums, 417(e) mortality and interest with a calendar year stability period and 2-month lookback.

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value	
*	U.S. Bank	Investments held at U.S. Bank (see attached)	<u>\$ 55,688,490</u>	<u>\$ 75,547,227</u>

* *Indicates party-in-interest*

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
 EMPLOYEES' PENSION PLAN
 E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
First American	Treasury Obligation Fund Class Y - (230 transactions)	6,421,234	-	6,421,234	6,421,234	-
First American	Treasury Obligation Fund Class Y - (181 transactions)	-	6,104,163	6,104,163	6,104,163	-

*There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.
 Columns (e) and (f) are omitted as they are not applicable.*

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007700	1,537,990.050	1,537,990.05 1.0000	1,537,990.05	.00 .00	5,549.60	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007750	89,563.400	89,563.40 1.0000	89,563.40	.00 .00	315.97	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007752	75,360.440	75,360.44 1.0000	75,360.44	.00 .00	355.86	4.00
First Am Treas Ob Fd Cl Y 31846V807 Asset Minor Code 1 ACCOUNT 000019007754	108,182.220	108,182.22 1.0000	108,182.22	.00 .00	375.14	4.00
Total First Am Treas Ob Fd Cl Y	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Total Money Markets	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Total Cash And Equivalents	1,811,096.110	1,811,096.11	1,811,096.11	.00 .00	6,596.57	4.00
Domestic Common Stocks						
Aaon Inc 000360206 Asset Minor Code 42 ACCOUNT 000019007752	445.000	52,367.60 117.6800	37,537.47	14,830.13 14,830.13	.00	0.27

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Acv Auctions Inc 00091G104 Asset Minor Code 42 ACCOUNT 000019007754	4,798.000	103,636.80 21.6000	61,971.06	41,665.74 30,947.10	.00	0.00
Amn Healthcare Svcs Inc 001744101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 23.9200	.00	.00 - 17,142.12	.00	0.00
Agilent Technologies Inc 00846U101 Asset Minor Code 42 ACCOUNT 000019007752	425.000	57,094.50 134.3400	54,214.73	2,879.77 - 9,334.68	105.40	0.74
Alarm Com Holdings Inc 011642105 Asset Minor Code 42 ACCOUNT 000019007754	1,699.000	103,299.20 60.8000	75,941.05	27,358.15 - 17,049.09	.00	0.00
Alkami Technology Inc 01644J108 Asset Minor Code 42 ACCOUNT 000019007754	2,727.000	100,026.36 36.6800	83,165.63	16,860.73 16,860.73	.00	0.00
Allstate Corp 020002101 Asset Minor Code 42 ACCOUNT 000019007752	225.000	43,377.75 192.7900	33,769.21	9,608.54 3,819.34	207.00	1.91
Cencora Inc 03073E105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 224.6800	.00	.00 - 5,646.87	.00	0.00
Ametek Inc 031100100 Asset Minor Code 42 ACCOUNT 000019007752	290.000	52,275.40 180.2600	34,509.65	17,765.75 - 4,168.34	.00	0.62
Apollo Global Mgmt Inc 03769M106 Asset Minor Code 42 ACCOUNT 000019007752	696.000	114,951.36 165.1600	59,889.68	55,061.68 46,297.34	.00	1.12

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Ares Management Corp A 03990B101 Asset Minor Code 42 ACCOUNT 000019007752	470.000	83,204.10 177.0300	44,214.70	38,989.40 25,945.18	.00	2.10
Autozone Inc 053332102 Asset Minor Code 42 ACCOUNT 000019007752	17.000	54,434.00 3,202.0000	45,256.91	9,177.09 7,752.83	.00	0.00
Avantor Inc 05352A100 Asset Minor Code 42 ACCOUNT 000019007752	2,785.000	58,679.95 21.0700	67,812.31	- 9,132.36 - 2,350.83	.00	0.00
Avery Dennison Corp 053611109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 187.1300	.00	.00 - 15,488.69	.00	0.00
Axon Enterprise Inc 05464C101 Asset Minor Code 42 ACCOUNT 000019007752	260.000	154,523.20 594.3200	56,870.31	97,652.89 78,350.81	.00	0.00
Azek Co Inc CIA 05478C105 Asset Minor Code 42 ACCOUNT 000019007752	1,800.000	85,446.00 47.4700	69,905.46	15,540.54 7,746.39	.00	0.00
Best Buy Co Inc 086516101 Asset Minor Code 42 ACCOUNT 000019007752	590.000	50,622.00 85.8000	53,377.85	- 2,755.85 - 2,755.85	554.60	4.38
Blackline Inc 09239B109 Asset Minor Code 42 ACCOUNT 000019007754	1,850.000	112,406.00 60.7600	64,161.83	48,244.17 - 3,108.00	.00	0.00
Blue Owl Cap Inc 09581B103 Asset Minor Code 42 ACCOUNT 000019007752	2,600.000	60,476.00 23.2600	63,891.34	- 3,415.34 - 3,415.34	.00	3.10

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Bruker Corporation 116794108 Asset Minor Code 42 ACCOUNT 000019007752	1,010.000	59,206.20 58.6200	67,584.17	- 8,377.97 - 14,396.10	.00	0.34
Builders Firstsource Inc 12008R107 Asset Minor Code 42 ACCOUNT 000019007752	335.000	47,881.55 142.9300	54,408.73	- 6,527.18 - 6,527.18	.00	0.00
Ccc Intelligent Solutions Hld Com 12510Q100 Asset Minor Code 42 ACCOUNT 000019007754	9,869.000	115,763.37 11.7300	93,514.20	22,249.17 3,355.46	.00	0.00
Cdw Corp 12514G108 Asset Minor Code 42 ACCOUNT 000019007752	330.000	57,433.20 174.0400	60,373.17	- 2,939.97 - 21,123.26	.00	1.44
Csw Industrials Inc 126402106 Asset Minor Code 42 ACCOUNT 000019007754	183.000	64,562.40 352.8000	71,602.20	- 7,039.80 - 7,039.80	.00	0.27
Caci Intl Inc 127190304 Asset Minor Code 42 ACCOUNT 000019007752	155.000	62,629.30 404.0600	25,331.94	37,297.36 - 7,622.51	.00	0.00
Certara Inc 15687V109 Asset Minor Code 42 ACCOUNT 000019007754	3,006.000	32,013.90 10.6500	103,660.37	- 71,646.47 - 20,861.64	.00	0.00
Chemed Corp 16359R103 Asset Minor Code 42 ACCOUNT 000019007754	195.000	103,311.00 529.8000	46,215.56	57,095.44 - 10,715.25	.00	0.38
Cognex Corp 192422103 Asset Minor Code 42 ACCOUNT 000019007754	1,954.000	70,070.44 35.8600	89,096.65	- 19,026.21 - 11,489.52	.00	0.89

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Comerica Inc 200340107 Asset Minor Code 42 ACCOUNT 000019007752	1,745.000	107,928.25 61.8500	81,754.06	26,174.19 - 3,940.79	1,238.95	4.59
Crane Company 224408104 Asset Minor Code 42 ACCOUNT 000019007752	340.000	51,595.00 151.7500	29,748.52	21,846.48 - 2,653.44	.00	0.56
Crown Hldgs Inc 228368106 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 82.6900	.00	.00 - 5,930.95	.00	0.00
D R Horton Inc 23331A109 Asset Minor Code 42 ACCOUNT 000019007752	375.000	52,432.50 139.8200	65,669.49	- 13,236.99 - 13,236.99	.00	1.14
Definitive Healthcare Corp Class A 24477E103 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 4.1100	.00	.00 32,559.85	.00	0.00
Diamondback Energy Inc 25278X109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 163.8300	.00	.00 - 23,395.93	.00	0.00
Dicks Sporting Goods Inc 253393102 Asset Minor Code 42 ACCOUNT 000019007752	265.000	60,642.60 228.8400	58,544.70	2,097.90 2,097.90	.00	1.92
Dominos Pizza Inc 25754A201 Asset Minor Code 42 ACCOUNT 000019007752	255.000	107,038.80 419.7600	111,213.98	- 4,175.18 - 4,175.18	.00	1.44
Doordash Inc CIA 25809K105 Asset Minor Code 42 ACCOUNT 000019007752	440.000	73,810.00 167.7500	51,949.88	21,860.12 21,860.12	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Doubleverify Hldgs Inc Com 25862V105 Asset Minor Code 42 ACCOUNT 000019007754	3,972.000	76,302.12 19,2100	99,544.69	- 23,242.57 - 61,859.21	.00	0.00
Doximity Inc CI A 26622P107 Asset Minor Code 42 ACCOUNT 000019007754	3,010.000	160,703.90 53.3900	78,594.99	82,108.91 82,108.91	.00	0.00
Eastgroup Pptys Inc Com 277276101 Asset Minor Code 42 ACCOUNT 000019007752	1,330.000	213,451.70 160.4900	236,742.00	- 23,290.30 - 26,437.43	1,862.00	3.49
Ensign Group Inc The 29358P101 Asset Minor Code 42 ACCOUNT 000019007754	1,257.000	167,005.02 132.8600	57,478.54	109,526.48 25,957.05	78.56	0.19
Equifax Inc 294429105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 254.8500	.00	.00 352.74	.00	0.00
Exponent Inc 30214U102 Asset Minor Code 42 ACCOUNT 000019007754	900.000	80,190.00 89.1000	34,175.15	46,014.85 - 9,560.19	.00	1.26
Extra Space Storage Inc 30225T102 Asset Minor Code 42 ACCOUNT 000019007752	325.000	48,620.00 149.6000	43,325.05	5,294.95 - 30,386.65	.00	4.33
Flrst American Financial 31847R102 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 62.4400	.00	.00 - 2,634.12	.00	0.00
Five Below 33829M101 Asset Minor Code 42 ACCOUNT 000019007754	1,416.000	148,623.36 104.9600	121,931.18	26,692.18 - 118,480.93	.00	0.00

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Five9 Inc 338307101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 40.6400	.00	.00 22,769.15	.00	0.00
Floor Decor Holdings Inc A 339750101 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 99.7000	.00	.00 - 22,682.91	.00	0.00
Floor Decor Holdings Inc A 339750101 Asset Minor Code 42 ACCOUNT 000019007754	971.000	96.808.70 99.7000	55,257.59	41,551.11 - 34,142.02	.00	0.00
Total Floor Decor Holdings Inc A	971.000	96,808.70	55,257.59	41,551.11 - 56,824.93	.00	0.00
Flowerserve Corp 34354P105 Asset Minor Code 42 ACCOUNT 000019007752	1,420.000	81,678.40 57.5200	74,575.30	7,103.10 7,103.10	298.20	1.46
Freshpet Inc 358039105 Asset Minor Code 42 ACCOUNT 000019007754	1,606.000	237,864.66 148.1100	86,139.10	151,725.56 98,528.10	.00	0.00
Arthur J Gallagher Co 363576109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 283.8500	.00	.00 - 10,723.17	.00	0.00
Ge Vernova LLC 36828A101 Asset Minor Code 42 ACCOUNT 000019007752	270.000	88.811.10 328.9300	57,735.81	31,075.29 31,075.29	67.50	0.30
Glaukos Corp 377322102 Asset Minor Code 42 ACCOUNT 000019007754	797.000	119,502.18 149.9400	71,835.09	47,667.09 59,351.85	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Goosehead Insurance Inc A 38267D109 Asset Minor Code 42 ACCOUNT 000019007754	761.000	81,594.42 107.2200	53,024.35	28,570.07 23,910.62	.00	0.00
Grand Canyon Education Inc 38526M106 Asset Minor Code 42 ACCOUNT 000019007754	1,431.000	234,397.80 163.8000	127,269.50	107,128.30 45,448.56	.00	0.00
Grid Dynamics Holdings Inc 39813G109 Asset Minor Code 42 ACCOUNT 000019007754	3,755.000	83,511.20 22.2400	56,468.03	27,043.17 33,457.05	.00	0.00
Guidewire Software Inc 40171V100 Asset Minor Code 42 ACCOUNT 000019007754	697.000	117,500.26 168.5800	46,762.37	70,737.89 41,499.38	.00	0.00
Helios Technologies Inc 42328H109 Asset Minor Code 42 ACCOUNT 000019007752	1,850.000	82,584.00 44.6400	91,237.57	- 8,653.57 - 8,653.57	.00	0.81
Herc Holdings Inc 42704L104 Asset Minor Code 42 ACCOUNT 000019007752	555.000	105,078.15 189.3300	80,878.45	24,199.70 24,199.70	.00	1.40
Hillman Solutions Corp 431636109 Asset Minor Code 42 ACCOUNT 000019007754	8,115.000	79,040.10 9.7400	74,024.77	5,015.33 5,015.33	.00	0.00
Hubbell Inc Com 443510607 Asset Minor Code 42 ACCOUNT 000019007752	175.000	73,305.75 418.8900	49,678.01	23,627.74 12,160.66	.00	1.26

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Inspire Medical Systems Inc 457730109 Asset Minor Code 42 ACCOUNT 000019007754	373.000	69,146.74 185.3800	77,516.29	- 8,369.55 - 8,369.55	.00	0.00
International Money Express 46005L101 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 20.8300	.00	.00 5,885.89	.00	0.00
Iqvia Hldgs Inc 46266C105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 196.5100	.00	.00 - 31,699.29	.00	0.00
Jamf Hldg Corp Com 47074L105 Asset Minor Code 42 ACCOUNT 000019007754	3,853.000	54,134.65 14.0500	70,391.39	- 16,256.74 - 16,256.74	.00	0.00
Kadant Inc 48282T104 Asset Minor Code 42 ACCOUNT 000019007754	450.000	155,245.50 344.9900	36,696.21	118,549.29 29,106.00	.00	0.37
Kemper Corp 488401100 Asset Minor Code 42 ACCOUNT 000019007752	1,020.000	67,768.80 66.4400	61,373.06	6,395.74 6,395.74	.00	1.87
Kinsale Capital Group Inc 49714P108 Asset Minor Code 42 ACCOUNT 000019007754	337.000	156,748.81 465.1300	95,461.95	61,286.86 43,884.14	.00	0.13
Laboratory Corp Of America Holdings 50540R409 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 205.3400	.00	.00 - 3,672.93	.00	0.00

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Lincoln Elec Hldgs Inc 533900106 Asset Minor Code 42 ACCOUNT 000019007752	275.000	51,554.25 187.4700	58,984.94	- 7,430.69 - 7,430.69	206.25	1.60
Msci Inc 55354G100 Asset Minor Code 42 ACCOUNT 000019007752	165.000	99,001.65 600.0100	84,776.64	14,225.01 - 28.86	.00	1.07
Marvell Technology Inc 573874104 Asset Minor Code 42 ACCOUNT 000019007752	2,510.000	277,229.50 110.4500	175,385.84	101,843.66 91,667.17	.00	0.22
Maximus Inc 577933104 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 74.6500	.00	.00 - 12,689.11	.00	0.00
Medpace Hldgs Inc 58506Q109 Asset Minor Code 42 ACCOUNT 000019007754	546.000	181,397.58 332.2300	92,239.10	89,158.48 - 15,137.71	.00	0.00
Model N Inc 607525102 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 30.0000	.00	.00 15,788.67	.00	0.00
Mongodb Inc CIA 60937P106 Asset Minor Code 42 ACCOUNT 000019007752	170.000	39,577.70 232.8100	50,328.52	- 10,750.82 - 20,958.63	.00	0.00
Monolithic Power Systems Inc 609839105 Asset Minor Code 42 ACCOUNT 000019007752	100.000	59,170.00 591.7000	61,776.26	- 2,606.26 - 34,461.27	125.00	0.85
Motorola Solutions Inc 620076307 Asset Minor Code 42 ACCOUNT 000019007752	130.000	60,089.90 462.2300	30,393.78	29,696.12 19,388.20	141.70	0.94

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Nasdaq Inc 631103108 Asset Minor Code 42 ACCOUNT 000019007752	1,440.000	111,326.40 77.3100	78,200.27	33,126.13 18,662.75	.00	1.24
Neogen Corp 640491106 Asset Minor Code 42 ACCOUNT 000019007754	2,136.000	25,931.04 12.1400	57,847.24	-31,916.20 -17,023.92	.00	0.00
Rithm Capital Corp 64828T201 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 10.8300	.00	.00 -2,697.46	.00	0.00
Nexstar Media Group Inc 65336K103 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 157.9700	.00	.00 -7,416.59	.00	0.00
On Semiconductor Corporation 682189105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 63.0500	.00	.00 3,008.42	.00	0.00
Option Care Health Inc 68404L201 Asset Minor Code 42 ACCOUNT 000019007754	2,429.000	56,352.80 23.2000	78,119.71	-21,766.91 -25,480.21	.00	0.00
Orthopediatrics Corp 68752L100 Asset Minor Code 42 ACCOUNT 000019007754	1,024.000	23,736.32 23.1800	31,048.61	-7,312.29 -9,553.92	.00	0.00
Otis Worldwide Corp 68902V107 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 92.6100	.00	.00 -19,401.94	.00	0.00
Paycor Hcm Inc 70435P102 Asset Minor Code 42 ACCOUNT 000019007754	5,818.000	108,040.26 18.5700	121,765.01	-13,724.75 -990.19	.00	0.00

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Paylocity Holding Corp 70438V106 Asset Minor Code 42 ACCOUNT 000019007754	868.000	173,139.96 199.4700	88,552.82	84,587.14 30,050.16	.00	0.00
Pennant Group Inc 70805E109 Asset Minor Code 42 ACCOUNT 000019007754	2,551.000	67,652.52 26.5200	86,364.82	- 18,712.30 32,142.60	.00	0.00
Performance Food Group Co Com 71377A103 Asset Minor Code 42 ACCOUNT 000019007752	1,370.000	115,833.50 84.5500	86,206.49	29,627.01 20,103.99	.00	0.00
Phreesia Inc 71944F106 Asset Minor Code 42 ACCOUNT 000019007754	1,729.000	43,501.64 25.1600	65,282.00	- 21,780.36 3,475.29	.00	0.00
Power Integrations Inc 739276103 Asset Minor Code 42 ACCOUNT 000019007754	1,290.000	79,593.00 61.7000	52,539.77	27,053.23 - 26,328.90	.00	1.36
Powerschool Holdings Inc Com Cl A 73939C106 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 22.8100	.00	.00 - 4,055.31	.00	0.00
Privia Health Group Inc Com 74276R102 Asset Minor Code 42 ACCOUNT 000019007754	6,564.000	128,326.20 19.5500	162,442.23	- 34,116.03 - 10,778.77	.00	0.00
Progyny Inc 74340E103 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 17.2500	.00	.00 33,131.31	.00	0.00

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Range Resources Corp 75281A109 Asset Minor Code 42 ACCOUNT 000019007752	2,840.000	102,183.20 35.9800	93,921.34	8,261.86 10,629.04	.00	0.89
Raymond James Finl Inc 754730109 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 155.3300	.00	.00 - 11,101.29	.00	0.00
Reinsurance Group America 759351604 Asset Minor Code 42 ACCOUNT 000019007752	235.000	50,203.05 213.6300	27,015.95	23,187.10 - 4,435.83	.00	1.67
Repligen Corp 759916109 Asset Minor Code 42 ACCOUNT 000019007754	813.000	117,023.22 143.9400	127,592.30	- 10,569.08 - 24,926.36	.00	0.00
Republic Svcs Inc 760759100 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 201.1800	.00	.00 - 5,340.07	.00	0.00
Sps Commerce Inc 78463M107 Asset Minor Code 42 ACCOUNT 000019007754	1,161.000	213,612.39 183.9900	29,134.78	184,477.61 - 22,741.80	.00	0.00
Saia Inc 78709Y105 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 455.7300	.00	.00 - 7,985.45	.00	0.00
Simpson Mfg Co Inc 829073105 Asset Minor Code 42 ACCOUNT 000019007754	464.000	76,945.12 165.8300	86,818.34	- 9,873.22 - 9,873.22	.00	0.68

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Siteone Landscape Supply Inc 82982L103 Asset Minor Code 42 ACCOUNT 000019007752	190.000	25,036.30 131.7700	28,531.54	- 3,495.24 - 9,631.19	.00	0.00
Skechers U S A Inc 830566105 Asset Minor Code 42 ACCOUNT 000019007752	1,595.000	107,247.80 67.2400	86,201.06	21,046.74 - 2,991.09	.00	0.00
Squarespace Inc Class A 85225A107 Asset Minor Code 42 ACCOUNT 000019007754	.000	.00 46.5700	.00	.00 23,737.13	.00	0.00
Toll Bros Inc 889478103 Asset Minor Code 42 ACCOUNT 000019007752	750.000	94,462.50 125.9500	101,514.13	- 7,051.63 - 7,051.63	.00	0.73
Transcat Inc 893529107 Asset Minor Code 42 ACCOUNT 000019007754	647.000	68,413.78 105.7400	75,563.22	- 7,149.44 - 7,149.44	.00	0.00
Tyler Technologies Inc 902252105 Asset Minor Code 42 ACCOUNT 000019007752	230.000	132,627.20 576.6400	88,416.86	44,210.34 29,482.50	.00	0.00
U S Physical Therapy Inc 90337L108 Asset Minor Code 42 ACCOUNT 000019007754	745.000	66,088.95 88.7100	57,307.39	8,781.56 - 3,300.35	.00	1.98
Ulta Beauty Inc Com 90384S303 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 434.9300	.00	.00 - 6,303.82	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Vertiv Holdings Co 92537N108 Asset Minor Code 42 ACCOUNT 000019007752	230.000	26,130.30 113.6100	19,805.05	6,325.25 - 12,682.29	.00	0.13
Vistra Energy Corp 92840M102 Asset Minor Code 42 ACCOUNT 000019007752	745.000	102,713.15 137.8700	43,402.22	59,310.93 20,012.24	.00	0.64
Vulcan Matis Co Corp 929160109 Asset Minor Code 42 ACCOUNT 000019007752	640.000	164,627.20 257.2300	132,250.15	32,377.05 14,303.26	.00	0.72
Western Alliance Bancorporation 957638109 Asset Minor Code 42 ACCOUNT 000019007752	1,355.000	113,196.70 83.5400	83,190.87	30,005.83 8,476.86	.00	1.82
Willscot Holdings Corporation 971378104 Asset Minor Code 42 ACCOUNT 000019007752	.000	.00 33.4500	.00	.00 - 29,776.71	.00	0.00
Willscot Holdings Corporation 971378104 Asset Minor Code 42 ACCOUNT 000019007754	2,599.000	86,936.55 33.4500	37,498.41	49,438.14 - 28,718.95	.00	0.00
Total Willscot Holdings Corporation	2,599.000	86,936.55	37,498.41	49,438.14 - 58,495.66	.00	0.00
Workiva Inc 98139A105 Asset Minor Code 42 ACCOUNT 000019007754	1,746.000	191,187.00 109.5000	52,213.47	138,973.53 13,915.62	.00	0.00
Xpo Inc 983793100 Asset Minor Code 42 ACCOUNT 000019007752	980.000	128,527.00 131.1500	128,938.20	- 411.20 - 411.20	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Zions Bancorporation N A Com 989701107 Asset Minor Code 42 ACCOUNT 000019007752	2,210.000	119,892.50 54.2500	87,601.45	32,291.05 9,975.10	.00	3.17
Total Domestic Common Stocks	134,070.000	8,921,264.18	6,704,444.03	2,216,820.15 260,601.52	4,885.16	0.61
Foreign Stocks						
Constellium SE F21107101 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 10.2700	.00	.00 - 23,038.55	.00	0.00
Allegion Plc G0176J109 Asset Minor Code 53 ACCOUNT 000019007752	355.000	46,391.40 130.6800	40,399.17	5,992.23 - 3,017.00	.00	1.47
Axalta Coating Systems Ltd G0750C108 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 34.2200	.00	.00 - 15,553.62	.00	0.00
Bank Of Nt Butterfield Son G0772R208 Asset Minor Code 53 ACCOUNT 000019007752	.000	.00 36.5500	.00	.00 750.35	.00	0.00
Cushman Wakefield Plc G2717B108 Asset Minor Code 53 ACCOUNT 000019007752	12,680.000	165,854.40 13.0800	163,507.27	2,347.13 2,347.13	.00	0.00
Fabrinet G3323L100 Asset Minor Code 53 ACCOUNT 000019007752	180.000	39,578.40 219.8800	40,947.73	- 1,369.33 - 5,379.42	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Nivent Electric Plc G6700G107 Asset Minor Code 53 ACCOUNT 000019007752	395.000	26,923.20 68.1600	17,701.94	9,221.26 - 15,800.94	.00	1.17
Technipfmc Plc G87110105 Asset Minor Code 53 ACCOUNT 000019007752	5,235.000	151,500.90 28.9400	123,596.42	27,904.48 28,815.69	.00	0.69
Globant Sa L44385109 Asset Minor Code 53 ACCOUNT 000019007754	1,024.000	219,566.08 214.4200	67,970.32	151,595.76 - 24,125.44	.00	0.00
Kornit Digital Ltd M6372Q113 Asset Minor Code 53 ACCOUNT 000019007754	3,010.000	93,159.50 30.9500	101,262.81	- 8,103.31 31,698.50	.00	0.00
Stevanato Group S P A Ord Shs T9224W109 Asset Minor Code 53 ACCOUNT 000019007754	2,700.000	58,833.00 21.7900	80,049.94	- 21,216.94 - 14,850.00	.00	0.26
Royal Caribbean Group Com V7780T103 Asset Minor Code 53 ACCOUNT 000019007752	1,215.000	280,288.35 230.6900	158,843.25	121,445.10 121,445.10	668.25	0.82
Carnival Corp 143658300 Asset Minor Code 53 ACCOUNT 000019007752	6,700.000	166,964.00 24.9200	111,060.47	55,903.53 55,903.53	.00	0.00
Celestica Inc Com 15101Q207 Asset Minor Code 53 ACCOUNT 000019007752	370.000	34,151.00 92.3000	28,063.28	6,087.72 6,087.72	.00	0.00
The Descartes Systems Group Inc 249906108 Asset Minor Code 53 ACCOUNT 000019007754	1,432.000	162,675.20 113.6000	55,550.39	107,124.81 42,301.28	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Embraer Sa Spon A D R 29082A107 Asset Minor Code 53 ACCOUNT 000019007752	3,025.000	110,957.00 36.6800	109,131.64	1,825.36 1,825.36	.00	0.00
Rb Global Inc Com 74935Q107 Asset Minor Code 53 ACCOUNT 000019007754	1,467.000	132,338.07 90.2100	49,205.00	83,133.07 - 12,077.64	.00	0.89
Tfi International Inc 87241L109 Asset Minor Code 53 ACCOUNT 000019007752	480.000	64,843.20 135.0900	64,465.04	378.16 378.16	216.00	1.33
Total Foreign Stocks	40,268.000	1,754,023.70	1,211,754.67	542,269.03 177,710.21	884.25	0.37
Mutual Funds						
Mutual Funds-Equity						
Columbia Pyrford International Stock 19766Q775 Asset Minor Code 98 ACCOUNT 000019007750	502,314.696	6,520,044.75 12.9800	5,982,976.48	537,068.27 - 666,862.12	.00	3.55
Columbia Refer To 19766Q775 19766Q783 Asset Minor Code 98 ACCOUNT 000019007750	.000	.00 14.6300	.00	.00 222,909.82	.00	0.00
Wcm Focused International Growth Ins 461418444 Asset Minor Code 98 ACCOUNT 000019007750	281,716.166	6,130,143.77 21.7600	6,713,937.72	- 583,793.95 - 297,999.09	.00	0.28
Total Mutual Funds-Equity	784,030.862	12,650,188.52	12,696,914.20	- 46,725.68 - 741,951.39	.00	1.96

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Mutual Funds-Fixed Income						
Metropolitan West Total Ret P 592905764 Asset Minor Code 99 ACCOUNT 000019007750	1,860,099.674	15,476,029.29 8.3200	17,757,069.39	- 2,281,040.10 - 544,093.29	17.25	4.75
Total Mutual Funds-Fixed Income	1,860,099.674	15,476,029.29	17,757,069.39	- 2,281,040.10 - 544,093.29	17.25	4.74
Total Mutual Funds						
	2,644,130.536	28,126,217.81	30,453,983.59	- 2,327,765.78 - 1,286,044.68	17.25	3.49
Miscellaneous						
Partnerships/Joint Ventures						
Pimco Tactical Opp Offshore Fd LP 96MSCP6R0 Asset Minor Code 77 ACCOUNT 000019007750	2,991,988.490	3,703,318.79 1.2377	2,991,988.49	711,330.30 259,716.68	.00	0.00
Lighthouse Global Fd Ltd 98MSCDJW8 Asset Minor Code 77 ACCOUNT 000019007750	5,844.107	12,910,467.00 2,209.1425	6,000,000.00	6,910,467.00 1,354,237.42	.00	0.00
Total Partnerships/Joint Ventures	2,997,832.597	16,613,785.79	8,991,988.49	7,621,797.30 1,613,954.10	.00	0.00
Collective Investment Funds						
L&g S&p 500 Cit Fd 97MSCNMR5 Asset Minor Code 17 ACCOUNT 000019007750	54,821.629	18,320,840.20 334.1900	6,515,223.53	11,805,616.67 2,486,132.78	.00	0.00

LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
 EMPLOYEES' PENSION PLAN
 E.I.N. 41-0811697 PLAN No. 001
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
 DECEMBER 31, 2024

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Collective Investment Funds	54,821.629	18,320,840.20	6,515,223.53	11,805,616.67 2,486,132.78	.00	0.00
Total Miscellaneous	3,052,654.226	34,934,625.99	15,507,212.02	19,427,413.97 4,100,086.88	.00	0.00
Total Assets	7,682,218.872	75,547,227.79	55,688,490.42	19,858,737.37 3,252,353.93	12,383.23	1.47
Accrued Income	.000	12,383.23	12,383.23			
Grand Total	7,682,218.872	75,559,611.02	55,700,873.65			

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	3	0	0	0	0	0	4
40 to 44	1	0	0	3	11	2	0	0	0	0	17
45 to 49	2	0	3	1	8	5	1	0	0	0	20
50 to 54	0	2	1	0	10	7	3	1	0	0	24
55 to 59	2	0	2	3	11	9	5	4	0	0	36
60 to 64	1	0	2	3	9	8	5	2	1	0	31
65 to 69	0	1	0	0	1	1	1	2	0	1	7
70 & up	0	1	0	0	1	1	0	0	0	0	3
Total	6	4	8	11	54	33	15	9	1	1	142

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

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

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	3.62%
	Segment 2: years 5-20	4.87%	4.46%
	Segment 3: years 20+	5.59%	4.52%
Effective Interest Rate	5.16%		
Salary Increases	3.50%		
Taxable Wage Base	3.50%		
Lump Sums	Funding: Rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan ASC 960: 4.00%		

Other Assumptions	
Mortality (pre-retirement)	IRS 2024 Generational Mortality
Mortality (post-retirement)	IRS 2024 Generational Mortality
Disability	None
Withdrawal	SOA 2003 Small Plan Turnover Table by age and service, through age 54
Expenses Paid from Trust	Prior year actual expenses rounded to nearest \$1,000, if any
Retirement Age	<u>SOA 2003 Small Plan by age, ages 55 through 64</u>
	<u>Age</u> <u>Rate</u> <u>Age</u> <u>Rate</u>
	55 1.9% 61 9.4%
	56 2.5 62 12.1
	57 3.3 63 15.4
	58 4.3 64 19.3
	59 5.6 65 100
	60 7.3
Term Vested Retirement	Age 65
Form of Payment	Active: 60% Single Life Annuity, 40% Lump Sum Terminated Vested: 100% Single Life Annuity
Percent Married	100%
Age Difference	Wives are assumed to be 3 years younger than husbands

**LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.
EMPLOYEES' PENSION PLAN
E.I.N. 41-0811697 PLAN No. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>						
First American	Treasury Obligation Fund Class Y - (230 transactions)	6,421,234	-	6,421,234	6,421,234	-
First American	Treasury Obligation Fund Class Y - (181 transactions)	-	6,104,163	6,104,163	6,104,163	-

*There were no category (i), (ii) or (iv) reportable transactions for the year ended December 31, 2024.
Columns (e) and (f) are omitted as they are not applicable.*

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, 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 LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.		D Employer Identification Number (EIN) 41-0811697	
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	71,025,511	
b Actuarial value	2b	71,025,511	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	234	18,469,800	18,469,800
b For terminated vested participants	135	8,098,031	8,098,031
c For active participants	142	18,389,672	18,400,451
d Total	511	44,957,503	44,968,282
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	5.16%	
6 Target normal cost			
a Present value of current plan year accruals	6a	1,303,007	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	1,303,007	

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	<i>ALY</i>	08/27/2025
	Signature of actuary	Date
Anthony L. Urdahl		2305312
	Type or print name of actuary	Most recent enrollment number
USI Consulting Group		954-934-5554
	Firm name	Telephone number (including area code)
8000 Norman Center Drive, Suite 400		
Bloomington MN 55437		
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 1,303,007
b Excess assets, if applicable, but not greater than line 31a				31b 1,303,007
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

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

Weighted Average Retirement Age				
(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	55.5327	0.0183	1.0178	55.9778
56	61.4298	0.0242	1.4864	83.2411
57	65.8398	0.0315	2.0745	118.2457
58	71.6448	0.0424	3.0359	176.0842
59	76.4668	0.0552	4.2232	249.1714
60	78.0790	0.0729	5.6928	341.5678
61	86.2022	0.0939	8.0924	493.6369
62	80.8949	0.1208	9.7744	606.0106
63	76.9044	0.1538	11.8254	744.9974
64	66.8642	0.1927	12.8841	824.5800
65	58.7860	1.0000	58.7860	3821.0921
66	3.0000	1.0000	3.0000	198.0000
67	1.0000	1.0000	1.0000	67.0000
68	1.0000	1.0000	1.0000	68.0000
69		1.0000		
70		1.0000		
71		1.0000		
72	2.0000	1.0000	2.0000	144.0000
73		1.0000		
74		1.0000		
75		1.0000		
76		1.0000		
77		1.0000		
78	1.0000	1.0000	1.0000	78.0000
Total			126.8929	8069.6050
Average				63.5900

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
 EIN: 41-0811697 P/N: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	1	3	0	0	0	0	0	4
40 to 44	1	0	0	3	11	2	0	0	0	0	17
45 to 49	2	0	3	1	8	5	1	0	0	0	20
50 to 54	0	2	1	0	10	7	3	1	0	0	24
55 to 59	2	0	2	3	11	9	5	4	0	0	36
60 to 64	1	0	2	3	9	8	5	2	1	0	31
65 to 69	0	1	0	0	1	1	1	2	0	1	7
70 & up	0	1	0	0	1	1	0	0	0	0	3
Total	6	4	8	11	54	33	15	9	1	1	142

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Summary of Methods	
Valuation Date	January 1, 2024
Funding Method	Unit credit
Market Assets	Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date
Actuarial Assets	Market Assets
Segment Rate Basis	24-month average with look back of 4 months

Economic Assumptions			
Segment Rates		<u>ARPA/IJA</u>	<u>Non-Stabilized</u>
	Segment 1: years 1-5	4.75%	3.62%
	Segment 2: years 5-20	4.87%	4.46%
	Segment 3: years 20+	5.59%	4.52%
Effective Interest Rate	5.16%		
Salary Increases	3.50%		
Taxable Wage Base	3.50%		
Lump Sums	Funding: Rates are based on the regular segment rates above, if applicable, adjusted to reflect any lump sum minimum basis defined in the plan ASC 960: 4.00%		

Other Assumptions				
Mortality (pre-retirement)	IRS 2024 Generational Mortality			
Mortality (post-retirement)	IRS 2024 Generational Mortality			
Disability	None			
Withdrawal	SOA 2003 Small Plan Turnover Table by age and service, through age 54			
Expenses Paid from Trust	Prior year actual expenses rounded to nearest \$1,000, if any			
Retirement Age	<u>SOA 2003 Small Plan by age, ages 55 through 64</u>			
	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
	55	1.9%	61	9.4%
	56	2.5	62	12.1
	57	3.3	63	15.4
	58	4.3	64	19.3
	59	5.6	65	100
	60	7.3		
Term Vested Retirement	Age 65			
Form of Payment	Active: 60% Single Life Annuity, 40% Lump Sum Terminated Vested: 100% Single Life Annuity			
Percent Married	100%			
Age Difference	Wives are assumed to be 3 years younger than husbands			

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions

Key Plan Provisions	
Effective Date	January 1, 1966
Plan Year	January 1 to December 31
Eligibility	First day of first or seventh month of the Plan Year following attainment of age 21 and 1 year of Eligibility Service for employees hired prior to July 1, 2007.
Eligibility Service	1,000 hours of service in first 12 months from date of hire, or in any plan year, excluding those hired following June 30, 2007 who are ineligible to participate in the plan.
Benefit Service	<p>A Participant's Benefit Service is the sum of the Benefit Services earned:</p> <p>Prior to January 1, 1966</p> <ul style="list-style-type: none"> • Credited service from the first of the month following age 25 and completion of 2 years of continuous service <p>From January 1, 1966 – December 31, 1975</p> <ul style="list-style-type: none"> • age 25 and completion of two years of continuous service <p>After December 31, 1975</p> <ul style="list-style-type: none"> • Years of participation with 1,000 hours. Fractional years credited for year of participation and year of termination for months in which the Participant completes at least 15 days at the rate of 83 ½ Hours of Service. <p>No benefit service beyond age 65 prior to January 1, 1988</p> <p>For the Short Plan Year January 1, 1992 to September 30, 1992, a Participant earns Benefit Service equal to .75 if credited with 750 or more hours during that period.</p> <p>For the Short Plan Year October 1, 2005 to December 31, 2005, a Participant earns Benefit Service equal to .25 if credited with 250 or more hours during that period.</p> <p>Benefit service is not earned for Hours of Service prior to plan participation</p>
Vesting Service	<p>Plan years with 1000 or more Hours of Service, for Participants over age 18.</p> <p>750 hours are required to earn a year of Vesting Service for the Short Plan Year from January 1, 1992 to September 30, 1992. Hours worked during the overlapping period (January 1, 2006 to September 30, 2006) are counted for the calculation of Vesting Service in both periods.</p>

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions *continued*

<p>Compensation</p>	<p>Compensation for the plan is solely the regular wages or salary earned in the plan year. For participants classified as paramedical personnel, however, compensation includes overtime, and on-call pay. Compensation excludes compensation earned prior to plan participation.</p> <p>For the short plan years October 1, 2005 to December 31, 2005 and January 1, 1992 to September 30, 1992 Compensation earned during those periods is annualized and treated as a full plan year for averaging.</p>
<p>Average Monthly Compensation</p>	<p>One sixtieth of the compensation earned from the five consecutive years which results in the highest amount.</p> <p>If the Participant has less than 5 years of compensation, then the Average Monthly Compensation for those years will be divided by 12 times the number of completed years instead.</p> <p>Compensation earned within a Short Plan Year will be annualized based on the number of months.</p> <p>January 1, 1992 - September 30, 1992: multiplied by 12/9.</p> <p>October 1, 2005 - December 31, 2005: multiplied by 12/3</p>
<p>Integration Level</p>	<p>One twelfth of 32.5% of the Social Security taxable wage base. The Taxable wage base is the Social Security taxable wage base as defined on the first day of the plan year.</p>
<p>Monthly Accrued Benefit</p>	<p>A monthly benefit equal to $(a + b) * c$</p> <p>a.) One percent (1.0%) of average monthly compensation not in excess of the integration level</p> <p>b.) One and a half (1.5%) of average monthly compensation in excess of the integration level</p> <p>c.) Years of Benefit Service, not to exceed 30</p>
<p>Normal Retirement Age</p>	<p>Last day of the calendar month in which the Participant turns 65</p>
<p>Normal Retirement</p>	<p>Eligibility: Termination on Normal Retirement Age Benefit: Accrued Benefit</p>
<p>Early Retirement</p>	<p>Eligibility: The earlier of age 55 with 10 years of Vesting Service or age 60 Benefit: Accrued Benefit reduced by (5/9)% for each of the first 60 months prior to normal retirement, and (5/18)% for each 60 additional months.</p>

Attachment to 2024 Form 5500 Schedule SB
 Lakeview Memorial Hospital Association, Inc. Employees' Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions *continued*

Late Retirement	<p>Eligibility: Retirement following Normal Retirement</p> <p>Benefit: Accrued Benefit with Monthly Accrued Benefit determined as if the actual date of termination was the Normal Retirement Date (this assumes a timely suspension of benefits notice was provided). This benefit however, must be as large as his Monthly Accrued Benefit calculated on the participants actual Normal Retirement Date.</p>
Vested Termination	<p>Eligibility: Termination after attaining five years or more of vesting service, or attainment of age 60</p> <p>Benefit: Accrued Benefit reduced as described for early retirement when applicable, otherwise actuarially reduced from age 65</p>
Disability Retirement	<p>Eligibility: Age 50 with 15 years of vesting service with total and permanent disability</p> <p>Benefit: Accrued Benefit reduced by (5/9)% for each of the first 60 months prior to normal retirement, and (5/18)% for each 60 additional months.</p>
Preretirement Spouse Benefit	<p>Eligibility: Death while entitled to some Vested Accrued Benefit while Participant is married and has been married for at least a year.</p> <p>Benefit: The amount the spouse would have received had the participant elected the 50% joint annuity on his date of death and died immediately reduced for payment as early as what would have been the participant's early retirement date</p>
Normal form of Benefit	Single Life Annuity
Optional Forms of Payment	Life only annuity, J&S annuity (50%, 75%), 10-year certain and life annuity, Contingent Annuity (joint and 66⅔ to survivor) & Lump Sum (only for terminations after June 30, 2014)
Optional Form Conversion Factors	Optional forms are calculated using 1971 Group Annuity Mortality, 7% interest, participants are female and joint annuitants are male. For lump sums, 417(e) mortality and interest with a calendar year stability period and 2-month lookback.