

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

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: COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): COMMUNITY HEALTH NETWORK, INC.
2b Employer Identification Number (EIN): 35-0983617
2c Plan Sponsor's telephone number: 317-355-5397
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2333
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)	0
	6a(2)	1479
	6b	96
	6c	625
	6d	2200
	6e	12
	6f	2212
	6g(1)	2333
6g(2)	2122	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2R 2T 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u>
(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 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.		D Employer Identification Number (EIN) 35-0983617

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95805-01	1200	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	16536075
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 19502619
c	Additions: (1) Contributions deposited during the year	7c(1) 156
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 468814
	(4) Transferred from separate account	7c(4) 13203023
	(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5) 93421
	(6) Total additions	7c(6) 13765414
d	Total of balance and additions (add lines 7b and 7c(6))	7d 33268033
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 3897605
	(2) Administration charge made by carrier.....	7e(2) 6744
	(3) Transferred to separate account	7e(3) 12827609
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 16731958	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 16536075

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.		D Employer Identification Number (EIN) 35-0983617

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1087604	4	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	4 930450
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 0
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b 1054241
c Additions: (1) Contributions deposited during the year	(2) Dividends and credits.....	7c(1)
	(3) Interest credited during the year.....	7c(2)
	(4) Transferred from separate account	7c(3) 36921
	(5) Other (specify below).....	7c(4)
	▶	7c(5)
	(6) Total additions	7c(6) 36921
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1091162
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 157238	
(2) Administration charge made by carrier.....	7e(2) 180	
(3) Transferred to separate account	7e(3) 3294	
(4) Other (specify below).....	7e(4)	
▶		
(5) Total deductions	7e(5) 160712	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 930450

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

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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 COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.		D Employer Identification Number (EIN) 35-0983617

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

1 Coverage Information:

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	B01486	4	01/01/2024	12/31/2024

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	447256
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input checked="" type="checkbox"/> other (specify) ▶ ANNUITY CONTRACT	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 470114
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 17396
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 17396
d	Total of balance and additions (add lines 7b and 7c(6))	7d 487510
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 40254
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 40254	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 447256

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.		D Employer Identification Number (EIN) 35-0983617

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	55250	48	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	161653
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	157399
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c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	4707	
	7c(4)	775	
	7c(5)		

(6) Total additions	7c(6)	5482
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d Total of balance and additions (add lines 7b and 7c(6))	7d	162881
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1135	
	7e(2)	0	
	7e(3)	0	
	7e(4)	93	

(5) Total deductions	7e(5)	1228
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	161653
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.</p>	<p>D Employer Identification Number (EIN) 35-0983617</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	191414+030	85	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1256031
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VARIABLE ANNUITY W/GUARD FUND

b Balance at the end of the previous year **7b** 1232081

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	78942
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 78942

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1311023

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	53435
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGE	7e(4)	1557

(5) Total deductions **7e(5)** 54992

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1256031

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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 COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.	D Employer Identification Number (EIN) 35-0983617	

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

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

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

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	169253	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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HEALTH NETWORK, INC.	D Employer Identification Number (EIN) 35-0983617

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69374	75432
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1543595	1443999
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	134568994	140597796
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	22416454	19331465
(15) Other	1c(15)	2778760	2651911

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	161377177	164100603
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	161377177	164100603

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)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(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)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	119172	
(F) Other.....	2b(1)(F)	441676	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		560848
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5662712	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5662712
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12105039
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		18328599

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15426876	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15426876
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		9044
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	169253	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		169253
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15605173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2723426
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: **KATZ, SAPPER & MILLER, LLP**

(2) EIN: **35-1090346**

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		2000000
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 0.

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

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

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

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

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>COMMUNITY HEALTH NETWORK 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY HEALTH NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>35-0983617</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-3691708

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	
---	--

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 _____.

**COMMUNITY HEALTH NETWORK
403(b) RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2024 and 2023



Katz, Sapper & Miller, LLP
Certified Public Accountants

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

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Independent Auditor's Report

To the Plan Administrator
Community Health Network 403(b) Retirement Savings Plan

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

We have audited the accompanying financial statements of Community Health Network 403(b) Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets in liquidation available for benefits as of December 31, 2024 and the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets in liquidation available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Community Health Network 403(b) Retirement Savings 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 audit 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 a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the Financial Statements

We do not express an opinion on the financial statements of Community Health Network 403(b) Retirement Savings Plan referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion for the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the Financial Statements

Community Health Network 403(b) Retirement Savings Plan has not maintained sufficient accounting records and supporting documents relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Plan Termination and Basis of Accounting

As discussed in Note 1 to the financial statements, on December 12, 2024, the Board of Directors of the Employer approved a resolution and amendment to terminate the Plan, effective December 31, 2024. In accordance with accounting principles generally accepted in the United States, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Health Network 403(b) Retirement Savings Plan's ability to continue as a going concern within one year after the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Community Health Network 403(b) Retirement Savings Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Community Health Network 403(b) Retirement Savings Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, it is inappropriate to and we do not express an opinion on these supplemental schedules.

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
September 30, 2025

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS

December 31, 2024

AND

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2023

	2024	2023
ASSETS		
Investments at fair value	\$ 143,325,139	\$ 137,417,128
Investments at contract value	<u>19,331,465</u>	<u>22,416,454</u>
Total Investments	<u>162,656,604</u>	<u>159,833,582</u>
Receivables:		
Notes receivable from participants	<u>1,443,999</u>	<u>1,543,595</u>
Total Receivables	<u>1,443,999</u>	<u>1,543,595</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 164,100,603</u></u>	<u><u>\$ 161,377,177</u></u>

See accompanying notes.

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment Income:

Net appreciation in fair value of investments	\$ 12,105,039
Interest	441,676
Dividends	<u>5,662,712</u>
Total Investment Income	18,209,427

Interest income on notes receivable from participants	<u>119,172</u>
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Total Additions	<u>18,328,599</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid	15,435,920
Administrative expenses	<u>169,253</u>
Total Deductions	<u>15,605,173</u>

NET INCREASE	2,723,426
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	<u>161,377,177</u>
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End of Year	<u><u>\$ 164,100,603</u></u>
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See accompanying notes.

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of Community Health Network 403(b) Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan was organized effective January 1, 1975, as a defined contribution retirement savings plan under section 403(b) of the Internal Revenue Code (IRC) covering all eligible employees of Community Health Network, Inc. (the Employer) who have at least one hour of service. In order to be considered an eligible participant, an employee must have been excluded from participating in the Community Health Network 401(k) Retirement Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Community Health Network (CHN) Audit, Compliance and Finance Committee is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the CHN Audit, Compliance and Finance Committee.

The Plan Agreement was amended, effective July 31, 2016, to freeze the Plan's eligibility provisions such that no future eligible employees shall become a Plan participant and to cease all Plan contributions.

Plan Termination: On December 12, 2024, the Board of Directors of the Employer approved a resolution and amendment to the Plan Agreement to effectuate the Plan's termination provisions, effective December 31, 2024. The Plan Administrator has the right under the Plan Agreement to terminate the Plan subject to the provisions of ERISA. All Plan assets will be distributed to the respective participants as soon as administratively possible. See Notes 6 and 9.

Contributions: Through July 31, 2016, participants could authorize the Employer to contribute to the Plan up to 100% of their eligible annual compensation, subject to the maximum annual amount permitted under Section 402(g) of the IRC. Participants who attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Qualified participants who had completed 15 years of service with a qualified organization were eligible to make additional contributions as permitted under the IRC. Participants could also make rollover contributions from amounts representing distributions from other qualified plans and certain Individual Retirement Accounts (IRA) as defined in the Plan Agreement. Contributions are subject to certain limitations under the IRC.

The Plan Agreement did not permit any Employer contributions.

Participants directed the investment of their contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account was credited with the participant's contributions and Plan earnings. Participant accounts were also charged with an allocation of certain administrative expenses of the Plan. Allocations were based on participant earnings or account balances, or specific participant transactions, as defined in the Plan Agreement. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting: Participants were vested immediately in their contributions plus actual earnings thereon.

Notes Receivable from Participants: Participants could borrow from their account a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The repayment terms of the notes could not exceed five years except for the purchase of the participant's principal residence, for which the terms could exceed five years per the Plan Agreement. The notes were secured by the balance in the participant's account and bore interest at rates which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest were paid ratably through regular payroll deductions.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Benefits: Prior to the Plan's termination, upon the occurrence of a distributable event due to separation from service by termination, death, disability, or retirement, as defined by the Plan Agreement, a participant could elect to receive a lump-sum cash distribution equal to the value of the participant's vested interest in their account, or in installments spanning over the life of the participant or designated beneficiary but not to exceed beyond the life of the last surviving beneficiary. Hardship and in-service withdrawals, as well as required minimum distributions and automatic distributions to former participants, as defined in the Plan Agreement, were also permitted from a participant's account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: Due to the Plan's termination and in accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis of accounting from the accrual basis used in presenting the December 31, 2023 financial statements, to the liquidation basis used in presenting the December 31, 2024 financial statements. Because the effect on the financial statements was not material, the Plan has presented the statement of changes in net assets in liquidation available for benefits using the liquidation basis for the entire year ended December 31, 2024.

Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, except the fully benefit-responsive investment contracts which are reported at contract 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. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount the participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's management determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors, custodians and insurers. See Note 3 for discussion of fair value measurements.

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.

Notes Receivable from Participants: The Plan's notes receivable from participants were measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income was recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceased to make repayments and the Plan Administrator deemed the note receivable from the participant to be in default, the balance of the note receivable from the participant was reduced and a benefit payment was recorded per the Plan Agreement.

Payment of Benefits: Benefits were recorded when paid.

Expenses: Administrative expenses for maintaining the Plan could be paid by the Employer or the Plan, at the Employer's discretion. Certain administration fees were charged directly to the participant's account and were included in administrative expenses. Investment-related expenses were included in net appreciation (depreciation) in fair value of investments.

Tax Status: The Plan has been designed to qualify for tax-exempt status under Section 403(b) of the IRC. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified and the related funding vehicles are tax-exempt.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to 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 Internal Revenue Service (IRS) or other taxing authorities.

The Plan is subject to routine jurisdictions by taxing authorities; however, there are currently no audits for any tax periods in process.

Subsequent Events: The Plan Administrator has evaluated the financial statements for subsequent events occurring through September 30, 2025, the date the financial statements were available to be issued. See Note 9.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Following is a description of the valuation methodologies used by the Plan for assets that are measured at fair value on a recurring basis. There have been no changes in the methodology used at December 31, 2024 and 2023.

Registered Investment Companies (Mutual Funds and/or Exchange-traded Funds) and Money Market Fund Shares: Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Valued at the unit price reported by the sponsoring insurance company. The underlying investments owned can include money market funds, stable value funds, fixed-income securities, registered investment companies, common stocks, corporate bonds, U.S. Government securities, other pooled separate accounts, or guaranteed investment contracts priced by the sponsoring insurance company using applicable interest rates and contract provisions. The unit price is based on the fair value of the underlying investments owned, less any accrual of fees and expenses borne by the account, and divided by the number of units outstanding. The unit price is readily determinable and quoted on the active private market on which participants can transact daily with no significant redemption restrictions on these investments.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following is a summary, within each level of the fair value hierarchy, of the Plan's assets that are measured at fair value on a recurring basis as of December 31, 2024 and 2023:

2024	Level 1	Level 2	Total
Registered investment companies	\$133,845,056	\$ -	\$133,845,056
Money market fund shares	75,432	-	75,432
Self-directed brokerage accounts	2,651,911	-	2,651,911
Pooled separate accounts	<u>-</u>	<u>6,752,740</u>	<u>6,752,740</u>
Total Investments at Fair Value	<u>\$136,572,399</u>	<u>\$6,752,740</u>	<u>\$143,325,139</u>
2023			
Registered investment companies	\$128,131,050	\$ -	\$128,131,050
Money market fund shares	69,374	-	69,374
Self-directed brokerage accounts	2,778,760	-	2,778,760
Pooled separate accounts	<u>-</u>	<u>6,437,944</u>	<u>6,437,944</u>
Total Investments at Fair Value	<u>\$130,979,184</u>	<u>\$6,437,944</u>	<u>\$137,417,128</u>

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S INSURERS AND CUSTODIANS (UNAUDITED INFORMATION)

All information related to investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, disclosed in the accompanying financial statements and supplemental schedule was obtained by the Plan's management and agree to or derived from information certified as complete and accurate by Empower Annuity Insurance Company of America, The Lincoln National Life Insurance Company, The Variable Annuity Life Insurance Company, Empower Trust Company, LLC, American United Life Insurance Company (AUL), a OneAmerica company, Fidelity Management Trust Company, and Metropolitan Life Insurance Company, the Plan's insurers and custodians, respectively, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a portfolio of traditional investment contracts comprised of the Empower Guaranteed Fixed Fund, Empower Investments Fixed Account - Series Class IV, AUL Fixed Account, Lincoln Fixed Account, MetLife Fixed Interest Account, VALIC Fixed Account Plus, and VALIC Short Term Fixed Account. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (CONTINUED)

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rates are based on a formula established by the contract issuers and are reviewed on a periodic basis for resetting. The contracts cannot be terminated before their scheduled maturity dates.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC or the failure of the trust to be tax-exempt under Section 501(a) of the IRC
2. Premature termination of the contracts
3. Complete or partial Plan termination or merger with another plan
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

The investment contracts will be terminated in accordance with Plan's resolution and amendment to terminate the Plan.

NOTE 6 - PLAN AMENDMENTS

On March 25, 2024, the Employer amended the Plan Agreement to reflect the applicable changes in the law, including but not limited to certain provisions enacted under the Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and SECURE 2.0 Act of 2022.

On December 12, 2024, the Board of Directors of the Employer approved a resolution and amendment to the Plan Agreement to effectuate the Plan's termination provisions, effective December 31, 2024.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan has arrangements with several third-party service providers. The Plan pays certain expenses related to the Plan's operation, administration, and investment activity. The Plan's expenses may be paid directly to the respective service provider or indirectly through the Plan's investments returns. Therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

The Plan may receive revenue-sharing compensation from certain Plan investment options. This revenue, if any, is used to offset certain recordkeeping and administration services to the Plan and/or allocated to participant accounts as additional earnings.

The Employer provides certain accounting, administrative, and investment management services to the Plan for which it receives no compensation.

Notes receivable from participants are permitted party-in-interest transactions.

NOTE 8 - RISKS AND UNCERTAINTIES

The Plan's investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 9 - SUBSEQUENT EVENT

As a result of the Plan termination described in Notes 1 and 6, all the Plan's remaining assets are expected to be distributed as applicable to the respective participants and used to pay any related Plan expenses during the 2025 Plan year, at which time the Plan and its related trust will cease to exist.

SUPPLEMENTAL SCHEDULE

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
INVESTMENTS AT FAIR VALUE:			
REGISTERED INVESTMENT COMPANIES			
	Alliance Bernstein Large Cap Growth	**	\$ 1,584
	Alliance Bernstein VPS Global Thematic	**	20,884
	American Century Small Cap Value R6	**	4,926,536
	American Century Vp Balanced	**	17,755
	American Funds EuroPacific Gr R6 Fund	**	7,233,760
	American Funds Global Growth	**	847
	American Funds Growth Fund	**	20,090
	American Funds Growth-Income	**	1,397
	American Funds International	**	903
	Dodge & Cox Income Fund Class X	**	8,490,066
*	Fidelity 500 Index Fund	**	24,370,538
*	Fidelity Asset Manager	**	43,755
*	Fidelity Asset Mgr 50%	**	18,470
*	Fidelity Asset Mgr 70%	**	31,066
*	Fidelity Asset Mgr 85%	**	14,943
*	Fidelity Balanced	**	178,961
*	Fidelity Blue Chip Growth	**	176,351
*	Fidelity Contrafund	**	400,822
*	Fidelity Contrafund Portfolio	**	12,292
*	Fidelity Diversified Intl	**	73,401
*	Fidelity Dividend Growth Fund	**	12,247
*	Fidelity Emerging Asia Fund	**	18,225
*	Fidelity Environment and Alternative Energy Fund	**	3,944
*	Fidelity Focused Stock	**	28,588
*	Fidelity Freedom 2010 K	**	8,335
*	Fidelity Freedom 2020 K	**	4,671
*	Fidelity Freedom 2030 K	**	73,118
*	Fidelity Freedom 2035 K	**	7,337
*	Fidelity Freedom 2040 K	**	4,843
*	Fidelity Fund	**	17,509
*	Fidelity Growth Portfolio	**	344,525
*	Fidelity Low Priced Stock	**	160,093
*	Fidelity Mega Cap Stock	**	13,410
*	Fidelity Mid Cap Index	**	13,084,409
*	Fidelity Multi Asset IDX	**	310,687
*	Fidelity New Millennium	**	13,210
*	Fidelity Puritan Fund	**	16,829
*	Fidelity Real Estate Index	**	1,514,177
*	Fidelity Select Consumer Staples	**	28,131
*	Fidelity Select Defense	**	19,150
*	Fidelity Select Healthcare	**	19,154

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
REGISTERED INVESTMENT COMPANIES (CONTINUED)			
*	Fidelity Select Technology	**	\$ 5,864
*	Fidelity Small Cap Growth	**	7,502
*	Fidelity Small Cap Index	**	2,801,928
*	Fidelity Strategic Income	**	8,867
*	Fidelity Total Intl Index Instl Premium	**	8,898,202
*	Fidelity US Bond Index	**	9,236,830
*	Fidelity VIP Freedom Target 2025	**	570
*	Fidelity VIP Freedom Target 2035	**	33,457
*	Fidelity VIP Freedom Target 2040	**	16,932
	Franklin Small Cap Growth GR R6	**	2,726,903
	Harbor Capital Appreciation Instl	**	9,828,070
	Janus Henderson Global Research	**	20,296
*	LVIP Baron Growth Opportunities	**	4,259
*	LVIP Blended Large Cap Growth Managed Volatility	**	4,444
*	LVIP Dimensional US Core Equity	**	15,309
*	LVIP Macquarie Bond Fund	**	1,107
*	LVIP Macquarie Diversified Income Fund	**	671
*	LVIP Macquarie High Yield Fund	**	241
*	LVIP Macquarie SMID Cap Core Fund	**	5,609
*	LVIP Macquarie Social Awareness Fund	**	9,652
*	LVIP Macquarie US REIT Fund	**	1,976
*	LVIP Mondrian International Value	**	601
*	LVIP SSgA S&P 500 Index	**	213,320
*	LVIP SSgA Small Cap Index	**	34,760
*	LVIP T. Rowe Price Structured	**	144,285
*	LVIP Macquarie VIP Small Cap Value Series	**	325
	Neuberger Berman AMT Sustainable Equity	**	1,456
	PIMCO RAE US INSTL	**	8,590,287
	T. Rowe Price International Stock	**	3,090
	Vanguard Institutional Target Retirement 2020 Fund Institutional Shares	**	2,033,225
	Vanguard Institutional Target Retirement 2025 Fund Institutional Shares	**	2,997,133
	Vanguard Institutional Target Retirement 2030 Fund Institutional Shares	**	5,583,472
	Vanguard Institutional Target Retirement 2035 Fund Institutional Shares	**	5,745,188
	Vanguard Institutional Target Retirement 2040 Fund Institutional Shares	**	3,676,173
	Vanguard Institutional Target Retirement 2045 Fund Institutional Shares	**	3,384,699
	Vanguard Institutional Target Retirement 2050 Fund Institutional Shares	**	3,689,056
	Vanguard Institutional Target Retirement 2055 Fund Institutional Shares	**	1,260,276
	Vanguard Institutional Target Retirement 2060 Fund Institutional Shares	**	549,276
	Vanguard Institutional Target Retirement 2065 Fund Institutional Shares	**	55,161
	Vanguard Target Retirement Income Inv	**	517,571
	Total Registered Investment Companies		<u>133,845,056</u>

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
MONEY MARKET FUND SHARES			
*	Fidelity Government Cash Reserve Fund	**	\$ 65,151
*	Fidelity Government Money Market Fund	**	10,280
*	VALIC Government Money Market Fund Institutional Class	**	1
	Total Money Market Fund Shares		<u>75,432</u>
POOLED SEPARATE ACCOUNTS			
*	American Funds Growth Fund	**	181,218
*	American Funds Growth-Income	**	117,325
*	American Funds Global Small Cap	**	45,757
*	Ariel Appreciation Fund	**	10,034
*	Ariel Fund	**	10,527
*	Baillie Gifford International Stock Portfolio	**	65,526
*	BlackRock Bond Income	**	23,321
*	BlackRock Capital Appreciation	**	5,382
*	Brighthouse Small Cap Value	**	658
*	Brighthouse/Artisan Mid Cap Value	**	89,763
*	Brighthouse/Wellington Balanced	**	99,470
*	Brighthouse/Wellington Core Equity Opportunities	**	11,328
*	Brighthouse/Wellington Large Cap Research	**	665,470
*	CBRE Global Real Estate Portfolio	**	627
*	Clarion Global Real Estate Portfolio	**	5,549
*	Core Bond Fund	**	11,486
*	Emerging Economies	**	7,744
*	Freedom 2035 Portfolio	**	272,293
*	Frontier Mid Cap Growth Portfolio	**	337,048
*	Global Real Estate Fund	**	482
*	Global Strategy	**	3,214
*	Government Securities Fund	**	1,408
*	Growth Fund	**	370,681
*	Harris Oakmark International	**	108,980
*	High Yield Bond Fund	**	6,345
*	Inflation Protected Fund	**	5,685
*	International Equities Fund	**	2,329
*	International Growth Fund	**	4,209
*	International Opportunities	**	899
*	International Socially Responsible Fund	**	11,236
*	International Value Fund	**	23,504
*	Invesco Global Equity Portfolio	**	61,576
*	Invesco Small Cap Growth	**	5,874
*	Jennison Growth Portfolio	**	22,639
*	Large Capital Growth	**	68,712
*	Loomis Sayles Growth Portfolio	**	24,224
*	Loomis Sayles Small Cap	**	27,341
*	Loomis Sayles Small Cap Cr	**	2,896

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024**

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
POOLED SEPARATE ACCOUNTS (CONTINUED)			
*	MetLife Aggregate Bond Index	**	\$ 71,822
*	MetLife Mid Cap Stock Index	**	122,397
*	MetLife MSCI EAFE Index	**	129,083
*	MetLife Stock Index	**	969,018
*	MFS Total Return	**	4,424
*	MFS Total Return Portfolio Class B	**	10,327
*	MFS Value Portfolio	**	164,364
*	MFS Value Portfolio Class E	**	7,470
*	Mid Cap Index Fund	**	118,151
*	Mid Cap Strategic Gwth	**	18,243
*	Mid Cap Value Fund	**	16,308
*	Moderate Growth Lifestyle	**	4,954
*	Morgan Stanley Discovery Portfolio	**	238,144
*	NASDAQ-100 Index	**	59,887
*	Neuberger Berman Genesis	**	112,723
*	Neuberger Berman Genesis Portfolio Class B	**	31,628
*	PIMCO Inflation Protected Bond Portfolio	**	29,025
*	PIMCO Total Return Adm. Fund	**	91,084
*	Russell 2000 Index	**	239,060
*	Science & Technology Fund	**	615,476
*	Small Cap Growth Fund	**	17,990
*	Small Cap Index Fund	**	25,587
*	Small Cap Special Value Fund	**	6,940
*	Small Cap Value Fund	**	5,532
*	Stock Index Fund	**	202,039
*	Systematic Core Fund	**	37,975
*	Systematic Value Fund	**	9,010
*	T. Rowe Price Large Cap Growth	**	86,854
*	T. Rowe Price Mid Cap Growth	**	94,436
*	T. Rowe Price Small Cap Growth	**	231,755
*	US Socially Responsible Fund	**	1,031
*	VALIC Company I Capital Appreciation Fund	**	564
*	Vanguard Long-Term Treasury	**	2,482
*	Vanguard Wellington Fund, Inc.	**	36,582
*	Vanguard Windsor II	**	55,161
*	Victory Sycamore Mid Cap Value Portfolio	**	128,303
*	Western Asset Management Strategic Bond Opportunities	**	46
*	Western Asset Management Strategic Bond Opportunities Sb	**	35,473
*	Western Asset Management U.S. Government Portfolio	**	8,632
	Total Pooled Separate Accounts		<u>6,752,740</u>

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024**

(a)	(b) and (c)	(d)	(e)
	Identity of Issue / Description of Investment	Cost	Current Value
	SELF-DIRECTED BROKERAGE ACCOUNT		
*	Schwab Self-Directed Brokerage Account	**	\$ 2,651,911
	INVESTMENTS AT CONTRACT VALUE:		
*	AUL Fixed Account	**	447,256
*	Empower Guaranteed Fixed Fund	**	6,062,807
*	Empower Investments Fixed Account - Series Class IV	**	10,473,268
*	Lincoln Fixed Account	**	1,256,031
*	MetLife Fixed Interest Account	**	930,450
*	VALIC Fixed Account Plus	**	66,076
*	VALIC Short Term Fixed Account	**	95,577
	Total Investments at Contract Value		<u>19,331,465</u>
*	NOTES RECEIVABLE FROM PARTICIPANTS , bearing interest at 5.25-10.50%, with maturities through December 2034	0	<u>1,443,999</u>
	TOTAL		<u><u>\$ 164,100,603</u></u>

* Party-in-interest, but not prohibited transactions.

** Cost has been omitted for participant-directed investments.

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
INVESTMENTS AT FAIR VALUE:			
REGISTERED INVESTMENT COMPANIES			
	Alliance Bernstein Large Cap Growth	**	\$ 1,584
	Alliance Bernstein VPS Global Thematic	**	20,884
	American Century Small Cap Value R6	**	4,926,536
	American Century Vp Balanced	**	17,755
	American Funds EuroPacific Gr R6 Fund	**	7,233,760
	American Funds Global Growth	**	847
	American Funds Growth Fund	**	20,090
	American Funds Growth-Income	**	1,397
	American Funds International	**	903
	Dodge & Cox Income Fund Class X	**	8,490,066
*	Fidelity 500 Index Fund	**	24,370,538
*	Fidelity Asset Manager	**	43,755
*	Fidelity Asset Mgr 50%	**	18,470
*	Fidelity Asset Mgr 70%	**	31,066
*	Fidelity Asset Mgr 85%	**	14,943
*	Fidelity Balanced	**	178,961
*	Fidelity Blue Chip Growth	**	176,351
*	Fidelity Contrafund	**	400,822
*	Fidelity Contrafund Portfolio	**	12,292
*	Fidelity Diversified Intl	**	73,401
*	Fidelity Dividend Growth Fund	**	12,247
*	Fidelity Emerging Asia Fund	**	18,225
*	Fidelity Environment and Alternative Energy Fund	**	3,944
*	Fidelity Focused Stock	**	28,588
*	Fidelity Freedom 2010 K	**	8,335
*	Fidelity Freedom 2020 K	**	4,671
*	Fidelity Freedom 2030 K	**	73,118
*	Fidelity Freedom 2035 K	**	7,337
*	Fidelity Freedom 2040 K	**	4,843
*	Fidelity Fund	**	17,509
*	Fidelity Growth Portfolio	**	344,525
*	Fidelity Low Priced Stock	**	160,093
*	Fidelity Mega Cap Stock	**	13,410
*	Fidelity Mid Cap Index	**	13,084,409
*	Fidelity Multi Asset IDX	**	310,687
*	Fidelity New Millennium	**	13,210
*	Fidelity Puritan Fund	**	16,829
*	Fidelity Real Estate Index	**	1,514,177
*	Fidelity Select Consumer Staples	**	28,131
*	Fidelity Select Defense	**	19,150
*	Fidelity Select Healthcare	**	19,154

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024**

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
REGISTERED INVESTMENT COMPANIES (CONTINUED)			
*	Fidelity Select Technology	**	\$ 5,864
*	Fidelity Small Cap Growth	**	7,502
*	Fidelity Small Cap Index	**	2,801,928
*	Fidelity Strategic Income	**	8,867
*	Fidelity Total Intl Index Instl Premium	**	8,898,202
*	Fidelity US Bond Index	**	9,236,830
*	Fidelity VIP Freedom Target 2025	**	570
*	Fidelity VIP Freedom Target 2035	**	33,457
*	Fidelity VIP Freedom Target 2040	**	16,932
	Franklin Small Cap Growth GR R6	**	2,726,903
	Harbor Capital Appreciation Instl	**	9,828,070
	Janus Henderson Global Research	**	20,296
*	LVIP Baron Growth Opportunities	**	4,259
*	LVIP Blended Large Cap Growth Managed Volatility	**	4,444
*	LVIP Dimensional US Core Equity	**	15,309
*	LVIP Macquarie Bond Fund	**	1,107
*	LVIP Macquarie Diversified Income Fund	**	671
*	LVIP Macquarie High Yield Fund	**	241
*	LVIP Macquarie SMID Cap Core Fund	**	5,609
*	LVIP Macquarie Social Awareness Fund	**	9,652
*	LVIP Macquarie US REIT Fund	**	1,976
*	LVIP Mondrian International Value	**	601
*	LVIP SSgA S&P 500 Index	**	213,320
*	LVIP SSgA Small Cap Index	**	34,760
*	LVIP T. Rowe Price Structured	**	144,285
*	LVIP Macquarie VIP Small Cap Value Series	**	325
	Neuberger Berman AMT Sustainable Equity	**	1,456
	PIMCO RAE US INSTL	**	8,590,287
	T. Rowe Price International Stock	**	3,090
	Vanguard Institutional Target Retirement 2020 Fund Institutional Shares	**	2,033,225
	Vanguard Institutional Target Retirement 2025 Fund Institutional Shares	**	2,997,133
	Vanguard Institutional Target Retirement 2030 Fund Institutional Shares	**	5,583,472
	Vanguard Institutional Target Retirement 2035 Fund Institutional Shares	**	5,745,188
	Vanguard Institutional Target Retirement 2040 Fund Institutional Shares	**	3,676,173
	Vanguard Institutional Target Retirement 2045 Fund Institutional Shares	**	3,384,699
	Vanguard Institutional Target Retirement 2050 Fund Institutional Shares	**	3,689,056
	Vanguard Institutional Target Retirement 2055 Fund Institutional Shares	**	1,260,276
	Vanguard Institutional Target Retirement 2060 Fund Institutional Shares	**	549,276
	Vanguard Institutional Target Retirement 2065 Fund Institutional Shares	**	55,161
	Vanguard Target Retirement Income Inv	**	517,571
	Total Registered Investment Companies		<u>133,845,056</u>

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2024

(a)	(b) and (c)	(d)	(e)
Identity of Issue / Description of Investment		Cost	Current Value
MONEY MARKET FUND SHARES			
*	Fidelity Government Cash Reserve Fund	**	\$ 65,151
*	Fidelity Government Money Market Fund	**	10,280
*	VALIC Government Money Market Fund Institutional Class	**	1
	Total Money Market Fund Shares		<u>75,432</u>
POOLED SEPARATE ACCOUNTS			
*	American Funds Growth Fund	**	181,218
*	American Funds Growth-Income	**	117,325
*	American Funds Global Small Cap	**	45,757
*	Ariel Appreciation Fund	**	10,034
*	Ariel Fund	**	10,527
*	Baillie Gifford International Stock Portfolio	**	65,526
*	BlackRock Bond Income	**	23,321
*	BlackRock Capital Appreciation	**	5,382
*	Brighthouse Small Cap Value	**	658
*	Brighthouse/Artisan Mid Cap Value	**	89,763
*	Brighthouse/Wellington Balanced	**	99,470
*	Brighthouse/Wellington Core Equity Opportunities	**	11,328
*	Brighthouse/Wellington Large Cap Research	**	665,470
*	CBRE Global Real Estate Portfolio	**	627
*	Clarion Global Real Estate Portfolio	**	5,549
*	Core Bond Fund	**	11,486
*	Emerging Economies	**	7,744
*	Freedom 2035 Portfolio	**	272,293
*	Frontier Mid Cap Growth Portfolio	**	337,048
*	Global Real Estate Fund	**	482
*	Global Strategy	**	3,214
*	Government Securities Fund	**	1,408
*	Growth Fund	**	370,681
*	Harris Oakmark International	**	108,980
*	High Yield Bond Fund	**	6,345
*	Inflation Protected Fund	**	5,685
*	International Equities Fund	**	2,329
*	International Growth Fund	**	4,209
*	International Opportunities	**	899
*	International Socially Responsible Fund	**	11,236
*	International Value Fund	**	23,504
*	Invesco Global Equity Portfolio	**	61,576
*	Invesco Small Cap Growth	**	5,874
*	Jennison Growth Portfolio	**	22,639
*	Large Capital Growth	**	68,712
*	Loomis Sayles Growth Portfolio	**	24,224
*	Loomis Sayles Small Cap	**	27,341
*	Loomis Sayles Small Cap Cr	**	2,896

COMMUNITY HEALTH NETWORK 403(b) RETIREMENT SAVINGS PLAN

EIN 35-0983617 PN 002

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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POOLED SEPARATE ACCOUNTS (CONTINUED)			
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*	MetLife Mid Cap Stock Index	**	122,397
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