

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRAND VIEW HOSPITAL</u> <u>P.O. BOX 902</u> <u>SELLERSVILLE, PA 18960-0902</u>	1c Effective date of plan <u>01/01/1965</u> 2b Employer Identification Number (EIN) <u>23-1352181</u> 2c Plan Sponsor's telephone number <u>215-453-4636</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	PAMELA MICHENER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3422
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)	1389
	6a(2)	310
	6b	449
	6c	594
	6d	1353
	6e	45
	6f	1398
	6g(1)	
6g(2)		
6h		35
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:
1C 1I 3F

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 checked="" 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>2</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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE 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 GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GRAND VIEW HOSPITAL	D Employer Identification Number (EIN) 23-1352181

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
PRINCIPAL 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
42-0127290	61271	435751	0	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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(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	0
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 ▶ FLEXIBLE PENSION INVESTMENTS

b Balance at the end of the previous year **7b** 462393

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	41805
	7c(4)	
	7c(5)	-170254
▶ ADJUSTMENT TO BENEFIT FLOOR CHANGE IN PRESENT VALUE		

(6) Total additions **7c(6)** -128449

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 333944

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	277343
(2) Administration charge made by carrier.....	7e(2)	56601
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 333944

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<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 GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 GRAND VIEW HOSPITAL</p>	<p>D Employer Identification Number (EIN) 23-1352181</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
PRINCIPAL 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
42-0127290	61271	2-22010	456	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
0	0

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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **THE AMT PAID BY THE CONTRACTHOLDER FOR THE PROVISION OF BENEFITS**

b Premiums paid to carrier	6b	35266694
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) ▶ **SINGLE PREMIUM GUARANTEED ANNUITY**

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	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan <u>GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GRAND VIEW HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-1352181</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>159117731</u>
	b Actuarial value	2b	<u>169892097</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>944</u>	<u>80106435</u>
	b For terminated vested participants	<u>1090</u>	<u>30315264</u>
	c For active participants	<u>1389</u>	<u>42918081</u>
	d Total	<u>3423</u>	<u>153339780</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.13 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>358950</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>358950</u>

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

SIGN HERE		
	Signature of actuary	<u>10/11/2025</u> Date
	<u>SARAH J. MURRAY</u> Type or print name of actuary	<u>23-07329</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>208-342-3485</u> Telephone number (including area code)
	<u>950 W. BANNOCK STREET SUITE 430 BOISE, ID 83702</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	45671430	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1281928	0
9	Amount remaining (line 7 minus line 8)	44389502	0
10	Interest on line 9 using prior year's actual return of <u>12.85</u> %	5704051	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	50093553	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	77.96 %
15	Adjusted funding target attainment percentage	15	110.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:				
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	358950	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	358950	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	358950	0	358950
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

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 GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GRAND VIEW HOSPITAL	D Employer Identification Number (EIN) 23-1352181	

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

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(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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	739946	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	228529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	NONE	56601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FIRST STATE TRUST COMPANY

13-3124172

(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?
21 50	NONE	43113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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: KEVIN FERRIS	b EIN: 91-0675641
c Position: ENROLLED ACTUARY	
d Address: ONE PENNSYLVANIA PLAZA 38TH FLOOR NEW YORK, NY 10119	e Telephone: 646-473-3000

Explanation: THE ACTUARY WAS CHANGED DUE TO AN INTERNAL REASSIGNMENT.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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>GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRAND VIEW HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-1352181</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI LONG DURATION SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI INTRM DUR SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI SHORT DURATION SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GRAND VIEW HOSPITAL	D Employer Identification Number (EIN) 23-1352181

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1189277	29504
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		481881
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		246645
(2) U.S. Government securities	1c(2)	5553414	942155
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	71104169	22484787
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	43330791	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	910633	45679031
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	399418	0
(15) Other	1c(15)		65736

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	122487702	69929739
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		176023
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	176023
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	122487702	69753716

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	38888	
(B) U.S. Government securities.....	2b(1)(B)	40608	
(C) Corporate debt instruments.....	2b(1)(C)	3166099	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3245595
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1347013	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1347013
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	191675773	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	193522869	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1847096
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-490143	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-490143

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2101291
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8937
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4365597

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56031394	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		56031394
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	56601	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	228529	
(6) Bank or trust company trustee/custodial fees	2i(6)	43113	
(7) Actuarial fees	2i(7)	739946	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1068189
j Total expenses. Add all expense amounts in column (b) and enter total	2j		57099583

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-52733986
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		500000
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.)			
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 545950.

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>GRAND VIEW HOSPITAL RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GRAND VIEW HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-1352181</u>	

Part I	Distributions
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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): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1654

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input checked="" type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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: 100.00%
 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 _____.

Grand View Hospital Retirement Income Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

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Independent Auditors' Report

To the Participants and Plan Administrator of
Grand View Hospital Retirement Income Plan

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

We have performed audits of the financial statements of Grand View Hospital Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing) and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Grand View Hospital Retirement Income Plan 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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.

Emphasis of Matter—Plan Termination and Liquidation Basis of Accounting

As discussed in Notes 1 and 2 to the financial statements, on March 24, 2024, the Plan's sponsor adopted a resolution to terminate the Plan effective July 1, 2024. Management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from ongoing plan basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Grand View Hospital Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Philadelphia, Pennsylvania
October 14, 2025

Grand View Hospital Retirement Income Plan

Statements of Net Assets Available for Benefits

December 31, 2024 (in Liquidation) and 2023 (Ongoing)

	2024	2023
Assets		
Cash and cash equivalents	\$ 29,504	\$ -
Investments		
Investments at fair value	69,352,618	157,928,454
Receivables in Liquidation		
Interest and dividend income expected to be earned in liquidation	602,346	-
Other assets	371,594	1,189,277
Total assets	70,356,062	159,117,731
Liabilities		
Payables in Liquidation		
Accrued administrative expenses expected to be incurred in liquidation	(826,128)	-
Total liabilities	(826,128)	-
Net assets available for benefits	\$ 69,529,934	\$ 159,117,731

See notes to financial statements

Grand View Hospital Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 (in Liquidation) and 2023 (Ongoing)

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	\$ -	\$ 18,787,901
Total additions	-	18,787,901
Deductions		
Net depreciation in fair value of investments	30,592,418	-
Benefits paid to participants	55,492,186	8,269,046
Administrative expenses	3,279,411	3,110,688
Total deductions	89,364,015	11,379,734
Net (decrease) increase	(89,364,015)	7,408,167
Adjustments in Liquidation		
Interest and dividends	602,346	-
Accrued expenses in liquidation	(826,128)	-
Net adjustments to liquidation basis	(223,782)	-
Net assets available for benefits		
Beginning of year	159,117,731	151,709,564
End of year	\$ 69,529,934	\$ 159,117,731

See notes to financial statements

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Grand View Hospital Retirement Income 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 is a noncontributory defined benefit cash balance plan that covers substantially all employees of Grand View Hospital (the Hospital) excluding employees represented by a collective bargaining agreement between the Hospital and employee representatives, nonresident aliens, leased employees, independent contractors and any director of the Hospital who is not also an employee of the Hospital who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Hospital's Finance Committee is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Hospital's Finance Committee.

Termination of Plan

On March 24, 2024, management of the Plan adopted a resolution to terminate the Plan effective July 1, 2024. Upon termination, all assets remaining in the Plan will be distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. Although no date has been formally selected, liquidation is expected to be completed by December 31, 2025 and, accordingly, the related amounts for accrued expenses and accrued income through this date have been estimated and recorded in the accompanying financial statements. Prior to distribution of accrued benefits, certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Cash Balance Conversion

Through June 30, 2009, the Plan operated as a noncontributory defined benefit plan. The Plan was amended and converted to a defined benefit cash balance plan effective July 1, 2009. Each participant who is active during the plan year shall be credited with an interest credit of 2% of the participant's compensation. Each December 31, the participant's cash balance account will be credited. The interest credit rate for the plan year is multiplied by the participant's cash balance account as of the first day of each plan year.

Pension Benefits

The Plan permits early retirement at ages 55 to 64 with at least five years of credited vesting service, with a normal retirement at age 65. Prior to July 2009, a participant received benefits calculated based on their years of service multiplied by 1.25% of their average annual compensation. Prior to July 1, 2009, if employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits attributable to the Plan's contribution.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

Beginning July 1, 2009, employees become 100% vested after three years of service and forfeit their benefit if terminated prior to three years of service. The normal form of payment is a joint and 50% survivor's annuity for married participants and a single life annuity for participants who are not married. Participants may elect to receive their pension benefits in the form of single life annuity, a joint and 50% survivor's annuity, a joint and 66-2/3% survivor's annuity, a 100% survivor's annuity or a life annuity 10 years guaranteed. If the present value of the pension benefit does not exceed \$5,000, a lump sum payment is automatic.

Death and Disability Benefits

If a married vested participant dies prior to their annuity starting date, their surviving spouse will be eligible to receive a qualified pre-retirement survivor annuity based on 50% of the participant's vested interest in their accrued benefits reduced by the 50% qualified joint and survivor annuity payment in accordance with the early retirement provisions of the Plan. There are no disability benefits provided under the Plan.

2. Summary of Accounting Policies

Basis of Accounting

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the year ended December 31, 2024 are presented on the liquidation basis of accounting. The financial statement of the Plan for the year ended December 31, 2023 is presented on the ongoing accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. 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 (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

Administration of Plan Assets

Administrative expenses for the custodians' fees were paid by the Plan in 2024 and 2023 and are included in net (depreciation) appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. Administrative expenses for costs of services rendered to the Plan, may be charged to the Plan and include quarterly maintenance fees, legal and accounting fees and actuarial fees.

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits presented below is based upon actuarial valuations as of January 1, 2024, prepared by the Plan's actuary, Milliman.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of service. Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial value of assets instead of the market value, which softens the volatility of assets from year to year, smoothing the annual cost. These actuarial assumptions adjust the accumulated plan benefits to reflect the time value of money (through discounts of interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2024 is as follows:

Vested benefits

Active participants	\$ 34,551,124
Terminated participants with deferred benefits	22,051,952
Participants and beneficiaries receiving benefit payments	67,912,110
Total vested benefits	124,515,186

Nonvested benefits	269,527
Total actuarial present value of accumulated plan benefits	\$ 124,784,713

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 are summarized below:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 122,269,913
Increase (decrease) during the year attributable to:	
Interest due to decrease in discount period	8,865,760
Benefits paid	(8,269,046)
Benefits accumulated and plan experience	1,117,632
Changes in assumptions	(16,040)
Actuarial loss	816,494
Net increase	2,514,800
Actuarial present value of accumulated plan benefits at end of year	\$ 124,784,713

Significant actuarial assumptions underlying the actuarial computations as of January 1, 2024 are:

Long-term rate of return on assets	7.50%
Mortality basis	2024 generational mortality tables
Retirement	Normal retirement age is 65

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

The change in assumptions noted above are attributable to the following:

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions were updated from 4.75%, 5.00% and 5.74% per year to 4.75%, 4.87% and 5.59% per year under segment rate stabilization. (The pre-stabilization rates were updated from 1.41%, 3.09% and 3.58% per year to 3.62%, 4.46% and 4.52% per year).
- The statutory mortality tables for funding and PBGC purposes were updated as prescribed by law.
- The plan sponsor elected to use the Standard Premium Funding Target for the premium payment year beginning January 1, 2024.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Hospital, as provided by the plan document. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net (depreciation) appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

The Plan evaluated subsequent events for recognition or disclosure through October 14, 2025, the date the financial statements were available to be issued.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the quoted NAV of shares held by the Plan at year-end.

Corporate debt: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. government debt: Valued using pricing models maximizing the use of observable inputs for similar securities.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

Pooled separate accounts: Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

General investment account: Valued based on unobservable inputs using valuation methodologies to include discounted cash flows based on current yields of similar instruments with comparable durations with consideration of the credit-worthiness of the issuer. (See Note 7).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1		Level 2		Level 3		Total
Money market fund	\$	246,645	\$	-	\$	-	\$ 246,645
Mutual funds		45,679,031		-		-	45,679,031
U.S. government debt		-		942,155		-	942,155
Corporate debt		-		22,484,787		-	22,484,787
Total assets in the fair value hierarchy	\$	45,925,676	\$	23,426,942	\$	-	\$ 69,352,618

Assets at Fair Value as of December 31, 2023	Level 1		Level 2		Level 3		Total
Money market fund	\$	795,903	\$	-	\$	-	\$ 910,633
U.S. government debt		-		4,764,733		-	4,925,325
Corporate debt		-		69,841,056		-	71,732,258
Pooled separate accounts		-		74,106,954		-	79,001,231
General investment account		-		-		1,475,404	1,359,007
Total assets in the fair value hierarchy	\$	795,903	\$	148,712,743	\$	1,475,404	\$ 157,928,454

Changes in Fair Value of Level 3 Assets

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023:

	2024	2023
Purchases	\$ 34,048	\$ 41,174
Issuances	-	-
Transfers in and/or out of Level 3	-	-

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2023, the significant unobservable inputs and the quantitative information about those inputs.

Instrument	Fair Value December 31, 2023	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
General investment account	\$ 1,475,404	Discounted cash flow	Discount rate	2.72%

4. Information Certified by Custodians

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Principal Trust Company and First State Trust Company, the custodians of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 (in Liquidation) and 2023 (Ongoing), the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 (in Liquidation) and 2023 (Ongoing) and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

5. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Principal Trust Company (Principal) and First State Trust Company, the custodians of the Plan. Contributions are held and managed by the custodians, who invest cash received, interest and dividend income and make distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

Certain expenses of the custodians are paid by the Plan related to plan operations and investment activity described in Note 2. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan.

6. Funding Policy

The Hospital's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary so that all participants' benefits will be fully provided by the time they retire. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2024 and 2023.

The Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA and expressed the intent to do so in 2024.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

7. Plan Termination

On March 24, 2024, the Board of Trustees passed a resolution to terminate the Plan effective July 1, 2024. Upon termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- b) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- c) All other vested benefits (that is, vested benefits not insured by PBGC).
- d) All nonvested benefits.

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

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

8. Contract With Insurance Company

The assets of the Plan are invested in an annuity contract, which consists of a general investment account, pooled separate accounts and mutual funds. The annuity contract maintains a benefit floor within the general investment account. The benefit floor represents the amount needed to guarantee that the sum required to purchase an annuity for each retired participant who retired before December 1, 1998, is maintained in the fund. The annuity contract also maintains a benefit index within the general investment account and pooled separate accounts. The benefit index represents the amount needed to guarantee that the sum required to purchase an annuity for each retired participant who retired on or after December 1, 1998, is maintained in the fund. The benefit floor and benefit index are both recalculated periodically and are not available for cash-out. Payouts from the unallocated portion which are in excess of the corridor will incur an investment value adjustment.

The Plan has control over the assets pertaining to the annuity guarantees, is entitled to the related investment income or loss and the annuity payments are paid directly to the retirees from the Plan's assets. Principal guarantees the annuity payment for life to the retiree under the benefit index alternative method. Principal calculates the cost to purchase annuities for all retirees at the end of each plan year and reflects the cost using a present value index factor.

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

9. Tax Status

The IRS has determined and informed the Hospital by a letter dated April 27, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

10. Risks and Uncertainties

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

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

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per the financial statements	\$ 69,529,934	\$ 159,117,731
Plus estimated interest expected to be earned in liquidation, net of expenses for current year end	223,782	-
Allocated assets for benefit index	-	(36,630,029)
Net assets available for benefits per Form 5500	\$ 69,753,716	\$ 122,487,702

Grand View Hospital Retirement Income Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following is a reconciliation of increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

Net decrease in net assets available for benefits per the financial statements	\$ (89,587,797)
Less estimated interest expected to be earned in liquidation, net of expenses for current year end	(223,782)
Allocated investment gains and losses, benefit payments and expenses for benefit index	(36,630,029)
Net decrease in net assets for per Form 5500	\$ (52,733,986)

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
	Northern	FDIC Bank Deposit Fund	\$ 241,662	\$ 241,663
	Morgan Stanley	Morgan Stanley Bank Deposit	4,982	4,982
		Total money market fund	<u>246,644</u>	<u>246,645</u>
U.S. Government Debts				
	Jpmorgan Chase	5.2940% 07/22/35	60,000	59,438
	Morgan Stanley FR	5.5160% 11/19/55	190,419	183,381
	Federal Government	US Treas BD Stripped Prin Pmt 11/15/49	184,902	89,702
	Federal Government	United States Treasury BD 08/15/53	83,352	79,264
	Federal Government	United States Treas BD Stripp 02/15/52	136,924	109,522
	Federal Government	United States Treas Bd Stripp 11/15/52	328,416	259,998
	Federal Government	United States Treas BDS 4.2500% 08/15/54	75,525	73,127
	Federal Government	United States Treas Nts 4.2500% 11/15/34	89,242	87,723
		Total U.S. government debts	<u>1,148,780</u>	<u>942,155</u>
Variable Rate - Corporate Bonds				
	Consolidated Edison Co N Y	3.9500% 03/01/43	105,439	80,116
		Total Variable Rate - Corporate Bonds	<u>105,439</u>	<u>80,116</u>
Corporate Bonds Domestic				
	Abbvie Inc	4.2500% 11/21/49	261,234	170,634
	Abbvie Inc	5.3500% 03/15/44	29,959	29,199
	Abbvie Inc	5.4000% 03/15/54	69,760	67,448
	Advocate Health & Hosps Corp	3.0080% 06/15/50	70,000	46,364
	Aep Transmission Co Llc	3.7500% 12/01/47	74,962	52,064
	Aep Transmission Co Llc	3.8000% 06/15/49	22,244	14,813
	Allianz	5.6000% 09/03/54	200,000	197,130
	Altria Group Inc	2.4500% 02/04/32	30,065	24,688
	Altria Group Inc	3.4000% 02/04/41	116,701	86,799
	Altria Group Inc	5.8000% 02/14/39	80,853	69,226
	Altria Group Inc	5.9500% 02/14/49	9,554	9,792
	Altria Group Inc	3.8750% 09/16/46	69,005	50,591
	Amazon Com Inc	3.1000% 05/12/51	64,424	40,409
	Amazon Com Inc	3.9500% 04/13/52	49,791	39,413
	Amazon Com Inc	3.8750% 08/22/37	95,102	79,318
	Amazon Com Inc	4.0500% 08/22/47	83,549	65,859
	American Honda Fin Corp Mtn	4.9000% 01/10/34	29,906	28,837
	American Transmission Sys I	2.6500% 01/15/32	87,851	76,303
	Amgen Inc	5.2500% 03/02/33	159,496	158,946
	Amgen Inc	5.6500% 03/02/53	69,899	67,237
	Analog Devices Inc	5.3000% 04/01/54	49,740	47,509
	Anheuser Busch Inbev World	5.5500% 01/23/49	89,236	69,107
	Anheuser-Busch Cos LI	4.9000% 02/01/46	496,796	397,112
	Anheuser-Busch Inbev Wldw I	5.8750% 06/15/35	75,753	73,428
	Aon North America Inc	5.7500% 03/01/54	109,297	107,300
	Apollo Glb Mg	5.8000% 05/21/54	20,000	20,055
	Apple Inc.	3.7500% 11/13/47	41,103	31,507
	Applied Matls Inc	2.7500% 06/01/50	59,720	37,411
	AT&T	4.3500% 06/15/45	110,059	89,937
	AT&T Inc	2.5500% 12/01/33	83,016	80,626
	AT&T Inc	3.6500% 06/01/51	73,188	49,356
	AT&T Inc	3.6500% 09/15/59	76,117	66,302
	Banner Health	1.8970% 01/01/31	30,000	25,015
	Barrick North America Fin L	5.7000% 05/30/41	120,166	88,496
	Bat Capital Corp	3.7340% 09/25/40	144,041	113,842
	Becton Dickinson & Co.	4.6850% 12/15/44	52,729	41,613
	Berea College	3.5920% 06/01/71	200,000	129,954
	Berkshire Hathaway Fin Corp	4.2500% 01/15/49	192,771	125,379
	BHP Billiton Fin USA Ltd.	5.0000% 09/30/43	79,832	65,296
	Bk Of America Corp	0.0457% 04/27/33	68,302	66,522
	Bk Of America Corp	3.3110% 04/22/42	210,000	157,073

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock Funding Inc	5.0000% 03/14/34	\$ 29,953	\$ 29,610
	Blackrock Funding Inc	5.3500% 01/08/55	19,944	19,087
	Blackstone Hldgs Fin L L C	3.2000% 01/30/52	39,884	26,067
	Bp Cap Mkts Amer Inc	2.9390% 06/04/51	35,813	24,686
	Bp Cap Mkts Amer Inc	4.8120% 02/13/33	72,071	67,777
	Bristol-myers Squibb Co	4.1250% 06/15/39	56,830	43,120
	Bristol-myers Squibb Co	4.2500% 10/26/49	210,150	145,327
	Bristol-myers Squibb Co	5.6500% 02/22/64	9,958	9,615
	Bristol-myers Squibb Co	6.2500% 11/15/53	59,830	63,611
	Burlingt North Santa Fe	3.9000% 08/01/46	146,653	109,364
	California Endowment	2.4980% 04/01/51	90,000	53,415
	California Institute Of Tech	4.321% 08/01/45	135,961	104,390
	Cameron Lng, Llc	3.3020% 01/15/35	25,085	24,757
	Cardinal Health Inc	5.4500% 02/15/34	39,973	39,775
	Cardinal Health Inc	5.7500% 11/15/54	29,882	28,781
	Catholic Health Initiative	4.3500% 11/01/42	56,027	50,171
	Centerpoint Energy Houston	4.9500% 04/01/33	51,708	48,978
	Centerpoint Energy Houston	4.2500% 02/01/49	19,879	16,102
	Chevron Usa Inc	2.3430% 08/12/50	18,642	11,233
	Childrens Health Sys Tex	2.5110% 08/15/50	80,000	47,521
	Childrens Hospital Of Phila	2.7040% 07/01/50	60,000	37,195
	Chubb Ina Hldgs Inc	3.0500% 12/15/61	39,779	24,236
	Cigna Corp New	4.8000% 08/15/38	112,539	90,853
	Citibank N A	5.5700% 04/30/34	250,000	252,829
	Citigroup Inc	4.6500% 07/23/48	66,677	42,843
	Citigroup Inc	8.1250% 07/15/39	427,753	333,291
	City Of Hope	4.3780% 08/15/48	114,097	72,648
	CME Group Inc.	5.3000% 09/15/43	25,612	20,044
	Coca Cola Co	5.2000% 01/14/55	29,974	28,553
	Coca Cola Co	2.5000% 03/15/51	37,758	23,470
	Columbia Pipelines Oper Co	6.5440% 11/15/53	50,220	52,459
	Columbia University Trustee	4.3550% 10/01/35	30,000	28,365
	Comcast Corp New	2.8870% 11/01/51	193,056	150,190
	Comcast Corp New	2.9370% 11/01/56	162,467	128,236
	Comcast Corp New	3.9000% 03/01/38	236,474	184,943
	Commonspirit Health	5.3180% 12/01/34	60,000	59,244
	Commonspirit Health	5.5480% 12/01/54	49,603	47,821
	Commonwealth Edison Co	4.0000% 03/01/48	29,994	23,413
	Conocophillip	5.7000% 09/15/63	30,226	28,718
	Conocophillips Co	5.9500% 03/15/46	53,652	41,026
	Consolidated Edison Co N Y	3.0000% 12/01/60	49,699	29,381
	CVS Health Corp	5.3000% 12/05/43	243,050	174,226
	Devon Energy Corp New	5.0000% 06/15/45	245,824	184,000
	Diamondback Energy, Inc.	6.2500% 03/15/53	40,168	39,835
	Disney Walt Co	6.6500% 11/15/37	46,220	33,502
	Dte Elec Co	2.6250% 03/01/31	19,966	17,516
	Duke Energy Carolinas Llc	3.8750% 03/15/46	125,644	92,862
	Duke Energy Carolinas Llc	3.9500% 03/15/48	169,196	130,381
	Duke Energie Ohio Inc	5.5500% 03/15/54	29,922	28,934
	Eli Lilly & Co	5.0000% 02/09/54	29,829	27,598
	Eli Lilly & Co	5.1000% 02/09/64	69,358	63,753
	Emerson Elec Co	2.2000% 12/21/31	62,171	58,883
	Energy Transfer	5.6000% 09/01/34	129,663	129,255
	Energy Texas Inc	5.5500% 09/15/54	30,114	29,006
	Enterprise Prods Oper Llc	3.3000% 02/15/53	29,751	19,669
	Enterprise Prods Oper Llc	3.7000% 01/31/51	10,737	7,170
	Enterprise Prods Oper Llc	4.2000% 01/31/50	48,034	47,052
	Enterprise Prods Oper Llc	5.5500% 02/15/55	79,730	76,989
	Enterprise Prods Oper Llc	5.9500% 02/01/41	72,202	71,860
	Enterprise Prods Oper Llc	4.2500% 02/15/48	73,886	56,062
	Enterprise Prods Oper Llc	4.9000% 05/15/46	77,879	62,345
	Enterprise Products Oper	7.5500% 04/15/38	200,887	198,984
	Eog Res Inc	4.9500% 04/15/50	19,882	17,712
	Eog Resources	3.9000% 04/01/35	9,000	8,898
	Exelon Corp	4.4500% 04/15/46	242,259	183,075

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Exxon Mobil Corp	3.4520% 04/15/51	\$ 32,871	\$ 21,082
	Exxon Mobil Corp	4.3270% 03/19/50	93,234	65,871
	First Un Corp	6.5500% 10/15/35	25,572	21,405
	Florida Power & Light Co	4.1250% 02/01/42	80,691	58,263
	Florida Power Corp	3.850% 11/15/42	236,140	173,278
	Florida Pwr & Lt Co	3.9500% 03/01/48	49,730	39,185
	Foundry Jv Holdco LLC	6.2500% 01/25/35	199,526	201,086
	Fox Corp	5.4760% 01/25/39	136,737	104,644
	General Dynamics Corp	4.2500% 04/01/50	64,751	41,223
	General Motors	6.2500% 10/02/43	95,222	79,040
	General Motors Company	5.1500% 04/01/38	52,998	46,051
	Gilead Sciences INC	4.1500% 03/01/47	93,957	72,149
	Glencore Fdg Llc	3.8750% 10/27/27	148,514	145,774
	Goldman Sachs Group	4.0170% 10/31/38	309,816	313,355
	Goldman Sachs Group Inc	4.7500% 10/21/45	243,573	193,535
	Hartford Healthcare Corp	3.4470% 07/01/54	280,000	193,916
	Hershey Co	2.6500% 06/01/50	19,934	11,947
	Home Depot Inc	3.2500% 04/15/32	28,541	26,793
	Home Depot Inc	3.3500% 04/15/50	31,240	20,845
	Home Depot Inc.	4.2500% 04/01/46	272,228	208,110
	Honeywell Intl Inc	5.2500% 03/01/54	29,933	28,111
	HSBC Bank	5.8750% 11/01/34	332,890	252,741
	Hyundai Cap Amer Fr	5.4000% 01/08/31	121,607	119,456
	Intel Corp	2.8000% 08/12/41	99,909	63,712
	Intel Corp	4.9000% 08/05/52	29,939	23,635
	Intercontinental Exchange I	2.6500% 09/15/40	70,449	48,929
	Intercontinental Exchange I	4.9500% 06/15/52	29,621	26,805
	Intercontinental Exchange I	5.2000% 06/15/62	39,801	36,419
	Johnson & Johnson	2.1000% 09/01/40	59,601	40,072
	Johnson & Johnson	2.4500% 09/01/60	59,379	32,385
	Johnson & Johnson	3.7500% 03/03/47	178,706	134,223
	Jp Morgan Chase Bank Na	4.2600% 02/22/48	324,150	247,230
	Jpmorgan Chase & Co	3.1570% 04/22/42	220,000	161,436
	Jpmorgan Chase & Co	4.9500% 06/01/45	234,964	172,579
	Kaiser Fndtn Ho	3.0020% 06/01/51	50,000	32,501
	Kaiser Fndtn Ho	4.1500% 05/01/47	104,136	73,534
	Kenvue I	0.0490% 03/22/33	39,905	39,358
	Kimberly Clark Corp	2.8750% 02/07/50	93,553	58,340
	Kinder Morgan Energy Part	5.4000% 09/01/44	92,819	72,931
	Kkr Group Finance Llc	5.1250% 06/01/44	65,314	54,584
	Kroger	5.5000% 09/15/54	29,861	28,229
	Kroger	5.6500% 09/15/64	9,956	9,374
	Lilly Eli & Co	5.2000% 08/14/64	19,993	18,551
	Lilly Eli & Co	5.0500% 08/14/54	49,755	46,136
	Lockheed Martin Corp	2.8000% 06/15/50	19,827	12,553
	Lockheed Martin Corp	4.3000% 06/15/62	89,474	71,441
	Lockheed Martin Corp	4.8000% 08/15/34	279,902	271,951
	Lockheed Martin Corp	5.2000% 02/15/64	29,507	27,819
	Lockheed Martin Corp	4.7000% 05/15/46	57,181	44,683
	Lowe's Cos Inc	3.0000% 10/15/50	50,327	31,114
	Marsh & McLennan Companies	5.3500% 11/15/44	39,994	38,837
	Marsh & McLennan Companies	5.4000% 03/15/55	89,567	86,124
	Mass Inst Tech Mtn Be	4.6780% 07/01/14	78,545	50,277
	Massachusetts Mut Life	3.3750% 04/15/50	19,918	13,357
	Mastercard Inc	3.8500% 03/26/50	85,259	54,302
	Mastercard Incorporated	2.9500% 03/15/51	99,053	64,734
	Mcdonalds Corp	3.6250% 05/01/43	103,889	76,721
	Medstar Health Inc	3.6260% 08/15/49	80,000	58,062
	Memorial Sloan-kettering Ca	4.2000% 07/01/55	82,460	56,427
	Merck & Co Inc	2.7500% 12/10/51	40,189	24,219
	Merck & Co Inc	3.9000% 03/07/39	35,939	25,447
	Merck & Co Inc	4.0000% 03/07/49	62,582	39,304
	Merck & Co. Inc	2.3500% 06/24/40	39,602	27,115
	Merrill Lynch & Co	7.7500% 05/14/38	430,982	315,346
	Meta Platform	4.7500% 08/15/34	39,924	39,002

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Meta Platform	5.4000% 08/15/54	\$ 29,941	\$ 29,056
	Metlife Inc	5.0000% 07/15/52	39,932	36,127
	Metlife Inc	4.6000% 05/13/46	90,222	69,530
	Midamerican Energy	4.8000% 09/15/43	61,283	44,988
	Midamerican Energy Co	3.9500% 08/01/47	86,315	62,405
	Midamerican Energy Company	3.1500% 04/15/50	189,128	113,993
	Midamerican Energy Company	5.3000% 02/01/55	19,915	18,859
	Midamerican Energy Hldgs New	5.1500% 11/15/43	72,393	56,993
	Morgan Stanley	3.2170% 04/22/42	60,000	44,519
	Mplx Lp	5.0000% 03/01/33	79,336	76,793
	Museum Of Modern Art	3.2200% 07/01/51	100,000	65,917
	New York Life Ins Co	3.7500% 05/15/50	39,756	29,029
	New York Life Ins Co	4.4500% 05/15/69	93,667	62,050
	Nike Inc	3.3750% 03/27/50	33,492	21,175
	Northrop Grumman Corp	5.2500% 05/01/50	63,865	46,887
	Northrop Grumman Corp	4.0300% 10/15/47	121,004	94,587
	Northwestern Mut Life Ins Co	3.6250% 09/30/59	223,153	147,674
	Nuveen Llc	5.8500% 04/15/34	69,905	70,705
	Nvidia Corp	3.7000% 04/01/60	82,114	51,726
	Nyu Langone Hospitals	3.3800% 07/01/55	40,000	26,986
	Occidental Pete Corp	4.4000% 08/15/49	39,701	28,007
	Occidental Pete Corp Del	4.6250% 06/15/45	222,690	151,799
	Ochsner Lsu Health Sys North	2.5100% 05/15/31	20,000	15,468
	Oncor Elec Delivery Co Llc	0.0555% 06/15/54	69,971	68,083
	Oneok Inc New	6.6250% 09/01/53	54,199	52,615
	Oracle Corp	3.6000% 04/01/40	33,771	23,445
	Oracle Corp	4.9000% 02/06/33	59,958	58,451
	Oracle Corporation	6.9000% 11/09/52	109,931	123,152
	Orlando Health Obligated Gr	4.0890% 10/01/48	40,000	31,918
	Otis Worldwide Corp	5.1250% 11/19/31	49,997	49,988
	Pacific Gas & Elec Co	4.7500% 02/15/44	89,319	85,295
	Pacific Gas & Elec Co	6.7000% 04/01/53	80,118	75,635
	Pacificcorp	5.8000% 01/15/55	89,459	87,555
	Paypal Hldgs Inc	3.2500% 06/01/50	63,093	40,587
	Paypal Hldgs Inc	5.5000% 06/01/54	10,278	9,734
	Peco Energy	5.2500% 09/15/54	19,952	18,898
	Pepperdine University	3.3010% 12/01/59	90,000	56,027
	Pfizer Inc	2.5500% 05/28/40	58,390	41,560
	Pfizer Inc	4.1250% 12/15/46	107,630	80,619
	Philip Morris International	4.9000% 11/01/34	19,537	19,233
	Philip Morris Intl Inc	4.2500% 11/10/44	163,689	114,313
	Philip Morris Intl Inc	6.3750% 05/16/38	49,108	43,182
	Procter & Gamble Co	4.5500% 01/29/34	80,000	77,873
	Prologis L P	5.0000% 03/15/34	49,767	48,868
	Prologis L P	5.2500% 03/15/54	48,056	46,733
	Prudential Finl Inc Mtns Bo	3.0000% 03/10/40	68,936	51,650
	Qualcomm Inc	4.5000% 05/20/52	19,564	16,723
	Raymond James Finl Inc	3.7500% 04/01/51	29,818	21,718
	Raytheon Technologies Corp	3.1250% 07/01/50	259,134	169,870
	Raytheon Technologies Corp	5.1500% 02/27/33	49,853	49,585
	Roche Holding	5.2180% 03/08/54	207,356	191,423
	Rtx Corporation	6.4000% 03/15/54	99,625	108,690
	S&p Global Inc	3.2500% 12/01/49	28,498	27,665
	San Diego Gas	5.5000% 04/15/54	19,797	19,410
	San Diego Gas & Elec Co	1.7000% 10/01/30	66,083	67,105
	San Diego Gas & Elec Co	3.7500% 06/01/47	86,640	59,981
	Shell Fin Us	3.7500% 09/12/46	109,344	82,458
	Southern Cal Edison	4.0000% 04/01/47	56,354	38,521
	Southern Calif Edison Co	3.6500% 02/01/50	10,976	7,144
	Southern Calif Edison Co	3.9000% 03/15/43	77,155	55,013
	Southern Calif Edison Co	4.0500% 03/15/42	82,518	64,353
	Southern Calif Edison Co	5.7500% 04/15/54	29,831	29,441
	Southern Copper Corp	5.2500% 11/08/42	145,990	118,528
	T Mobile Usa Inc	3.0000% 02/15/41	92,140	99,975
	T Mobile Usa Inc	3.4000% 10/15/52	48,071	46,534

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Teachers Ins & Annuity Assn	3.3000% 05/15/50	\$ 49,934	\$ 33,432
	Teachers Ins & Annuity Assn	4.2700% 05/15/47	42,209	32,054
	Texas Instrs Inc	3.8750% 03/15/39	137,054	103,045
	Transcontinental Gas Pipe L	3.9500% 05/15/50	74,690	51,914
	Travelers Companies Inc	4.0000% 05/30/47	93,391	71,310
	Union Pac Corp	2.8000% 02/14/32	43,365	43,399
	Union Pac Corp	4.0500% 11/15/45	170,345	120,188
	Unitedhealth Group Inc	4.2000% 05/15/32	183,148	169,487
	Unitedhealth Group Inc	4.9500% 05/15/62	49,510	42,990
	Unitedhealth Group Inc	5.6250% 07/15/54	109,781	106,701
	Unitedhealth Group Inc	4.2500% 03/15/43	225,425	177,114
	Unitedhealth Group Inc	4.2500% 04/15/47	65,446	48,600
	University Southn Calif	5.2500% 10/01/11	78,373	51,105
	Verizon Communications Inc	0.0340% 03/22/41	110,846	83,233
	Verizon Communications Inc	2.6500% 11/20/40	167,334	116,106
	Virginia Elec & Pwr Co	2.4500% 12/15/50	57,596	33,850
	Virginia Elec & Pwr Co	4.0000% 01/15/43	142,971	103,936
	Virginia Elec & Pwr Co	5.5500% 08/15/54	19,913	19,404
	Virginia Pwr Fuel Securiti	4.8770% 05/01/33	19,999	19,970
	Visa Inc	3.6500% 09/15/47	222,891	167,719
	Walmart Inc	2.5000% 09/22/41	124,934	89,487
	Walmart Inc	2.6500% 09/22/51	59,778	37,115
	Waste Mgmt In	5.3500% 10/15/54	29,988	28,898
	Wells Fargo & Co	4.8970% 07/25/33	130,000	125,635
	Wells Fargo & Co	5.2110% 12/03/35	20,000	19,449
	Wells Fargo Co New	5.6060% 01/15/44	373,844	324,465
	Williams Partners	4.9000% 01/15/45	157,271	113,840
	Wisconsin Electric Power Co	5.0500% 10/01/54	19,889	18,185
	Wisconsin Pwr & Lt Co	3.6500% 04/01/50	35,658	21,461
		Total corporate bonds domestic	<u>24,152,354</u>	<u>19,287,196</u>
	Corporate Bonds Foreign			
	Alibaba Group Hldg Ltd	3.1500% 02/09/51	219,582	213,887
	BNP Paribas SA	5.8940% 05/12/34	230,000	235,525
	Bp Cap Mkts P L C	6.1250%	19,998	19,686
	Brookfield Fin I Uk Plc	2.3400% 01/30/32	62,910	66,143
	Csl Fin Plc	4.9500% 04/27/62	59,813	51,792
	Deutsche Telekom V-S	8.7500% 06/15/30	14,791	11,654
	Greensaif Pip	6.1027% 08/23/42	200,000	195,089
	Intesa Sanpaolo S P A	4.3750% 01/12/48	270,489	188,184
	Meiji Yasuda Life Insurance	5.8000% 09/11/54	200,000	200,330
	Pfizer Invt Enterprises	5.1100% 05/19/43	58,800	56,440
	Royal Bk Cda	5.1500% 02/01/34	19,959	19,753
	Shell International Fin	3.1250% 11/07/49	93,516	59,148
	Sumitomo Mitsui Fin Grp Inc	1.7100% 01/12/31	231,417	245,762
	Telefonica Emisiones SAU	5.2130% 03/08/47	180,858	141,925
	Ubs Group Ag	4.8750% 05/15/45	317,835	223,330
	Xstrata Fin Cda Ltd	5.5500% 10/25/42	55,572	46,998
		Total corporate foreign bonds	<u>2,235,540</u>	<u>1,975,646</u>
	Corporate CMOs and REMICs			
	Texas Nat Gas Securitization	5.1020% 04/01/35	28,991	28,078
		Total corporate CMOs and REMICs	<u>28,991</u>	<u>28,078</u>
	Corp Bonds Foreign Convertible			
	British Telecom Plc	0.0963% 12/15/30	29,824	24,286
		Total corporate bonds variable	<u>29,824</u>	<u>24,286</u>

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds Variable				
	Bank New York Mellon Corp	4.7060% 02/01/34	\$ 47,999	\$ 48,110
	Bk Of America Corp	2.5720% 10/20/32	110,000	92,745
	Bk Of America Corp	2.8310% 10/24/51	40,778	24,659
	Bk Of America Corp	5.0150% 07/22/33	50,000	49,073
	Goldman Sachs Group Inc.	3.4360% 02/24/43	20,000	14,918
	Goldman Sachs Group Inc	5.5610% 11/19/45	100,000	96,600
	Jpmorgan Chase & Co	5.5340% 11/29/45	120,000	117,005
	Morgan Stanley	5.9480% 01/19/38	90,163	90,256
	Schwab Charles Corp	6.1360% 08/24/34	30,000	31,486
	Truist Finl Corp	5.8670% 06/08/34	50,000	50,924
	Wells Fargo & Co	3.3500% 03/02/33	188,204	184,147
		Total corporate bonds variable	<u>847,144</u>	<u>799,923</u>
Municipal Obligations				
	California Health Facs Fing	4.1900% 06/01/37	30,000	27,182
	California St	6.0000% 03/01/30	63,388	63,879
	Maryland Economic Developme	5.4330% 05/31/56	40,000	38,630
	Univ Calif Regts Med Ctr	3.2560% 05/15/60	180,380	128,390
	University Mich Univ Revs	4.4540% 04/01/22	40,000	31,461
		Total municipal obligations	<u>353,768</u>	<u>289,542</u>
		Total fixed income	<u>27,753,060</u>	<u>22,484,787</u>
Mutual Fund - Fixed Income				
	Federated Hermes	Institutional Prime Obligations Fund	45,670,184	45,679,031
		Total mutual fund - fixed income	<u>45,670,184</u>	<u>45,679,031</u>
		Total investments	<u>\$ 74,818,668</u>	<u>\$ 69,352,618</u>

Grand View Hospital Retirement Income Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352181 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
Purchase	Federated Institutional Prime Obligations	\$ 44,949,161	\$ -	\$ -	\$ -	\$ 44,949,161	\$ 44,949,161	\$ -
Series Transactions								
Purchases	FDIC Bank Deposit Fund 166 Transactions	67,141,266	-	-	-	67,141,266	67,141,266	-
Sales	FDIC Bank Deposit Fund 121 Transactions	-	67,810,237	-	-	67,810,237	67,810,237	-
Purchases	Federated Institutional Prime Obligations 7 Transactions	45,944,072	-	-	-	45,944,072	45,944,072	-
Sales	Federated Institutional Prime Obligations 1 Transaction	-	450,000	-	-	450,000	450,000	-
Purchases	Morgan Stanley Bank Deposit 11 Transactions	45,513,609	-	-	-	45,513,609	45,513,609	-
Sales	Morgan Stanley Bank Deposit 2 Transactions	-	45,508,626	-	-	45,508,626	45,508,626	-

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 EIN: 23-1352181 PN: 001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	577.0785	0.0094	5.4245	298.3475
56	592.3311	0.0195	11.5505	646.8280
57	616.6359	0.0196	12.0861	688.9077
58	642.3158	0.0195	12.5252	726.4616
59	675.3575	0.0197	13.3045	784.9655
60	716.4849	0.0490	35.1078	2106.4680
61	718.5413	0.0492	35.3522	2156.4842
62	736.2777	0.1482	109.1164	6765.2168
63	675.1894	0.0494	33.3544	2101.3272
64	680.7803	0.0493	33.5625	2148.0000
65	671.9724	0.9882	664.0431	43162.8015
66	29.7673	0.9671	28.7880	1900.0080
67	16.9596	0.8821	14.9601	1002.3267
68	6.9635	0.7180	4.9998	339.9864
69	12.9260	0.7679	9.9259	684.8871
70	5.9328	0.5057	3.0002	210.0140
71	7.8578	1.0000	7.8578	557.9038
72	1.0000	0.0000	0.0000	0.0000
73	4.9930	0.7997	3.9929	291.4817
74	2.9876	0.3347	0.9999	73.9926
75	3.9605	0.7475	2.9605	222.0375
76	2.9900	1.0000	2.9900	227.2400
77	3.0000	1.0000	3.0000	231.0000
78	2.0000	0.5000	1.0000	78.0000
79	0.9855	0.0000	0.0000	0.0000
80	0.9696	1.0000	0.9696	77.5680
Total			1050.9264	67485.5161
Average				64.22

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Number of Participants by Age and Service Groups

Age	Years of Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	32	1	-	-	-	-	-	-	-	-	33
25–29	-	90	16	-	-	-	-	-	-	-	-	106
30–34	-	83	38	8	-	-	-	-	-	-	-	129
35–39	-	89	44	17	9	-	-	-	-	-	-	159
40–44	-	66	43	22	17	8	-	-	-	-	-	156
45–49	1	58	25	13	7	5	6	-	-	-	-	115
50–54	-	62	34	26	23	21	5	2	2	-	-	175
55–59	-	67	33	22	25	16	6	11	9	1	-	190
60–64	-	51	36	27	25	29	16	15	18	19	-	236
65–69	-	15	9	4	12	9	6	3	3	7	-	68
70+	-	10	4	3	2	1	1	1	-	-	-	22
Total	1	623	283	142	120	89	40	32	32	27	-	1389

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Average Compensation by Age and Service Groups

Age	Years of vesting Service										Average	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	46,040	*	-	-	-	-	-	-	-	-	46,578
25–29	-	56,420	*	-	-	-	-	-	-	-	-	57,076
30–34	-	65,950	62,863	*	-	-	-	-	-	-	-	65,121
35–39	-	79,103	80,172	*	*	-	-	-	-	-	-	77,349
40–44	-	72,692	79,925	65,627	*	*	-	-	-	-	-	74,958
45–49	*	73,543	109,103	*	*	*	*	-	-	-	-	94,503
50–54	-	66,675	90,742	123,254	102,738	98,692	*	*	-	-	-	89,881
55–59	-	75,230	75,686	88,118	85,278	*	*	*	*	*	*	82,541
60–64	-	61,490	90,954	91,590	71,871	78,344	*	*	*	*	*	81,268
65–69	-	*	*	*	*	*	*	*	*	*	*	77,782
70+	-	*	*	*	-	*	-	*	-	-	-	38,526
Average	*	67,205	80,526	90,108	83,690	86,700	100,761	81,600	101,748	84,585	77,448	

*If there are fewer than 20 participants in a bin, the compensation are not reported.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Average Cash Balance by Age and Service Groups

Age	Years of Vesting Service										Average	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	681	*	-	-	-	-	-	-	-	-	726
25–29	-	1,260	*	-	-	-	-	-	-	-	-	1,863
30–34	-	1,733	6,690	*	-	-	-	-	-	-	-	4,173
35–39	-	2,107	9,043	*	*	-	-	-	-	-	-	6,817
40–44	-	2,337	10,013	17,705	*	*	-	-	-	-	-	11,091
45–49	*	1,969	11,211	*	*	*	*	-	-	-	-	12,971
50–54	-	1,449	10,976	27,946	34,379	35,854	*	*	-	-	-	17,416
55–59	-	1,801	8,685	24,310	28,040	*	*	*	*	*	*	16,923
60–64	-	1,459	10,857	25,302	25,592	27,890	*	*	*	*	*	20,731
65–69	-	*	*	*	*	*	*	*	*	*	*	19,550
70+	-	*	*	*	-	*	-	*	-	-	-	11,277
Average	*	1,707	9,237	23,047	29,107	31,410	37,487	31,571	36,879	31,374	12,814	

* If there are fewer than 20 participants in a bin, the cash balance are not reported.

Grand View Hospital Retirement Income Plan
Attachment to 2024 Schedule SB, Line- 26b-Projection of Expected Benefit Payments
EIN/PN: 23-1352181/001

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	3,378,082	389,903	7,647,053	11,415,039
2025	2,245,847	555,016	7,483,685	10,284,548
2026	2,731,035	738,995	7,313,428	10,783,457
2027	2,913,741	925,056	7,130,034	10,968,831
2028	2,698,145	1,126,257	6,932,890	10,757,292
2029	3,300,584	1,313,689	6,721,798	11,336,071
2030	3,040,693	1,488,259	6,497,088	11,026,040
2031	2,835,864	1,680,433	6,259,031	10,775,327
2032	2,798,243	1,833,977	6,007,164	10,639,384
2033	2,686,300	1,914,684	5,743,206	10,344,190
2034	2,809,613	2,015,218	5,468,997	10,293,828
2035	3,161,814	2,121,115	5,185,519	10,468,449
2036	3,111,722	2,241,661	4,893,655	10,247,038
2037	2,657,284	2,289,254	4,595,063	9,541,600
2038	2,591,063	2,307,915	4,291,581	9,190,559
2039	3,003,668	2,369,602	3,985,210	9,358,480
2040	2,451,221	2,422,880	3,678,052	8,552,153
2041	2,346,759	2,463,323	3,372,270	8,182,352
2042	2,444,363	2,487,483	3,070,037	8,001,883
2043	2,235,543	2,474,412	2,773,494	7,483,449
2044	2,350,814	2,476,727	2,484,750	7,312,291
2045	2,113,455	2,481,590	2,205,891	6,800,936
2046	2,312,562	2,504,175	1,939,054	6,755,791
2047	2,255,679	2,493,314	1,686,398	6,435,391
2048	2,115,292	2,455,726	1,449,985	6,021,002
2049	1,911,640	2,400,684	1,231,666	5,543,989
2050	1,759,177	2,374,557	1,032,904	5,166,638
2051	1,583,948	2,339,617	854,665	4,778,231
2052	1,565,252	2,282,776	697,346	4,545,373
2053	1,401,653	2,221,219	560,757	4,183,629
2054	1,121,472	2,146,181	444,158	3,711,812
2055	1,129,240	2,067,598	346,341	3,543,179
2056	1,017,987	1,971,831	265,742	3,255,559
2057	832,684	1,876,401	200,547	2,909,632
2058	762,989	1,773,830	148,811	2,685,630
2059	663,233	1,673,904	108,549	2,445,686
2060	588,469	1,578,028	77,832	2,244,329
2061	490,536	1,479,122	54,864	2,024,521
2062	419,042	1,379,727	38,028	1,836,797
2063	357,670	1,282,514	25,927	1,666,111
2064	296,121	1,188,893	17,393	1,502,406
2065	255,383	1,099,525	11,484	1,366,391
2066	213,060	1,014,237	7,464	1,234,762
2067	179,284	933,423	4,777	1,117,484
2068	153,205	856,964	3,010	1,013,179
2069	130,590	784,682	1,866	917,138
2070	111,124	716,386	1,139	828,649
2071	94,263	651,921	683	746,868
2072	79,660	591,147	403	671,210
2073	67,013	533,938	233	601,184

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Actuarial Cost Method

Funding Method: The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year under the American Rescue Plan Act of 2021 (ARPA).

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Assumptions

Economic Assumptions

Interest Rates:

PPA Funding and PBGC: Segment Rates with 4 month look-back period.

	PPA Funding Rate	PBGC Rate
Segment Rate 1	3.62%	5.01%
Segment Rate 2	4.46%	5.13%
Segment Rate 3	4.52%	5.15%

ARPA Stabilization Rates:

	Rate
Segment Rate 1	4.75%
Segment Rate 2	4.87%
Segment Rate 3	5.59%

Rationale: The interest rates for PPA and ARPA are prescribed under IRS regulations. The PPA rates are based on the plan sponsor’s interest rate election method.

FASB ASC Topic 960: 7.50%.

Rationale: The expected return on assets assumption reflects input from the current investment manager regarding their long-term investment return expectations.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Salary Increases: 3.00%; N/A on and after June 30, 2024 since the benefit under the Plan would be frozen effective June 30, 2024.

Rationale: The salary scale assumption was selected by Grand View Hospital.

Expected Return on Assets: 7.50%.

Rationale: The expected return on assets assumption reflects input from the current investment manager regarding their revised long-term investment return expectations.

Consumer Price Index Rate: 2.25%

Rationale: This assumption was selected by the prior actuary and represents an estimate of future experience and is based on observations of estimates inherent in market data.

Future Interest Credit Rate on Cash Balance Account: 5.00%

Rationale: The cash balance interest crediting rate is based on a long-term assumption of 30-year treasury rates.

Demographic Assumptions

We are relying on the prior actuary's assumptions. We are assuming that they have done an experience analysis since we do not have enough experience with the Plan to change the assumptions.

Funding Mortality: 2024 generational mortality tables as promulgated by the IRS for plan years beginning in 2024.

Rationale: The Plan is not large enough to develop a credible mortality table based exclusively on plan experience. The mortality assumption is mandated by the IRS for PPA funding.

FAS 960 Mortality: The PRI-2012 Private Retirement Plans Mortality Tables projected with Scale MP 2021.

Rationale: The Plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Withdrawal: 2003 Society of Actuaries Basic Age Table, multiplied by 0.50. Sample rates are illustrated below.

Age	Rate
20	8.73%
25	9.26%
30	6.10%
35	4.39%
40	3.50%
45	3.11%
50	2.82%
55	1.46%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability: None assumed.

Retirement: The following rates of retirement were used.

Age	Rate
55-59	2%
60-61	5%
62	15%
63-64	5%
65	100%

Terminated Vested Participants are assumed to retire at age 65.

Rationale: We believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage Assumption: 80% of participants assumed to be married with females 3 years younger than males.

Rationale: The number of covered participants is not large enough to have credible experience for preretirement deaths. We believe the marriage assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Administrative Expenses: None. Grand View Hospital will pay for administrative expenses out of pocket.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Form of Payment: Lump sum for the cash balance benefit, Life Annuity otherwise. This assumption represents an estimate of future experience.

Rationale: Optional forms of benefit are actuarially equivalent to the single life annuity benefit. We believe the form of payment assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Valuation Pay: Calendar year base pay.

Participant Data: Participant data is as of January 1, 2024.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Grand View Hospital Retirement Income Plan

Effective Date of Plan: January 1, 1965.

EIN/PN: 23-1352181/001.

Effective Date of Last Amendment: July 1, 2024.

Date of Plan Termination: July 1, 2024.

Plan Year: January 1 – December 31.

Participation: An employee shall be eligible to participate on the earliest date on which he has completed one year of Eligibility Service (at least 1,000 hours of service) and has attained age 21.

Effective June 30, 2024, plan participation shall be closed to all employees.

Vesting Service: A member receives one year of Vesting Service for each plan year during which he completes at least 1,000 hours of service. Service prior to 1976 was computed in completed months.

Credited Service: A member receives one year of Credited Service for each plan year during which he completes at least 1,000 hours of service. Service prior to 1976 was computed in completed months.

Compensation: Compensation reportable as wages, tips, and other compensation on Federal Form W-2, excluding severance payments.

Average Compensation: On any given date before June 30, 2009, the average of an Employee's Monthly Compensation for those five consecutive Compensation Years (all Compensation Years, if less than five) which gives the highest average out of all compensation years.

Related Plan Service Credit: A participant who is eligible for service credit under a related plan will receive credit for such service under this plan but only for the purposes of determining eligibility for benefits and not for the purposes for determining the amount of the benefits.

Pay Credit: Each participant shall be credited with a Pay Credit for each such Plan Year in which a year of Accrual Service is earned. The Pay Credit shall be equal to 2% of the Participant's Compensation for the Plan Year. For Employees hired or rehired on and after July 1, 2018, the Pay Credit shall be equal to 1%.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

Effective June 30, 2024, future benefit accruals for current participants shall cease.

Interest Credit: As of the last day of each Plan Year, a participant's Cash Balance Account shall be credited with an Interest Credit. Such Interest Credit shall be equal to the Interest Credit Rate for the Plan Year multiplied by the participant's Cash Balance Account as of the first day of such Plan Year.

Interest Credit Rate: On any date, the rate of interest on 30-year Treasury securities as specified by the Commissioner for the look-back month for the stability period. The look-back month applicable to the stability period is the second calendar month preceding the first day of the stability period. The stability period is the successive period of one Plan Year that contains the date for crediting Interest Credits and for which the Interest Credit Rate remains constant.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Attainment of age 65 or the 5th anniversary of the date of participation, whichever is later.

Normal Retirement Benefit: The sum of (i) and (ii):

(i) Accrued Benefit determined as of June 30, 2009, under the Traditional Accrued Benefit Formula which is the product of (a) and (b):

(a) An amount equal to 1.25% of the Average Compensation on such data

(b) Accrual Service on such date

(ii) The Actuarial Equivalent of the Cash Balance Account projected to Normal Retirement Age assuming that the Interest Crediting Rate in effect for future years will be the Interest Crediting Rate in effect on the date of determination. For a Participant who is past Normal Retirement Age, the Cash Balance Account at the date of determination is used.

Effective June 30, 2024, future benefit accruals for current participants shall cease.

Early Retirement

Early Retirement Date: Attainment of age 55.

Early Retirement Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and average monthly compensation at retirement, reduced by 1/180th for each of the first sixty (60) months and 1/360th for each of the next sixty (60) months by which the early retirement date precedes the Participant's Normal Retirement Date.

Vested Termination

Vested Termination Date: Date as of which the participant has completed five years of Vesting Service, become totally and permanently disabled, or attained age 55.

Termination Benefit: Accrued Benefit as of date of termination, reduced as for Early Retirement.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: Spouses of all vested participants who elected coverage and who die before payments have commenced.

Preretirement Surviving Spouse Benefit: For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 50% Survivor Annuity.

For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had separated from service on the date of death, survived to the earliest retirement date, elected the Qualified Joint and 50% Survivor Annuity, and died the following day.

Forms of Payment

Normal Forms: Lump sum for the cash balance benefit, Life Annuity otherwise.

Optional Forms: Actuarially equivalent 50%, 66 2/3%, 75% or 100% joint and survivor, 5 or 10 years certain options. In addition, any participant may elect to take the benefit in a lump sum. The single sum payment shall be equal to the Cash Balance Account, and if applicable the Present value of his Traditional Accrued Benefit if such present value is \$5,000 or less.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the Applicable Interest Rate and the Applicable Mortality Table under Code Section 417(e)(3).

Changes in Plan Provisions since Prior Valuation

The plan provisions used in this valuation are the same as those used in prior valuation except for the following:

- An increase in the Internal Revenue Code (IRC) Section 401(a)(17) compensation limit from \$330,000 to \$345,000.
- An increase in the annual benefit under IRC Section 415(b) from \$265,000 to \$275,000.
- Effective June 30, 2024, plan participation shall be closed to all employees and future benefit accruals for current participants shall cease.
- The date of plan termination was July 1, 2024.

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

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

A Name of plan Grand View Hospital Retirement Income Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Grand View Hospital	D Employer Identification Number (EIN) 23-1352181	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	159,117,731
	b Actuarial value	2b	169,892,097
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	944	80,106,435
	b For terminated vested participants	1,090	30,315,264
	c For active participants	1,389	42,918,081
	d Total	3,423	153,339,780
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.13 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	358,950
	b Expected plan-related expenses	6b	0
	c Target normal cost	6c	358,950

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

SIGN HERE	 Signature of actuary	<u>10/11/2025</u> Date
	<u>Sarah J. Murray</u> Type or print name of actuary	<u>23-07329</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(208) 342-3485</u> Telephone number (including area code)
	<u>950 W. Bannock Street Suite 430 Boise</u> Address of the firm	<u>ID 83702</u>

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	45,671,430	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,281,928	0
9 Amount remaining (line 7 minus line 8)	44,389,502	0
10 Interest on line 9 using prior year's actual return of <u>12.85</u> %	5,704,051	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.26</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	50,093,553	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	77.96%
15 Adjusted funding target attainment percentage	15	110.56%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.14%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	358,950
b Excess assets, if applicable, but not greater than line 31a	31b	

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	358,950
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	358,950	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 EIN: 23-1352181 PN: 001

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	577.0785	0.0094	5.4245	298.3475
56	592.3311	0.0195	11.5505	646.8280
57	616.6359	0.0196	12.0861	688.9077
58	642.3158	0.0195	12.5252	726.4616
59	675.3575	0.0197	13.3045	784.9655
60	716.4849	0.0490	35.1078	2106.4680
61	718.5413	0.0492	35.3522	2156.4842
62	736.2777	0.1482	109.1164	6765.2168
63	675.1894	0.0494	33.3544	2101.3272
64	680.7803	0.0493	33.5625	2148.0000
65	671.9724	0.9882	664.0431	43162.8015
66	29.7673	0.9671	28.7880	1900.0080
67	16.9596	0.8821	14.9601	1002.3267
68	6.9635	0.7180	4.9998	339.9864
69	12.9260	0.7679	9.9259	684.8871
70	5.9328	0.5057	3.0002	210.0140
71	7.8578	1.0000	7.8578	557.9038
72	1.0000	0.0000	0.0000	0.0000
73	4.9930	0.7997	3.9929	291.4817
74	2.9876	0.3347	0.9999	73.9926
75	3.9605	0.7475	2.9605	222.0375
76	2.9900	1.0000	2.9900	227.2400
77	3.0000	1.0000	3.0000	231.0000
78	2.0000	0.5000	1.0000	78.0000
79	0.9855	0.0000	0.0000	0.0000
80	0.9696	1.0000	0.9696	77.5680
Total			1050.9264	67485.5161
Average				64.22

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Number of Participants by Age and Service Groups

Age	Years of Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	32	1	-	-	-	-	-	-	-	-	33
25–29	-	90	16	-	-	-	-	-	-	-	-	106
30–34	-	83	38	8	-	-	-	-	-	-	-	129
35–39	-	89	44	17	9	-	-	-	-	-	-	159
40–44	-	66	43	22	17	8	-	-	-	-	-	156
45–49	1	58	25	13	7	5	6	-	-	-	-	115
50–54	-	62	34	26	23	21	5	2	2	-	-	175
55–59	-	67	33	22	25	16	6	11	9	1	-	190
60–64	-	51	36	27	25	29	16	15	18	19	-	236
65–69	-	15	9	4	12	9	6	3	3	7	-	68
70+	-	10	4	3	2	1	1	1	-	-	-	22
Total	1	623	283	142	120	89	40	32	32	27	-	1389

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Average Compensation by Age and Service Groups

Age	Years of vesting Service										Average	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	46,040	*	-	-	-	-	-	-	-	-	46,578
25–29	-	56,420	*	-	-	-	-	-	-	-	-	57,076
30–34	-	65,950	62,863	*	-	-	-	-	-	-	-	65,121
35–39	-	79,103	80,172	*	*	-	-	-	-	-	-	77,349
40–44	-	72,692	79,925	65,627	*	*	-	-	-	-	-	74,958
45–49	*	73,543	109,103	*	*	*	*	-	-	-	-	94,503
50–54	-	66,675	90,742	123,254	102,738	98,692	*	*	-	-	-	89,881
55–59	-	75,230	75,686	88,118	85,278	*	*	*	*	*	*	82,541
60–64	-	61,490	90,954	91,590	71,871	78,344	*	*	*	*	*	81,268
65–69	-	*	*	*	*	*	*	*	*	*	*	77,782
70+	-	*	*	*	-	*	-	*	-	-	-	38,526
Average	*	67,205	80,526	90,108	83,690	86,700	100,761	81,600	101,748	84,585	77,448	

*If there are fewer than 20 participants in a bin, the compensation are not reported.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Line 26a – Schedule of Active Participant Data
EIN: 23-1352181 PN: 001

Average Cash Balance by Age and Service Groups

Age	Years of Vesting Service										Average	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	681	*	-	-	-	-	-	-	-	-	726
25–29	-	1,260	*	-	-	-	-	-	-	-	-	1,863
30–34	-	1,733	6,690	*	-	-	-	-	-	-	-	4,173
35–39	-	2,107	9,043	*	*	-	-	-	-	-	-	6,817
40–44	-	2,337	10,013	17,705	*	*	-	-	-	-	-	11,091
45–49	*	1,969	11,211	*	*	*	*	-	-	-	-	12,971
50–54	-	1,449	10,976	27,946	34,379	35,854	*	*	-	-	-	17,416
55–59	-	1,801	8,685	24,310	28,040	*	*	*	*	*	*	16,923
60–64	-	1,459	10,857	25,302	25,592	27,890	*	*	*	*	*	20,731
65–69	-	*	*	*	*	*	*	*	*	*	*	19,550
70+	-	*	*	*	-	*	-	*	-	-	-	11,277
Average	*	1,707	9,237	23,047	29,107	31,410	37,487	31,571	36,879	31,374	12,814	

* If there are fewer than 20 participants in a bin, the cash balance are not reported.

Grand View Hospital Retirement Income Plan
Attachment to 2024 Schedule SB, Line- 26b-Projection of Expected Benefit Payments
EIN/PN: 23-1352181/001

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	3,378,082	389,903	7,647,053	11,415,039
2025	2,245,847	555,016	7,483,685	10,284,548
2026	2,731,035	738,995	7,313,428	10,783,457
2027	2,913,741	925,056	7,130,034	10,968,831
2028	2,698,145	1,126,257	6,932,890	10,757,292
2029	3,300,584	1,313,689	6,721,798	11,336,071
2030	3,040,693	1,488,259	6,497,088	11,026,040
2031	2,835,864	1,680,433	6,259,031	10,775,327
2032	2,798,243	1,833,977	6,007,164	10,639,384
2033	2,686,300	1,914,684	5,743,206	10,344,190
2034	2,809,613	2,015,218	5,468,997	10,293,828
2035	3,161,814	2,121,115	5,185,519	10,468,449
2036	3,111,722	2,241,661	4,893,655	10,247,038
2037	2,657,284	2,289,254	4,595,063	9,541,600
2038	2,591,063	2,307,915	4,291,581	9,190,559
2039	3,003,668	2,369,602	3,985,210	9,358,480
2040	2,451,221	2,422,880	3,678,052	8,552,153
2041	2,346,759	2,463,323	3,372,270	8,182,352
2042	2,444,363	2,487,483	3,070,037	8,001,883
2043	2,235,543	2,474,412	2,773,494	7,483,449
2044	2,350,814	2,476,727	2,484,750	7,312,291
2045	2,113,455	2,481,590	2,205,891	6,800,936
2046	2,312,562	2,504,175	1,939,054	6,755,791
2047	2,255,679	2,493,314	1,686,398	6,435,391
2048	2,115,292	2,455,726	1,449,985	6,021,002
2049	1,911,640	2,400,684	1,231,666	5,543,989
2050	1,759,177	2,374,557	1,032,904	5,166,638
2051	1,583,948	2,339,617	854,665	4,778,231
2052	1,565,252	2,282,776	697,346	4,545,373
2053	1,401,653	2,221,219	560,757	4,183,629
2054	1,121,472	2,146,181	444,158	3,711,812
2055	1,129,240	2,067,598	346,341	3,543,179
2056	1,017,987	1,971,831	265,742	3,255,559
2057	832,684	1,876,401	200,547	2,909,632
2058	762,989	1,773,830	148,811	2,685,630
2059	663,233	1,673,904	108,549	2,445,686
2060	588,469	1,578,028	77,832	2,244,329
2061	490,536	1,479,122	54,864	2,024,521
2062	419,042	1,379,727	38,028	1,836,797
2063	357,670	1,282,514	25,927	1,666,111
2064	296,121	1,188,893	17,393	1,502,406
2065	255,383	1,099,525	11,484	1,366,391
2066	213,060	1,014,237	7,464	1,234,762
2067	179,284	933,423	4,777	1,117,484
2068	153,205	856,964	3,010	1,013,179
2069	130,590	784,682	1,866	917,138
2070	111,124	716,386	1,139	828,649
2071	94,263	651,921	683	746,868
2072	79,660	591,147	403	671,210
2073	67,013	533,938	233	601,184

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Actuarial Cost Method

Funding Method: The valuation of retirement benefits is determined under the “Unit Credit Actuarial Cost Method”, as prescribed by the Pension Protection Act of 2006 (PPA). Under this method, the regular Plan cost arises from two sources: a Target Normal Cost and an Amortization Payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances). The amortization payment for a plan year is the aggregate total of the Shortfall Amortization payments, which are based on amounts necessary to amortize the additional Shortfall of each year in level annual installments over a 15-year period beginning with such year under the American Rescue Plan Act of 2021 (ARPA).

The Target Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administration expense, if any.

Asset Valuation Method: 2 year (3-point) Average Value of Assets as permitted under IRS Notice 2009-22, not less than 90% nor greater than 110% of Market Value of Assets on the valuation date.

Assumptions

Economic Assumptions

Interest Rates:

PPA Funding and PBGC: Segment Rates with 4 month look-back period.

	PPA Funding Rate	PBGC Rate
Segment Rate 1	3.62%	5.01%
Segment Rate 2	4.46%	5.13%
Segment Rate 3	4.52%	5.15%

ARPA Stabilization Rates:

	Rate
Segment Rate 1	4.75%
Segment Rate 2	4.87%
Segment Rate 3	5.59%

Rationale: The interest rates for PPA and ARPA are prescribed under IRS regulations. The PPA rates are based on the plan sponsor’s interest rate election method.

FASB ASC Topic 960: 7.50%.

Rationale: The expected return on assets assumption reflects input from the current investment manager regarding their long-term investment return expectations.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Salary Increases: 3.00%; N/A on and after June 30, 2024 since the benefit under the Plan would be frozen effective June 30, 2024.

Rationale: The salary scale assumption was selected by Grand View Hospital.

Expected Return on Assets: 7.50%.

Rationale: The expected return on assets assumption reflects input from the current investment manager regarding their revised long-term investment return expectations.

Consumer Price Index Rate: 2.25%

Rationale: This assumption was selected by the prior actuary and represents an estimate of future experience and is based on observations of estimates inherent in market data.

Future Interest Credit Rate on Cash Balance Account: 5.00%

Rationale: The cash balance interest crediting rate is based on a long-term assumption of 30-year treasury rates.

Demographic Assumptions

We are relying on the prior actuary's assumptions. We are assuming that they have done an experience analysis since we do not have enough experience with the Plan to change the assumptions.

Funding Mortality: 2024 generational mortality tables as promulgated by the IRS for plan years beginning in 2024.

Rationale: The Plan is not large enough to develop a credible mortality table based exclusively on plan experience. The mortality assumption is mandated by the IRS for PPA funding.

FAS 960 Mortality: The PRI-2012 Private Retirement Plans Mortality Tables projected with Scale MP 2021.

Rationale: The Plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Withdrawal: 2003 Society of Actuaries Basic Age Table, multiplied by 0.50. Sample rates are illustrated below.

Age	Rate
20	8.73%
25	9.26%
30	6.10%
35	4.39%
40	3.50%
45	3.11%
50	2.82%
55	1.46%

Rationale: We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability: None assumed.

Retirement: The following rates of retirement were used.

Age	Rate
55-59	2%
60-61	5%
62	15%
63-64	5%
65	100%

Terminated Vested Participants are assumed to retire at age 65.

Rationale: We believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marriage Assumption: 80% of participants assumed to be married with females 3 years younger than males.

Rationale: The number of covered participants is not large enough to have credible experience for preretirement deaths. We believe the marriage assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Administrative Expenses: None. Grand View Hospital will pay for administrative expenses out of pocket.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
EIN: 23-1352181 PN: 001

Form of Payment: Lump sum for the cash balance benefit, Life Annuity otherwise. This assumption represents an estimate of future experience.

Rationale: Optional forms of benefit are actuarially equivalent to the single life annuity benefit. We believe the form of payment assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Valuation Pay: Calendar year base pay.

Participant Data: Participant data is as of January 1, 2024.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Grand View Hospital Retirement Income Plan

Effective Date of Plan: January 1, 1965.

EIN/PN: 23-1352181/001.

Effective Date of Last Amendment: July 1, 2024.

Date of Plan Termination: July 1, 2024.

Plan Year: January 1 – December 31.

Participation: An employee shall be eligible to participate on the earliest date on which he has completed one year of Eligibility Service (at least 1,000 hours of service) and has attained age 21.

Effective June 30, 2024, plan participation shall be closed to all employees.

Vesting Service: A member receives one year of Vesting Service for each plan year during which he completes at least 1,000 hours of service. Service prior to 1976 was computed in completed months.

Credited Service: A member receives one year of Credited Service for each plan year during which he completes at least 1,000 hours of service. Service prior to 1976 was computed in completed months.

Compensation: Compensation reportable as wages, tips, and other compensation on Federal Form W-2, excluding severance payments.

Average Compensation: On any given date before June 30, 2009, the average of an Employee's Monthly Compensation for those five consecutive Compensation Years (all Compensation Years, if less than five) which gives the highest average out of all compensation years.

Related Plan Service Credit: A participant who is eligible for service credit under a related plan will receive credit for such service under this plan but only for the purposes of determining eligibility for benefits and not for the purposes for determining the amount of the benefits.

Pay Credit: Each participant shall be credited with a Pay Credit for each such Plan Year in which a year of Accrual Service is earned. The Pay Credit shall be equal to 2% of the Participant's Compensation for the Plan Year. For Employees hired or rehired on and after July 1, 2018, the Pay Credit shall be equal to 1%.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

Effective June 30, 2024, future benefit accruals for current participants shall cease.

Interest Credit: As of the last day of each Plan Year, a participant's Cash Balance Account shall be credited with an Interest Credit. Such Interest Credit shall be equal to the Interest Credit Rate for the Plan Year multiplied by the participant's Cash Balance Account as of the first day of such Plan Year.

Interest Credit Rate: On any date, the rate of interest on 30-year Treasury securities as specified by the Commissioner for the look-back month for the stability period. The look-back month applicable to the stability period is the second calendar month preceding the first day of the stability period. The stability period is the successive period of one Plan Year that contains the date for crediting Interest Credits and for which the Interest Credit Rate remains constant.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Attainment of age 65 or the 5th anniversary of the date of participation, whichever is later.

Normal Retirement Benefit: The sum of (i) and (ii):

(i) Accrued Benefit determined as of June 30, 2009, under the Traditional Accrued Benefit Formula which is the product of (a) and (b):

(a) An amount equal to 1.25% of the Average Compensation on such data

(b) Accrual Service on such date

(ii) The Actuarial Equivalent of the Cash Balance Account projected to Normal Retirement Age assuming that the Interest Crediting Rate in effect for future years will be the Interest Crediting Rate in effect on the date of determination. For a Participant who is past Normal Retirement Age, the Cash Balance Account at the date of determination is used.

Effective June 30, 2024, future benefit accruals for current participants shall cease.

Early Retirement

Early Retirement Date: Attainment of age 55.

Early Retirement Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and average monthly compensation at retirement, reduced by 1/180th for each of the first sixty (60) months and 1/360th for each of the next sixty (60) months by which the early retirement date precedes the Participant's Normal Retirement Date.

Vested Termination

Vested Termination Date: Date as of which the participant has completed five years of Vesting Service, become totally and permanently disabled, or attained age 55.

Termination Benefit: Accrued Benefit as of date of termination, reduced as for Early Retirement.

Grand View Hospital Retirement Income Plan

Attachment to 2024 Schedule SB, Part V – Summary of Plan Provisions

EIN: 23-1352181 PN: 001

Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: Spouses of all vested participants who elected coverage and who die before payments have commenced.

Preretirement Surviving Spouse Benefit: For death on or after reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had retired one day prior to death and elected the Qualified Joint and 50% Survivor Annuity.

For death prior to reaching Early Retirement Eligibility, the surviving spouse is entitled to 50% of a benefit determined as if the participant had separated from service on the date of death, survived to the earliest retirement date, elected the Qualified Joint and 50% Survivor Annuity, and died the following day.

Forms of Payment

Normal Forms: Lump sum for the cash balance benefit, Life Annuity otherwise.

Optional Forms: Actuarially equivalent 50%, 66 2/3%, 75% or 100% joint and survivor, 5 or 10 years certain options. In addition, any participant may elect to take the benefit in a lump sum. The single sum payment shall be equal to the Cash Balance Account, and if applicable the Present value of his Traditional Accrued Benefit if such present value is \$5,000 or less.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the Applicable Interest Rate and the Applicable Mortality Table under Code Section 417(e)(3).

Changes in Plan Provisions since Prior Valuation

The plan provisions used in this valuation are the same as those used in prior valuation except for the following:

- An increase in the Internal Revenue Code (IRC) Section 401(a)(17) compensation limit from \$330,000 to \$345,000.
- An increase in the annual benefit under IRC Section 415(b) from \$265,000 to \$275,000.
- Effective June 30, 2024, plan participation shall be closed to all employees and future benefit accruals for current participants shall cease.
- The date of plan termination was July 1, 2024.

Notice to Terminated Accountant or Enrolled Actuary

In accordance with this requirement, I, as plan administrator, verify that the explanation that is either reproduced below or attached to this notice is the explanation concerning your termination as reported on the Schedule C (Form 5500) attached to the 2024 Annual Return/Report Form 5500 for the Grand View Hospital Retirement Income Plan.

This return/report is identified in line 2b by the nine-digit EIN 23-1352181 and in line 1b by the three-digit PN 001.

Signed Arthur Anderson

Dated 10/14/25

Any comments concerning this explanation should include the name, EIN, and PN of the plan and be submitted directly to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Explanation Concerning Your Termination

Name: Kevin Ferris
EIN: 91-0675641
Position: Enrolled Actuary
Address: One Pennsylvania Plaza
38th Floor
New York, NY 10119

Explanation: The actuary was changed due to an internal reassignment.

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
	Northern	FDIC Bank Deposit Fund	\$ 241,662	\$ 241,663
	Morgan Stanley	Morgan Stanley Bank Deposit	4,982	4,982
		Total money market fund	<u>246,644</u>	<u>246,645</u>
U.S. Government Debts				
	Jpmorgan Chase	5.2940% 07/22/35	60,000	59,438
	Morgan Stanley FR	5.5160% 11/19/55	190,419	183,381
	Federal Government	US Treas BD Stripped Prin Pmt 11/15/49	184,902	89,702
	Federal Government	United States Treasury BD 08/15/53	83,352	79,264
	Federal Government	United States Treas BD Stripp 02/15/52	136,924	109,522
	Federal Government	United States Treas Bd Stripp 11/15/52	328,416	259,998
	Federal Government	United States Treas BDS 4.2500% 08/15/54	75,525	73,127
	Federal Government	United States Treas Nts 4.2500% 11/15/34	89,242	87,723
		Total U.S. government debts	<u>1,148,780</u>	<u>942,155</u>
Variable Rate - Corporate Bonds				
	Consolidated Edison Co N Y	3.9500% 03/01/43	105,439	80,116
		Total Variable Rate - Corporate Bonds	<u>105,439</u>	<u>80,116</u>
Corporate Bonds Domestic				
	Abbvie Inc	4.2500% 11/21/49	261,234	170,634
	Abbvie Inc	5.3500% 03/15/44	29,959	29,199
	Abbvie Inc	5.4000% 03/15/54	69,760	67,448
	Advocate Health & Hosps Corp	3.0080% 06/15/50	70,000	46,364
	Aep Transmission Co Llc	3.7500% 12/01/47	74,962	52,064
	Aep Transmission Co Llc	3.8000% 06/15/49	22,244	14,813
	Allianz	5.6000% 09/03/54	200,000	197,130
	Altria Group Inc	2.4500% 02/04/32	30,065	24,688
	Altria Group Inc	3.4000% 02/04/41	116,701	86,799
	Altria Group Inc	5.8000% 02/14/39	80,853	69,226
	Altria Group Inc	5.9500% 02/14/49	9,554	9,792
	Altria Group Inc	3.8750% 09/16/46	69,005	50,591
	Amazon Com Inc	3.1000% 05/12/51	64,424	40,409
	Amazon Com Inc	3.9500% 04/13/52	49,791	39,413
	Amazon Com Inc	3.8750% 08/22/37	95,102	79,318
	Amazon Com Inc	4.0500% 08/22/47	83,549	65,859
	American Honda Fin Corp Mtn	4.9000% 01/10/34	29,906	28,837
	American Transmission Sys I	2.6500% 01/15/32	87,851	76,303
	Amgen Inc	5.2500% 03/02/33	159,496	158,946
	Amgen Inc	5.6500% 03/02/53	69,899	67,237
	Analog Devices Inc	5.3000% 04/01/54	49,740	47,509
	Anheuser Busch Inbev World	5.5500% 01/23/49	89,236	69,107
	Anheuser-Busch Cos LI	4.9000% 02/01/46	496,796	397,112
	Anheuser-Busch Inbev Wldw I	5.8750% 06/15/35	75,753	73,428
	Aon North America Inc	5.7500% 03/01/54	109,297	107,300
	Apollo Glb Mg	5.8000% 05/21/54	20,000	20,055
	Apple Inc.	3.7500% 11/13/47	41,103	31,507
	Applied Matls Inc	2.7500% 06/01/50	59,720	37,411
	AT&T	4.3500% 06/15/45	110,059	89,937
	AT&T Inc	2.5500% 12/01/33	83,016	80,626
	AT&T Inc	3.6500% 06/01/51	73,188	49,356
	AT&T Inc	3.6500% 09/15/59	76,117	66,302
	Banner Health	1.8970% 01/01/31	30,000	25,015
	Barrick North America Fin L	5.7000% 05/30/41	120,166	88,496
	Bat Capital Corp	3.7340% 09/25/40	144,041	113,842
	Becton Dickinson & Co.	4.6850% 12/15/44	52,729	41,613
	Berea College	3.5920% 06/01/71	200,000	129,954
	Berkshire Hathaway Fin Corp	4.2500% 01/15/49	192,771	125,379
	BHP Billiton Fin USA Ltd.	5.0000% 09/30/43	79,832	65,296
	Bk Of America Corp	0.0457% 04/27/33	68,302	66,522
	Bk Of America Corp	3.3110% 04/22/42	210,000	157,073

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Blackrock Funding Inc	5.0000% 03/14/34	\$ 29,953	\$ 29,610
	Blackrock Funding Inc	5.3500% 01/08/55	19,944	19,087
	Blackstone Hldgs Fin L L C	3.2000% 01/30/52	39,884	26,067
	Bp Cap Mkts Amer Inc	2.9390% 06/04/51	35,813	24,686
	Bp Cap Mkts Amer Inc	4.8120% 02/13/33	72,071	67,777
	Bristol-myers Squibb Co	4.1250% 06/15/39	56,830	43,120
	Bristol-myers Squibb Co	4.2500% 10/26/49	210,150	145,327
	Bristol-myers Squibb Co	5.6500% 02/22/64	9,958	9,615
	Bristol-myers Squibb Co	6.2500% 11/15/53	59,830	63,611
	Burlingt North Santa Fe	3.9000% 08/01/46	146,653	109,364
	California Endowment	2.4980% 04/01/51	90,000	53,415
	California Institute Of Tech	4.321% 08/01/45	135,961	104,390
	Cameron Lng, Llc	3.3020% 01/15/35	25,085	24,757
	Cardinal Health Inc	5.4500% 02/15/34	39,973	39,775
	Cardinal Health Inc	5.7500% 11/15/54	29,882	28,781
	Catholic Health Initiative	4.3500% 11/01/42	56,027	50,171
	Centerpoint Energy Houston	4.9500% 04/01/33	51,708	48,978
	Centerpoint Energy Houston	4.2500% 02/01/49	19,879	16,102
	Chevron Usa Inc	2.3430% 08/12/50	18,642	11,233
	Childrens Health Sys Tex	2.5110% 08/15/50	80,000	47,521
	Childrens Hospital Of Phila	2.7040% 07/01/50	60,000	37,195
	Chubb Ina Hldgs Inc	3.0500% 12/15/61	39,779	24,236
	Cigna Corp New	4.8000% 08/15/38	112,539	90,853
	Citibank N A	5.5700% 04/30/34	250,000	252,829
	Citigroup Inc	4.6500% 07/23/48	66,677	42,843
	Citigroup Inc	8.1250% 07/15/39	427,753	333,291
	City Of Hope	4.3780% 08/15/48	114,097	72,648
	CME Group Inc.	5.3000% 09/15/43	25,612	20,044
	Coca Cola Co	5.2000% 01/14/55	29,974	28,553
	Coca Cola Co	2.5000% 03/15/51	37,758	23,470
	Columbia Pipelines Oper Co	6.5440% 11/15/53	50,220	52,459
	Columbia University Trustee	4.3550% 10/01/35	30,000	28,365
	Comcast Corp New	2.8870% 11/01/51	193,056	150,190
	Comcast Corp New	2.9370% 11/01/56	162,467	128,236
	Comcast Corp New	3.9000% 03/01/38	236,474	184,943
	Commonspirit Health	5.3180% 12/01/34	60,000	59,244
	Commonspirit Health	5.5480% 12/01/54	49,603	47,821
	Commonwealth Edison Co	4.0000% 03/01/48	29,994	23,413
	Conocophillip	5.7000% 09/15/63	30,226	28,718
	Conocophillips Co	5.9500% 03/15/46	53,652	41,026
	Consolidated Edison Co N Y	3.0000% 12/01/60	49,699	29,381
	CVS Health Corp	5.3000% 12/05/43	243,050	174,226
	Devon Energy Corp New	5.0000% 06/15/45	245,824	184,000
	Diamondback Energy, Inc.	6.2500% 03/15/53	40,168	39,835
	Disney Walt Co	6.6500% 11/15/37	46,220	33,502
	Dte Elec Co	2.6250% 03/01/31	19,966	17,516
	Duke Energy Carolinas Llc	3.8750% 03/15/46	125,644	92,862
	Duke Energy Carolinas Llc	3.9500% 03/15/48	169,196	130,381
	Duke Energie Ohio Inc	5.5500% 03/15/54	29,922	28,934
	Eli Lilly & Co	5.0000% 02/09/54	29,829	27,598
	Eli Lilly & Co	5.1000% 02/09/64	69,358	63,753
	Emerson Elec Co	2.2000% 12/21/31	62,171	58,883
	Energy Transfer	5.6000% 09/01/34	129,663	129,255
	Energy Texas Inc	5.5500% 09/15/54	30,114	29,006
	Enterprise Prods Oper Llc	3.3000% 02/15/53	29,751	19,669
	Enterprise Prods Oper Llc	3.7000% 01/31/51	10,737	7,170
	Enterprise Prods Oper Llc	4.2000% 01/31/50	48,034	47,052
	Enterprise Prods Oper Llc	5.5500% 02/15/55	79,730	76,989
	Enterprise Prods Oper Llc	5.9500% 02/01/41	72,202	71,860
	Enterprise Prods Oper Llc	4.2500% 02/15/48	73,886	56,062
	Enterprise Prods Oper Llc	4.9000% 05/15/46	77,879	62,345
	Enterprise Products Oper	7.5500% 04/15/38	200,887	198,984
	Eog Res Inc	4.9500% 04/15/50	19,882	17,712
	Eog Resources	3.9000% 04/01/35	9,000	8,898
	Exelon Corp	4.4500% 04/15/46	242,259	183,075

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Exxon Mobil Corp	3.4520% 04/15/51	\$ 32,871	\$ 21,082
	Exxon Mobil Corp	4.3270% 03/19/50	93,234	65,871
	First Un Corp	6.5500% 10/15/35	25,572	21,405
	Florida Power & Light Co	4.1250% 02/01/42	80,691	58,263
	Florida Power Corp	3.850% 11/15/42	236,140	173,278
	Florida Pwr & Lt Co	3.9500% 03/01/48	49,730	39,185
	Foundry Jv Holdco LLC	6.2500% 01/25/35	199,526	201,086
	Fox Corp	5.4760% 01/25/39	136,737	104,644
	General Dynamics Corp	4.2500% 04/01/50	64,751	41,223
	General Motors	6.2500% 10/02/43	95,222	79,040
	General Motors Company	5.1500% 04/01/38	52,998	46,051
	Gilead Sciences INC	4.1500% 03/01/47	93,957	72,149
	Glencore Fdg Llc	3.8750% 10/27/27	148,514	145,774
	Goldman Sachs Group	4.0170% 10/31/38	309,816	313,355
	Goldman Sachs Group Inc	4.7500% 10/21/45	243,573	193,535
	Hartford Healthcare Corp	3.4470% 07/01/54	280,000	193,916
	Hershey Co	2.6500% 06/01/50	19,934	11,947
	Home Depot Inc	3.2500% 04/15/32	28,541	26,793
	Home Depot Inc	3.3500% 04/15/50	31,240	20,845
	Home Depot Inc.	4.2500% 04/01/46	272,228	208,110
	Honeywell Intl Inc	5.2500% 03/01/54	29,933	28,111
	HSBC Bank	5.8750% 11/01/34	332,890	252,741
	Hyundai Cap Amer Fr	5.4000% 01/08/31	121,607	119,456
	Intel Corp	2.8000% 08/12/41	99,909	63,712
	Intel Corp	4.9000% 08/05/52	29,939	23,635
	Intercontinental Exchange I	2.6500% 09/15/40	70,449	48,929
	Intercontinental Exchange I	4.9500% 06/15/52	29,621	26,805
	Intercontinental Exchange I	5.2000% 06/15/62	39,801	36,419
	Johnson & Johnson	2.1000% 09/01/40	59,601	40,072
	Johnson & Johnson	2.4500% 09/01/60	59,379	32,385
	Johnson & Johnson	3.7500% 03/03/47	178,706	134,223
	Jp Morgan Chase Bank Na	4.2600% 02/22/48	324,150	247,230
	Jpmorgan Chase & Co	3.1570% 04/22/42	220,000	161,436
	Jpmorgan Chase & Co	4.9500% 06/01/45	234,964	172,579
	Kaiser Fndtn Ho	3.0020% 06/01/51	50,000	32,501
	Kaiser Fndtn Ho	4.1500% 05/01/47	104,136	73,534
	Kenvue I	0.0490% 03/22/33	39,905	39,358
	Kimberly Clark Corp	2.8750% 02/07/50	93,553	58,340
	Kinder Morgan Energy Part	5.4000% 09/01/44	92,819	72,931
	Kkr Group Finance Llc	5.1250% 06/01/44	65,314	54,584
	Kroger	5.5000% 09/15/54	29,861	28,229
	Kroger	5.6500% 09/15/64	9,956	9,374
	Lilly Eli & Co	5.2000% 08/14/64	19,993	18,551
	Lilly Eli & Co	5.0500% 08/14/54	49,755	46,136
	Lockheed Martin Corp	2.8000% 06/15/50	19,827	12,553
	Lockheed Martin Corp	4.3000% 06/15/62	89,474	71,441
	Lockheed Martin Corp	4.8000% 08/15/34	279,902	271,951
	Lockheed Martin Corp	5.2000% 02/15/64	29,507	27,819
	Lockheed Martin Corp	4.7000% 05/15/46	57,181	44,683
	Lowe's Cos Inc	3.0000% 10/15/50	50,327	31,114
	Marsh & McLennan Companies	5.3500% 11/15/44	39,994	38,837
	Marsh & McLennan Companies	5.4000% 03/15/55	89,567	86,124
	Mass Inst Tech Mtn Be	4.6780% 07/01/14	78,545	50,277
	Massachusetts Mut Life	3.3750% 04/15/50	19,918	13,357
	Mastercard Inc	3.8500% 03/26/50	85,259	54,302
	Mastercard Incorporated	2.9500% 03/15/51	99,053	64,734
	Mcdonalds Corp	3.6250% 05/01/43	103,889	76,721
	Medstar Health Inc	3.6260% 08/15/49	80,000	58,062
	Memorial Sloan-kettering Ca	4.2000% 07/01/55	82,460	56,427
	Merck & Co Inc	2.7500% 12/10/51	40,189	24,219
	Merck & Co Inc	3.9000% 03/07/39	35,939	25,447
	Merck & Co Inc	4.0000% 03/07/49	62,582	39,304
	Merck & Co. Inc	2.3500% 06/24/40	39,602	27,115
	Merrill Lynch & Co	7.7500% 05/14/38	430,982	315,346
	Meta Platform	4.7500% 08/15/34	39,924	39,002

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Meta Platform	5.4000% 08/15/54	\$ 29,941	\$ 29,056
	Metlife Inc	5.0000% 07/15/52	39,932	36,127
	Metlife Inc	4.6000% 05/13/46	90,222	69,530
	Midamerican Energy	4.8000% 09/15/43	61,283	44,988
	Midamerican Energy Co	3.9500% 08/01/47	86,315	62,405
	Midamerican Energy Company	3.1500% 04/15/50	189,128	113,993
	Midamerican Energy Company	5.3000% 02/01/55	19,915	18,859
	Midamerican Energy Hldgs New	5.1500% 11/15/43	72,393	56,993
	Morgan Stanley	3.2170% 04/22/42	60,000	44,519
	Mplx Lp	5.0000% 03/01/33	79,336	76,793
	Museum Of Modern Art	3.2200% 07/01/51	100,000	65,917
	New York Life Ins Co	3.7500% 05/15/50	39,756	29,029
	New York Life Ins Co	4.4500% 05/15/69	93,667	62,050
	Nike Inc	3.3750% 03/27/50	33,492	21,175
	Northrop Grumman Corp	5.2500% 05/01/50	63,865	46,887
	Northrop Grumman Corp	4.0300% 10/15/47	121,004	94,587
	Northwestern Mut Life Ins Co	3.6250% 09/30/59	223,153	147,674
	Nuveen Llc	5.8500% 04/15/34	69,905	70,705
	Nvidia Corp	3.7000% 04/01/60	82,114	51,726
	Nyu Langone Hospitals	3.3800% 07/01/55	40,000	26,986
	Occidental Pete Corp	4.4000% 08/15/49	39,701	28,007
	Occidental Pete Corp Del	4.6250% 06/15/45	222,690	151,799
	Ochsner Lsu Health Sys North	2.5100% 05/15/31	20,000	15,468
	Oncor Elec Delivery Co Llc	0.0555% 06/15/54	69,971	68,083
	Oneok Inc New	6.6250% 09/01/53	54,199	52,615
	Oracle Corp	3.6000% 04/01/40	33,771	23,445
	Oracle Corp	4.9000% 02/06/33	59,958	58,451
	Oracle Corporation	6.9000% 11/09/52	109,931	123,152
	Orlando Health Obligated Gr	4.0890% 10/01/48	40,000	31,918
	Otis Worldwide Corp	5.1250% 11/19/31	49,997	49,988
	Pacific Gas & Elec Co	4.7500% 02/15/44	89,319	85,295
	Pacific Gas & Elec Co	6.7000% 04/01/53	80,118	75,635
	Pacificcorp	5.8000% 01/15/55	89,459	87,555
	Paypal Hldgs Inc	3.2500% 06/01/50	63,093	40,587
	Paypal Hldgs Inc	5.5000% 06/01/54	10,278	9,734
	Peco Energy	5.2500% 09/15/54	19,952	18,898
	Pepperdine University	3.3010% 12/01/59	90,000	56,027
	Pfizer Inc	2.5500% 05/28/40	58,390	41,560
	Pfizer Inc	4.1250% 12/15/46	107,630	80,619
	Philip Morris International	4.9000% 11/01/34	19,537	19,233
	Philip Morris Intl Inc	4.2500% 11/10/44	163,689	114,313
	Philip Morris Intl Inc	6.3750% 05/16/38	49,108	43,182
	Procter & Gamble Co	4.5500% 01/29/34	80,000	77,873
	Prologis L P	5.0000% 03/15/34	49,767	48,868
	Prologis L P	5.2500% 03/15/54	48,056	46,733
	Prudential Finl Inc Mtns Bo	3.0000% 03/10/40	68,936	51,650
	Qualcomm Inc	4.5000% 05/20/52	19,564	16,723
	Raymond James Finl Inc	3.7500% 04/01/51	29,818	21,718
	Raytheon Technologies Corp	3.1250% 07/01/50	259,134	169,870
	Raytheon Technologies Corp	5.1500% 02/27/33	49,853	49,585
	Roche Holding	5.2180% 03/08/54	207,356	191,423
	Rtx Corporation	6.4000% 03/15/54	99,625	108,690
	S&p Global Inc	3.2500% 12/01/49	28,498	27,665
	San Diego Gas	5.5000% 04/15/54	19,797	19,410
	San Diego Gas & Elec Co	1.7000% 10/01/30	66,083	67,105
	San Diego Gas & Elec Co	3.7500% 06/01/47	86,640	59,981
	Shell Fin Us	3.7500% 09/12/46	109,344	82,458
	Southern Cal Edison	4.0000% 04/01/47	56,354	38,521
	Southern Calif Edison Co	3.6500% 02/01/50	10,976	7,144
	Southern Calif Edison Co	3.9000% 03/15/43	77,155	55,013
	Southern Calif Edison Co	4.0500% 03/15/42	82,518	64,353
	Southern Calif Edison Co	5.7500% 04/15/54	29,831	29,441
	Southern Copper Corp	5.2500% 11/08/42	145,990	118,528
	T Mobile Usa Inc	3.0000% 02/15/41	92,140	99,975
	T Mobile Usa Inc	3.4000% 10/15/52	48,071	46,534

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Teachers Ins & Annuity Assn	3.3000% 05/15/50	\$ 49,934	\$ 33,432
	Teachers Ins & Annuity Assn	4.2700% 05/15/47	42,209	32,054
	Texas Instrs Inc	3.8750% 03/15/39	137,054	103,045
	Transcontinental Gas Pipe L	3.9500% 05/15/50	74,690	51,914
	Travelers Companies Inc	4.0000% 05/30/47	93,391	71,310
	Union Pac Corp	2.8000% 02/14/32	43,365	43,399
	Union Pac Corp	4.0500% 11/15/45	170,345	120,188
	Unitedhealth Group Inc	4.2000% 05/15/32	183,148	169,487
	Unitedhealth Group Inc	4.9500% 05/15/62	49,510	42,990
	Unitedhealth Group Inc	5.6250% 07/15/54	109,781	106,701
	Unitedhealth Group Inc	4.2500% 03/15/43	225,425	177,114
	Unitedhealth Group Inc	4.2500% 04/15/47	65,446	48,600
	University Southn Calif	5.2500% 10/01/11	78,373	51,105
	Verizon Communications Inc	0.0340% 03/22/41	110,846	83,233
	Verizon Communications Inc	2.6500% 11/20/40	167,334	116,106
	Virginia Elec & Pwr Co	2.4500% 12/15/50	57,596	33,850
	Virginia Elec & Pwr Co	4.0000% 01/15/43	142,971	103,936
	Virginia Elec & Pwr Co	5.5500% 08/15/54	19,913	19,404
	Virginia Pwr Fuel Securiti	4.8770% 05/01/33	19,999	19,970
	Visa Inc	3.6500% 09/15/47	222,891	167,719
	Walmart Inc	2.5000% 09/22/41	124,934	89,487
	Walmart Inc	2.6500% 09/22/51	59,778	37,115
	Waste Mgmt In	5.3500% 10/15/54	29,988	28,898
	Wells Fargo & Co	4.8970% 07/25/33	130,000	125,635
	Wells Fargo & Co	5.2110% 12/03/35	20,000	19,449
	Wells Fargo Co New	5.6060% 01/15/44	373,844	324,465
	Williams Partners	4.9000% 01/15/45	157,271	113,840
	Wisconsin Electric Power Co	5.0500% 10/01/54	19,889	18,185
	Wisconsin Pwr & Lt Co	3.6500% 04/01/50	35,658	21,461
		Total corporate bonds domestic	<u>24,152,354</u>	<u>19,287,196</u>
	Corporate Bonds Foreign			
	Alibaba Group Hldg Ltd	3.1500% 02/09/51	219,582	213,887
	BNP Paribas SA	5.8940% 05/12/34	230,000	235,525
	Bp Cap Mkts P L C	6.1250%	19,998	19,686
	Brookfield Fin I Uk Plc	2.3400% 01/30/32	62,910	66,143
	Csl Fin Plc	4.9500% 04/27/62	59,813	51,792
	Deutsche Telekom V-S	8.7500% 06/15/30	14,791	11,654
	Greensaif Pip	6.1027% 08/23/42	200,000	195,089
	Intesa Sanpaolo S P A	4.3750% 01/12/48	270,489	188,184
	Meiji Yasuda Life Insurance	5.8000% 09/11/54	200,000	200,330
	Pfizer Invt Enterprises	5.1100% 05/19/43	58,800	56,440
	Royal Bk Cda	5.1500% 02/01/34	19,959	19,753
	Shell International Fin	3.1250% 11/07/49	93,516	59,148
	Sumitomo Mitsui Fin Grp Inc	1.7100% 01/12/31	231,417	245,762
	Telefonica Emisiones SAU	5.2130% 03/08/47	180,858	141,925
	Ubs Group Ag	4.8750% 05/15/45	317,835	223,330
	Xstrata Fin Cda Ltd	5.5500% 10/25/42	55,572	46,998
		Total corporate foreign bonds	<u>2,235,540</u>	<u>1,975,646</u>
	Corporate CMOs and REMICs			
	Texas Nat Gas Securitization	5.1020% 04/01/35	28,991	28,078
		Total corporate CMOs and REMICs	<u>28,991</u>	<u>28,078</u>
	Corp Bonds Foreign Convertible			
	British Telecom Plc	0.0963% 12/15/30	29,824	24,286
		Total corporate bonds variable	<u>29,824</u>	<u>24,286</u>

Grand View Hospital Retirement Income Plan

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

EIN: 23-1352181 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds Variable				
	Bank New York Mellon Corp	4.7060% 02/01/34	\$ 47,999	\$ 48,110
	Bk Of America Corp	2.5720% 10/20/32	110,000	92,745
	Bk Of America Corp	2.8310% 10/24/51	40,778	24,659
	Bk Of America Corp	5.0150% 07/22/33	50,000	49,073
	Goldman Sachs Group Inc.	3.4360% 02/24/43	20,000	14,918
	Goldman Sachs Group Inc	5.5610% 11/19/45	100,000	96,600
	Jpmorgan Chase & Co	5.5340% 11/29/45	120,000	117,005
	Morgan Stanley	5.9480% 01/19/38	90,163	90,256
	Schwab Charles Corp	6.1360% 08/24/34	30,000	31,486
	Truist Finl Corp	5.8670% 06/08/34	50,000	50,924
	Wells Fargo & Co	3.3500% 03/02/33	188,204	184,147
		Total corporate bonds variable	<u>847,144</u>	<u>799,923</u>
Municipal Obligations				
	California Health Facs Fing	4.1900% 06/01/37	30,000	27,182
	California St	6.0000% 03/01/30	63,388	63,879
	Maryland Economic Developme	5.4330% 05/31/56	40,000	38,630
	Univ Calif Regts Med Ctr	3.2560% 05/15/60	180,380	128,390
	University Mich Univ Revs	4.4540% 04/01/22	40,000	31,461
		Total municipal obligations	<u>353,768</u>	<u>289,542</u>
		Total fixed income	<u>27,753,060</u>	<u>22,484,787</u>
Mutual Fund - Fixed Income				
	Federated Hermes	Institutional Prime Obligations Fund	45,670,184	45,679,031
		Total mutual fund - fixed income	<u>45,670,184</u>	<u>45,679,031</u>
		Total investments	<u>\$ 74,818,668</u>	<u>\$ 69,352,618</u>

Grand View Hospital Retirement Income Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 23-1352181 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
Purchase	Federated Institutional Prime Obligations	\$ 44,949,161	\$ -	\$ -	\$ -	\$ 44,949,161	\$ 44,949,161	\$ -
Series Transactions								
Purchases	FDIC Bank Deposit Fund 166 Transactions	67,141,266	-	-	-	67,141,266	67,141,266	-
Sales	FDIC Bank Deposit Fund 121 Transactions	-	67,810,237	-	-	67,810,237	67,810,237	-
Purchases	Federated Institutional Prime Obligations 7 Transactions	45,944,072	-	-	-	45,944,072	45,944,072	-
Sales	Federated Institutional Prime Obligations 1 Transaction	-	450,000	-	-	450,000	450,000	-
Purchases	Morgan Stanley Bank Deposit 11 Transactions	45,513,609	-	-	-	45,513,609	45,513,609	-
Sales	Morgan Stanley Bank Deposit 2 Transactions	-	45,508,626	-	-	45,508,626	45,508,626	-