

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>RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</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>DOCTORS HOSPITAL OF RIVERSIDE LLC</u> <u>3865 JACKSON STREET</u> <u>RIVERSIDE, CA 92503-3918</u>	1c Effective date of plan <u>06/01/1967</u> 2b Employer Identification Number (EIN) <u>83-1960549</u> 2c Plan Sponsor's telephone number <u>951-688-2211</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	BILL ALVARENGA
	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	465
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)	40
	6a(2)	37
	6b	129
	6c	252
	6d	418
	6e	30
	6f	448
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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>RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</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>DOCTORS HOSPITAL OF RIVERSIDE LLC</u>	D Employer Identification Number (EIN) <u>83-1960549</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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>16458880</u>
	b Actuarial value	2b	<u>16851268</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>139</u>	<u>6294578</u>
	b For terminated vested participants	<u>286</u>	<u>9152323</u>
	c For active participants	<u>40</u>	<u>2507880</u>
	d Total	<u>465</u>	<u>17954781</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>309000</u>
	c Target normal cost	6c	<u>309000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/19/2025</u> Date
	<u>JAY A. SORENSEN</u> Type or print name of actuary	<u>23-07298</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>949-253-5200</u> Telephone number (including area code)
	<u>2010 MAIN STREET SUITE 1050 IRVINE, CA 92614</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)	0	226719
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	98512
9	Amount remaining (line 7 minus line 8)	0	128207
10	Interest on line 9 using prior year's actual return of <u>15.60</u> %	0	20000
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>5.20</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	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	148207

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.99 %
15	Adjusted funding target attainment percentage	15	92.99 %
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	90.74 %
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		
07/11/2024	150000	0					
01/15/2025	90000	0					
09/02/2025	61000	0					
			Totals ▶	18(b)	301000	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	287670

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 309000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1258021		122411	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 431411
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	145041	145041	
36 Additional cash requirement (line 34 minus line 35)				36 286370
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 287670
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1300
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 1300
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 checked="" 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 RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DOCTORS HOSPITAL OF RIVERSIDE LLC	D Employer Identification Number (EIN) 83-1960549	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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	145915	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)

CITIZENS BUSINESS BANK UNDER TEFRA

95-6806148

(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 51 28 63 31 68	TRUSTEE	116713	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)

WIPFLI LLP

39-0758449

(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?
10 50	NONE	6500	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DOCTORS HOSPITAL OF RIVERSIDE LLC	D Employer Identification Number (EIN) 83-1960549

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	525000	151000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	45993	59632
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	391895	345498
(2) U.S. Government securities	1c(2)	1343287	1067821
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4393425	5046318
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9167423	9745958
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	610161	669049

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	16477184	17085276
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16477184	17085276

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)	301000	
(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)		301000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	216169	
(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)		216169
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	198292	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		198292
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2618957	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2128907	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		490050
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1028762	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		27129
d Total income. Add all income amounts in column (b) and enter total	2d		2261402

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1258969	
(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)		1258969
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	99658	
(6) Bank or trust company trustee/custodial fees	2i(6)	17055	
(7) Actuarial fees	2i(7)	145915	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	131713	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		394341
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1653310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		608092
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: WIPFLI LLP

(2) EIN: 39-0758449

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		1000000
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 _____.

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 552070.

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>RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DOCTORS HOSPITAL OF RIVERSIDE LLC</u>	D Employer Identification Number (EIN) <u>83-1960549</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 95-6806148

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		10
---	--	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Financial Statements and Supplemental Schedules

Years Ended December 31, 2024 and 2023



PARKVIEW
COMMUNITY HOSPITAL
MEDICAL CENTER

AHMC Healthcare

WIPFLI

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of Retirement Plan for Employees of Parkview Community Hospital Medical Center 's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Retirement Plan for Employees of Parkview Community Hospital Medical Center 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Plan for Employees of Parkview Community Hospital Medical Center's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan for Employees of Parkview Community Hospital Medical Center's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Plan for Employees of Parkview Community Hospital Medical Center 's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

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

In our opinion

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

Wipfli LLP

Wipfli LLP

Milwaukee, Wisconsin
October 10, 2025

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets:		
Investments, at fair value	\$ 16,874,644	\$ 15,906,191
Receivables:		
Investment income receivable	59,632	45,993
Employer contribution receivable	151,000	525,000
Total receivables	210,632	570,993
Net Assets Available for Benefits	\$ 17,085,276	\$ 16,477,184

See accompanying notes to financial statements.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2024	2023
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,519,166	\$ 1,974,744
Interest and dividends	441,236	419,438
Total investment income	1,960,402	2,394,182
Contributions:		
Sponsor	301,000	525,000
Total additions	2,261,402	2,919,182
Deductions:		
Benefit payments to participants	1,258,969	1,739,662
Administrative expenses	394,341	489,180
Total deductions	1,653,310	2,228,842
Net change	608,092	690,340
Net Assets Available for Benefits - Beginning	16,477,184	15,786,844
Net Assets Available for Benefits - Ending	\$ 17,085,276	\$ 16,477,184

See accompanying notes to financial statements.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Retirement Plan for Employees of Parkview Community Hospital Medical Center (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan providing retirement, disability, and death benefits to all eligible employees. The Plan Sponsor is Doctors Hospital of Riverside LLC (the "Sponsor" or the "Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan was established on January 1, 1967. Prior to September 1, 1999, employees with 1,000 or more hours of service in a 12 month period and who were at least 21 years of age were able to participate in the Plan.

The Plan was amended effective September 1, 1999 to close the Plan to new participants as of September 1, 1999. Benefit accruals for participants were frozen as of September 1, 1999.

The Plan is administered by the Retirement Plan Committee and the trustee of the Plan is Citizens Business Bank.

Funding

Contributions to provide benefits under the Plan are made solely by the Sponsor. The Sponsor's funding policy is to, at a minimum, fund the amount necessary to meet ERISA requirements and determined by the Plan's independent actuary. During the years ended December 31, 2024 and 2023, the Sponsor made contributions of \$301,000 and \$525,000, respectively. The Plan met the minimum ERISA funding requirements for 2024 and 2023.

Although it has not expressed any intention to do so, the Company 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.

Pension Benefits

The Plan provides that a participant will be eligible for normal retirement payments upon reaching the retirement age of 65. The benefit amounts in annuities or a lump sum are calculated by the actuary based on individual factors, including the employee's compensation history (through September 1999), years of service, age at the date of retirement and the benefit payment option selected. The Plan permits early retirement beginning at age 55 for employees who have completed at least 10 years of service. Early retirement benefits are subject to an adjustment factor. For participants who are age 62 and have at least 25 years of service, no early retirement deduction will be applied.

Employees who were participants as of September 1, 1999, became fully vested in their accrued benefits. Prior to September 1, 1999, if an employee was terminated before completing 5 years of service, they forfeited their right to receive retirement benefits. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable for their lifetime. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Pension Benefits (Continued)

Under the provisions of the Plan, participants have the option to rollover any distributions from the Plan to an eligible retirement plan specified by the participants. In addition to normal retirement benefits, the Plan provides for certain defined early retirement, disability, deferred and death benefits and various payment options.

Note 2: Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements. The Plan also considers the actuarial assumptions related to the calculation of the present value of accumulated Plan benefits to be significant estimates. Actual results could differ from those estimates and are subject to change in the near term.

Investment Valuation and Income Recognition

The Plan's 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. 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. Gains and losses (realized and unrealized) included in changes in net assets available for benefits are reported in net appreciation in fair value of investments.

Benefit Payments

Benefit payments to participants are recorded when paid.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 2: Significant Accounting Policies (Continued)

Administrative Expenses

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

Professional fees incurred in connection with the Plan's annual compliance with ERISA and the Pension Benefit Guaranty Corporation ("PBGC") insurance premiums are paid by the Plan.

Subsequent Events

The Company has evaluated subsequent events through October 10, 2025, which is the date the financial statements were available to be issued.

Note 3: Actuarial Present Value of Accumulated Plan Benefits

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 to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

Significant actuarial assumptions included in the valuation as of January 1, 2024, are as follows:

Discount rate:	6.70%
Mortality basis:	Pri-2012 mortality table projected generationally from 2012 using mortality improvement scale MP-2021
Retirement:	Participants will retire upon the earlier of attaining age 62 with 25 years of service or attaining age 65
Form of Payment:	70% of participants are assumed to elect a lump sum form of payment and 30% of participants are assumed to take Single Life Annuity

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 3: Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

The most significant actuarial assumption changes from the previous actuarial present value accumulated Plan benefits include 1) updating the applicable interest rate which changed from the January 2023 rate of 5.20% to the January 2024 rate of 5.12%, and 2) updating the applicable mortality table which changed from the MP-2020 projection scale to the MP-2021 projection scale. These are annual actuarial assumption changes and there were no additional significant assumption changes from the previous actuarial present value accumulated Plan benefits.

The actuarial valuation of accumulated plan benefits as of January 1, is as follows:

	2024
Vested benefits:	
Active participants	\$ 2,326,236
Participants with deferred benefits	8,353,668
Participants receiving benefits	5,701,876
Total vested accumulated benefits	16,381,780
Non-vested accumulated benefits	7,819
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 16,389,599

Changes in the actuarial present value of accumulated Plan benefits for the year ended January 1, are as follows:

	2024
Actuarial present value of accumulated plan benefits, beginning of year	\$ 18,040,044
Increase (decrease) during the year attributable to:	
Actuarial gains	46,559
Decrease in the discount period	1,030,204
Benefits paid	(1,739,955)
Assumptions changes	(987,253)
Net decrease	(1,650,445)
Actuarial present value of accumulated plan benefits, end of year	\$ 16,389,599

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 4: Plan Termination

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

1. 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.
2. Other vested benefits insured by PBGC up to the applicable limitations.
3. All other vested benefits not insured by the PBGC.
4. All nonvested benefits.

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

Note 5: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 5: Fair Value Measurements (Continued)

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

Money market funds: Valued using \$1 as the net asset value ("NAV").

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

Bonds: U.S. government sponsored enterprise and corporate debt instruments are valued using quotes from pricing vendors based on recent trading activity and other observable market data.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 345,498	\$ -	\$ 345,498
Bonds	-	6,114,139	-	6,114,139
Common stocks	9,745,958	-	-	9,745,958
Mutual funds	669,049	-	-	669,049
Total investments at fair value	\$ 10,415,007	\$ 6,459,637	\$ -	\$ 16,874,644

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Notes to Financial Statements

Note 5: Fair Value Measurements (Continued)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 391,895	\$ -	\$ 391,895
Bonds	-	5,736,712	-	5,736,712
Common stocks	9,167,423	-	-	9,167,423
Mutual funds	610,161	-	-	610,161
Total investments at fair value	\$ 9,777,584	\$ 6,128,607	\$ -	\$ 15,906,191

Note 6: Information Prepared and Certified by Trustee

Certain information related to the Plan's investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest income, dividends, and reportable investment transactions for the years then ended, was obtained or derived from information certified as complete and accurate by the trustee of the Plan.

Note 7: Tax Status

The Internal Revenue Service ("IRS") has determined by a letter dated January 26, 2021, that the Plan was designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and accordingly, believes the Plan is exempt from federal and state income taxes. Plan management evaluates uncertain income tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on technical merits, to be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits in progress.

Note 8: Risks and Uncertainties

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits is reported, based on certain assumptions pertaining to interest rates and employee demographics. 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.

Retirement Plan for Employees of Parkview Community Hospital Medical Center Notes to Financial Statements

Note 9: Party-in-Interest Transactions

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest and are not considered prohibited transactions under ERISA regulations.

Note 10: Reclassification

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 classifications. There were no changes to total net assets available for benefit or to the change in net assets available for benefit from this reclassification.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

EIN #83-1960549 Plan #001

December 31, 2024

Ticker	CUSIP/Description Cash And Cash Equivalents	Registration	Units	Price	Tax Cost	Market Value	Unrealized Gain/Loss	Security Type	Security Sub-Class
TFDX	CASH				5,088.69	5,088.69			
	09248U700 BLACKROCK BLF LIQUIDITY FEDFUND	MONEY MKT FD - FUND AGENT (4)	340,409	1.00	340,409.04	340,409.04		CASH EQUIVALENTS (10)	MONEY MARKET FUNDS- GOVT SEC (103)
	#0081		340,409.00		345,497.73	345,497.73			
	Total For Cash And Cash Equivalents								
	Bonds								
	02665WDT5 AMERICAN HONDA FINANCE DTD	CUSTODIAL BANK BONY (125)	177,000	82.94	176,129.16	146,014.38	(30,114.78)	CORPORATE BONDS (40)	TAXABLE (437)
	01/13/2021 1.8% 01/13/2031								
	03040WAS4 AMERICAN WATER CAPITAL C DTD	CUSTODIAL BANK BONY (125)	200,000	96.15	201,824.50	192,300.00	(9,524.50)	CORPORATE BONDS (40)	TAXABLE (437)
	08/09/18 CALL 3.75% 09/01/2028-2028								
	037833ED8 APPLE INC DTD 02/08/2021 CALL 1.65%	CUSTODIAL BANK BONY (125)	150,000	84.176	148,870.50	126,264.00	(22,606.50)	CORPORATE BONDS (40)	TAXABLE (437)
	02/08/2031-2030								
	037833EJ5 APPLE INC 1.7% 08/05/2031-2031	CUSTODIAL BANK BONY (125)	200,000	83.355	197,624.00	166,710.00	(30,914.00)	CORPORATE BONDS (40)	TAXABLE (437)
	038222A19 APPLIED MATERIALS DTD 03/31/17								
	CALL 3.3% 04/01/2027-2027	CUSTODIAL BANK BONY (125)	50,000	97.443	51,383.50	48,721.50	(2,662.00)	CORPORATE BONDS (40)	TAXABLE (437)
	09247XAP6 BLACKROCK INC DTD 04/29/19 CALL								
	3.25% 04/30/2029-2029	CUSTODIAL BANK BONY (125)	200,000	94.459	208,562.00	188,918.00	(19,644.00)	CORPORATE BONDS (40)	TAXABLE (437)
	1256408HH9 CSX CORP DTD 05/01/2017 CALL 3.25%								
	06/01/2027-2027	CUSTODIAL BANK BONY (125)	200,000	96.863	201,418.00	193,726.00	(7,692.00)	CORPORATE BONDS (40)	TAXABLE (437)
	14912L6T3 CATERPILLAR FINANCIAL SERV CORP	CUSTODIAL BANK BONY (125)	100,000	96.747	98,429.00	96,747.00	(1,682.00)	CORPORATE BONDS (40)	TAXABLE (437)
	DTD 08/09/16 2.4% 08/09/2026								
	1775RBL5 CISCO SYSTEMS INC DTD 09/20/16 2.5%	CUSTODIAL BANK BONY (125)	100,000	96.921	94,717.00	96,921.00	2,204.00	CORPORATE BONDS (40)	TAXABLE (437)
	09/20/2026								
	2442ZETH2 JOHN DEERE CAPITAL CORP DTD	CUSTODIAL BANK BONY (125)	50,000	97.448	49,225.50	48,724.00	(501.50)	CORPORATE BONDS (40)	TAXABLE (437)
	06/10/2016 2.65% 06/10/2026								
	2442ZEU83 JOHN DEERE CAPITAL CORP DTD	CUSTODIAL BANK BONY (125)	75,000	96.073	71,499.00	72,054.75	555.75	CORPORATE BONDS (40)	TAXABLE (437)
	1/8/2018 3.05% 01/06/2028								
	2442ZEUU1 JOHN DEERE CAPITAL CORP DTD	CUSTODIAL BANK BONY (125)	200,000	95.133	214,412.00	190,266.00	(24,146.00)	CORPORATE BONDS (40)	TAXABLE (437)
	03/07/19 3.45% 03/07/2029								
	2422EXU8 JOHN DEERE CAPITAL CORP DTD	CUSTODIAL BANK BONY (125)	100,000	99.634	99,910.00	99,634.00	(276.00)	CORPORATE BONDS (40)	TAXABLE (437)
	6/11/2024 5.05% 06/12/2034								
	2644LCX3 DUKE ENERGY CORP DTD 08/10/17	CUSTODIAL BANK BONY (125)	100,000	96.039	100,716.00	96,039.00	(4,677.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 3.15% 08/15/2027-2027								
	2644ZCAX2 DUKE ENERGY CAROLINAS DTD	CUSTODIAL BANK BONY (125)	241,000	97.1	251,191.89	234,011.00	(17,180.89)	CORPORATE BONDS (40)	TAXABLE (437)
	11/08/18 CALL 3.95% 11/15/2028-2028								
	2644ZUAG9 DUKE ENERGY PROGRESS LLC DTD	CUSTODIAL BANK BONY (125)	50,000	96.317	50,577.00	48,158.50	(2,418.50)	CORPORATE BONDS (40)	TAXABLE (437)
	08/09/18 CALL 3.7% 09/01/2028-2028								
	2644AHAC5 DUKE ENERGY FLORIDA INC DTD	CUSTODIAL BANK BONY (125)	125,000	97.345	125,000.00	121,684.25	(3,318.75)	CORPORATE BONDS (40)	TAXABLE (437)
	01/06/17 3.2% 01/15/2027								
	341081GQ4 FLORIDA POWER & LIGHT CO DTD	CUSTODIAL BANK BONY (125)	150,000	97.304	150,034.50	145,956.00	(4,078.50)	CORPORATE BONDS (40)	TAXABLE (437)
	05/18/2023 CALL 4.8% 05/15/2033-2033								
	341081GU5 FLORIDA POWER & LIGHT CO DTD	CUSTODIAL BANK BONY (125)	200,000	100.327	202,758.00	200,654.00	(2,104.00)	CORPORATE BONDS (40)	TAXABLE (437)
	6/30/2024 CALL 5.3% 06/15/2034								
	3134GX010 FREDDIE MAC DTD 11/19/2020 CALL	CUSTODIAL BANK BONY (125)	250,000	82.649	249,750.00	206,622.50	(43,127.50)	U.S GOVERNMENT OBLIGATIONS (30)	FEDERAL AGENCIES TAXABLE (306)
	1.25% 11/19/2030-2021								
	3135GAAB7 FANNIE MAE LTD 12/23/2020 CALL	CUSTODIAL BANK BONY (125)	100,000	83.046	100,000.00	83,046.00	(16,954.00)	U.S GOVERNMENT OBLIGATIONS (30)	FEDERAL AGENCIES TAXABLE (306)
	1.375% 12/23/2030-2021								
	3695508C1 GENERAL DYNAMICS DTD 05/11/18	CUSTODIAL BANK BONY (125)	100,000	97.082	99,395.00	97,082.00	(2,313.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 3.75% 05/15/2028-2028								
	3695508M9 GENERAL DYNAMICS CORP DTD	CUSTODIAL BANK BONY (125)	200,000	94.447	227,298.00	188,894.00	(38,404.00)	CORPORATE BONDS (40)	TAXABLE (437)
	03/25/2020 CALL 3.625% 04/01/2030-2030								

This schedule has been derived from information certified as complete and accurate by Citizens Business Bank.
See Independent Auditor's Report.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

EIN #83-1960549 Plan #001

December 31, 2024

Ticker	CUSIP / Description	Registration	Units	Price	Tax Cost	Market Value	Unrealized Gain/Loss	Security Type	Security Sub-Class
	3837ALXH9 GOVERNMENT NATIONAL MORTGAGE SERIES 2005-51 CLASS ME DTD 07/01/05 5%								
	06/20/2035 OFV 100000	CUSTODIAL BANK BONY (125)	22,227	100.267	25,339.21	22,286.61	(3,052.60)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FEDERAL AGENCIES TAXABLE (306)
	3837AT616 GNMA SERIES 2009-47 CLASS MB DTD	CUSTODIAL BANK BONY (125)	31,369	99.758	36,583.57	31,292.59	(5,290.98)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FED. AGENCY-EXEMPT FED AND STATE (308)
	06/01/09 5% 06/20/2039 OFV 100000	CUSTODIAL BANK BONY (125)	26,696	97.831	28,612.19	26,116.81	(2,495.38)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FEDERAL AGENCIES TAXABLE (306)
	4/1/2009 4% 04/16/2039 OFV 500000	CUSTODIAL BANK BONY (125)	21,386	99.049	22,455.82	21,183.10	(1,272.72)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FEDERAL AGENCIES TAXABLE (306)
	02/01/2008 4% 01/20/2038 OFV 1839467	CUSTODIAL BANK BONY (125)	3,303	100.267	3,718.44	3,312.25	(406.19)	COLLATERAL MORTGAGE OBLIGATIONS (34)	U.S. GOVERNMENT BONDS (302)
	38375YGT3 GNMA SERIES 2008-77 CLASS PG DTD	CUSTODIAL BANK BONY (125)	11,296	100.372	12,383.40	11,338.17	(1,045.23)	COLLATERAL MORTGAGE OBLIGATIONS (34)	U.S. GOVERNMENT BONDS (302)
	09/01/08 5.5% 08/20/2038 OFV 125000	CUSTODIAL BANK BONY (125)	85,939	96.915	96,321.75	83,288.08	(13,033.67)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FEDERAL AGENCIES TAXABLE (306)
	38376KGV7 GNMA SERIES 2009-93 CLASS AY DTD	CUSTODIAL BANK BONY (125)	22,576	99.107	24,452.57	22,374.84	(2,077.73)	COLLATERAL MORTGAGE OBLIGATIONS (34)	U.S. GOVERNMENT BONDS (302)
	10/01/09 5% 10/20/2039 OFV 100000	CUSTODIAL BANK BONY (125)	139,525	94.766	133,026.73	132,222.03	(20,804.70)	COLLATERAL MORTGAGE OBLIGATIONS (34)	FEDERAL AGENCIES TAXABLE (306)
	38377UPB8 GNMA SERIES 2011-34 CLASS MB DTD	CUSTODIAL BANK BONY (125)	40,000	90.015	40,350.00	36,005.83	(4,344.17)	MORTGAGE BACKED SECURITIES (33)	FEDERAL AGENCIES TAXABLE (306)
	03/01/2011 4% 03/20/2041 OFV 300000	CUSTODIAL BANK BONY (125)	100,000	97.452	101,536.00	97,452.00	(4,084.00)	CORPORATE BONDS (40)	TAXABLE (437)
	38378WK69 GNMA SERIES 2013-131 CLASS JE DTD	CUSTODIAL BANK BONY (125)	200,000	92.74	226,307.00	185,480.00	(40,827.00)	CORPORATE BONDS (40)	TAXABLE (437)
	09/01/13 4% 08/20/2043 OFV 40000	CUSTODIAL BANK BONY (125)	200,000	95.441	198,836.00	190,882.00	(7,954.00)	CORPORATE BONDS (40)	TAXABLE (437)
	437076BW1 HOME DEPOT INC. DTD 12/06/18 CALL	CUSTODIAL BANK BONY (125)	250,000	98.059	253,785.00	245,147.50	(8,637.50)	CORPORATE BONDS (40)	TAXABLE (437)
	3.9% 12/06/2028-2028		100,000	96.073	95,847.00	96,073.00	226.00	CORPORATE BONDS (40)	TAXABLE (437)
	437076BY7 HOME DEPOT INC. DTD 6/17/2019 CALL	CUSTODIAL BANK BONY (125)	200,000	92.74	226,307.00	185,480.00	(40,827.00)	CORPORATE BONDS (40)	TAXABLE (437)
	2.95% 06/15/2029-2029		200,000	95.441	198,836.00	190,882.00	(7,954.00)	CORPORATE BONDS (40)	TAXABLE (437)
	437076BY7 HOME DEPOT INC. DTD 6/17/2019 CALL	CUSTODIAL BANK BONY (125)	200,000	92.74	226,307.00	185,480.00	(40,827.00)	CORPORATE BONDS (40)	TAXABLE (437)
	45687AAP7 INGERSOLL-RAND 3.75% 08/21/2028-2028	CUSTODIAL BANK BONY (125)	100,000	96.5	96,416.00	96,500.00	84.00	CORPORATE BONDS (40)	TAXABLE (437)
	539830CA5 LOCKHEED MARTIN CORP DTD	CUSTODIAL BANK BONY (125)	100,000	97.11	98,874.00	97,110.00	(1,764.00)	CORPORATE BONDS (40)	TAXABLE (437)
	5/25/2023 CALL 4.75% 02/15/2034-2033		100,000	96.664	50,040.50	48,332.00	(1,708.50)	CORPORATE BONDS (40)	TAXABLE (437)
	548661DP9 LOWES DTD 5/3/2017 3.1% CALL 3.1% 05/03/2027-2027	CUSTODIAL BANK BONY (125)	50,000	96.664	50,040.50	48,332.00	(1,708.50)	CORPORATE BONDS (40)	TAXABLE (437)
	665859AU8 NORTHERN TRUST CORP DTD 05/03/19	CUSTODIAL BANK BONY (125)	100,000	93.671	99,829.00	93,671.00	(6,158.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 3.15% 05/03/2029-2029		200,000	94.643	208,972.00	189,286.00	(19,686.00)	CORPORATE BONDS (40)	TAXABLE (437)
	693475AW5 PNC FINANCIAL SERVICES GROUP INC DTD 04/22/19 CALL 3.45% 04/23/2029-2029	CUSTODIAL BANK BONY (125)	200,000	93.693	207,118.00	187,386.00	(19,732.00)	CORPORATE BONDS (40)	TAXABLE (437)
	808513BA2 CHARLES SCHWAB DTD 5/22/2016	CUSTODIAL BANK BONY (125)	200,000	81.662	201,000.00	163,324.00	(37,676.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 3.25% 05/22/2029-2029		100,000	90.978	100,734.00	90,978.00	(9,756.00)	CORPORATE BONDS (40)	TAXABLE (437)
	808513BT1 CHARLES SCHWAB DTD 08/26/2021	CUSTODIAL BANK BONY (125)	200,000	98.374	197,160.00	196,748.00	(412.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 1.95% 12/01/2031-2031		400,000	97.183	449,908.00	388,732.00	(61,176.00)	U.S GOVERNMENT OBLIGATIONS (30)	FEDERAL AGENCIES TAXABLE (306)
	808513BX2 CHARLES SCHWAB DTD 04/01/2021	CUSTODIAL BANK BONY (125)	100,000	90.978	100,734.00	90,978.00	(9,756.00)	CORPORATE BONDS (40)	TAXABLE (437)
	2.75% 10/01/2029-2021		200,000	98.374	197,160.00	196,748.00	(412.00)	CORPORATE BONDS (40)	TAXABLE (437)
	882508CH5 TEXAS INSTRUMENTS INC DTD	CUSTODIAL BANK BONY (125)	400,000	97.183	449,908.00	388,732.00	(61,176.00)	U.S GOVERNMENT OBLIGATIONS (30)	FEDERAL AGENCIES TAXABLE (306)
	2/8/2024 CALL 4.85% 02/08/2034-2033		100,000	97.3	99,275.00	97,300.00	25.00	CORPORATE BONDS (40)	TAXABLE (437)
	880551EU2 TENN VALLEY AUTHORITY SERIES A DTD 02/10/2017 2.875% 02/01/2027	CUSTODIAL BANK BONY (125)	100,000	97.3	99,275.00	97,300.00	25.00	CORPORATE BONDS (40)	TAXABLE (437)
	907818EYO UNION PACIFIC CORP DTD 6/8/2018	CUSTODIAL BANK BONY (125)	100,000	97.3	99,275.00	97,300.00	25.00	CORPORATE BONDS (40)	TAXABLE (437)
	3.95% 09/10/2028-2028		100,000	97.3	99,275.00	97,300.00	25.00	CORPORATE BONDS (40)	TAXABLE (437)

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Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

EIN #83-1960549 Plan #001

December 31, 2024

Ticker	CUSIP/Description	Registration	Units	Price	Tax Cost	Market Value	Unrealized Gain/Loss	Security Type	Security Sub-Class
	907818FU1 UNION PACIFIC CORP DTD 5/20/2021	CUSTODIAL BANK BONY (125)	100,000	86.346	103,499.00	86,346.00	(17,153.00)	CORPORATE BONDS (40)	TAXABLE (437)
	CALL 2.375% 05/20/2031-2031								
	961214ET6 WESTPAC BANKING CORP DTD	CUSTODIAL BANK BONY (125)	100,000	84.826	101,400.00	84,826.00	(16,574.00)	CORPORATE BONDS (40)	TAXABLE (437)
	06/03/2021 2.15% 06/03/2031								
	Total For Bonds		6,522,317.00		6,704,504.73	6,114,138.69	(590,366.04)		
	Equities								
ABBV	00287Y109 ABBVIE INC	CUSTODIAL BANK BONY (125)	578	177.7	40,917.07	102,710.60	61,793.53	DOMESTIC STOCK (50)	COMMON STOCK - HEALTHCARE (510)
GOOGL	02079K305 ALPHABET INC CL A (FORMER GOOGLE)	CUSTODIAL BANK BONY (125)	1,242	189.3	29,463.61	235,110.60	205,646.99	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
AMZN	023135106 AMAZON.COM INC	CUSTODIAL BANK BONY (125)	1,076	219.39	102,239.23	236,063.64	133,824.41	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
AAPL	037833100 APPLE INC	CUSTODIAL BANK BONY (125)	1,389	250.42	26,240.71	347,833.38	321,592.67	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
BAC	060505104 BANK OF AMERICA CORP	CUSTODIAL BANK BONY (125)	2,222	43.95	54,367.28	97,656.90	43,289.62	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
AVGO	11135F101 BROADCOM INC NVP	CUSTODIAL BANK BONY (125)	1,214	231.84	61,779.55	281,453.76	219,674.21	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
UNG	16411R208 CHENIERE ENERGY INC	CUSTODIAL BANK BONY (125)	870	214.87	43,755.55	186,936.90	143,181.35	DOMESTIC STOCK (50)	COMMON STOCK - ENERGY (507)
CVX	166764100 CHEVRON CORP	CUSTODIAL BANK BONY (125)	535	144.84	50,950.31	77,489.40	26,539.09	DOMESTIC STOCK (50)	COMMON STOCK - ENERGY (507)
CMCSA	20030N101 COMCAST CORP CLASS A	CUSTODIAL BANK BONY (125)	1,540	37.53	79,683.58	57,796.20	(21,887.38)	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
STZ	21036P108 CONSTELLATION BRANDS INC CLASS A	CUSTODIAL BANK BONY (125)	342	221	19,565.32	75,582.00	56,016.68	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER STAPLES (506)
DHR	235851102 DANAHER CORP	CUSTODIAL BANK BONY (125)	247	229.55	11,630.87	56,698.85	45,067.98	DOMESTIC STOCK (50)	COMMON STOCK - INDUSTRIAL (502)
DELL	24703L202 DELL TECHNOLOGIES CLASS C	CUSTODIAL BANK BONY (125)	684	115.24	85,505.81	78,824.16	(6,681.65)	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
FANG	25278X109 DIAMONDBACK ENERGY INC	CUSTODIAL BANK BONY (125)	976	163.83	45,932.80	159,898.08	113,965.28	DOMESTIC STOCK (50)	COMMON STOCK - ENERGY (507)
DIS	254687106 DISNEY (WALT) COMPANY	CUSTODIAL BANK BONY (125)	964	111.35	88,143.13	107,341.40	19,198.27	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
D	25746J109 DOMINION RESOURCES INC NEW	CUSTODIAL BANK BONY (125)	2,094	53.86	111,656.31	112,782.84	1,126.53	DOMESTIC STOCK (50)	COMMON STOCK - UTILITIES (513)
EOG	26875P101 EOG RESOURCES INC (FORMERLY ENRON OIL & GAS COMPANY CUSIP #293562104)	CUSTODIAL BANK BONY (125)	665	122.58	82,034.86	81,515.70	(519.16)	DOMESTIC STOCK (50)	COMMON STOCK - ENERGY (507)
EW	28176E108 EDWARDS LIFESCIENCES CORP	CUSTODIAL BANK BONY (125)	932	74.03	80,976.29	68,995.96	(11,980.33)	DOMESTIC STOCK (50)	COMMON STOCK - HEALTHCARE (510)
EXPE	30212P303 EXPEDIA GROUP INC	CUSTODIAL BANK BONY (125)	727	186.33	86,795.33	135,461.91	48,666.58	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
FPEI	33739P855 FIRST TRUST INSTITUTIONAL PR	CUSTODIAL BANK BONY (125)	35,778	18.7	654,926.52	669,048.60	14,122.08	DOMESTIC STOCK (50)	EQUITY (516)
GS	38141G104 GOLDMAN SACHS GROUP INC	CUSTODIAL BANK BONY (125)	213	572.62	38,975.31	121,968.06	82,992.75	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
HD	437076102 HOME DEPOT INC INC	CUSTODIAL BANK BONY (125)	166	388.99	37,734.78	64,572.34	26,837.56	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
IR	45687V106 INGERSOLL RAND INC	CUSTODIAL BANK BONY (125)	977	90.46	64,974.95	88,379.42	23,404.47	DOMESTIC STOCK (50)	COMMON STOCK - INDUSTRIAL (502)

This schedule has been derived from information certified as complete and accurate by Citizens Business Bank. See Independent Auditor's Report.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

EIN #83-1960549 Plan #001

December 31, 2024

Ticker	CUSIP/Description	Registration	Units	Price	Tax Cost	Market Value	Unrealized Gain/Loss	Security Type	Security Sub-Class
IQV	46266C105 IQVIA HOLDINGS INC	CUSTODIAL BANK BONY (125)	275	196.51	42,725.93	54,040.25	11,314.32	DOMESTIC STOCK (50)	COMMON STOCK - HEALTHCARE (510)
IWR	464287499 ISHARES RUSSELL MIDCAP INDEX ETF	CUSTODIAL BANK BONY (125)	17,883	88.4	940,929.37	1,580,857.20	639,927.83	EXCHANGE TRADED EQUITY FUNDS (56)	EQUITY (516)
IWM	464287555 ISHARES RUSSELL 2000 INDEX FUND	CUSTODIAL BANK BONY (125)	73	220.96	13,721.12	16,130.08	2,408.96	DOMESTIC STOCK (50)	EQUITY (516)
IJR	464287804 ISHARES CORE S&P SMALL CAP E ETF	CUSTODIAL BANK BONY (125)	3,227	115.22	214,420.28	371,814.94	157,394.66	EXCHANGE TRADED EQUITY FUNDS (56)	EQUITY (516)
EMXC	464346764 ISHARES MSCI EMERGING MARKETS EX CHINA	CUSTODIAL BANK BONY (125)	4,231	55.45	248,088.82	234,608.95	(13,479.87)	EXCHANGE TRADED EQUITY FUNDS (56)	INTL INVESTMENT STOCK FUND (666)
JPM	46625H100 JP MORGAN CHASE & CO (FORMERLY CHASE MANHATTAN) 38%	CUSTODIAL BANK BONY (125)	538	239.71	37,325.03	128,963.98	91,638.95	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
LMT	539830109 LOCKHEED MARTIN CORP	CUSTODIAL BANK BONY (125)	124	485.94	52,955.75	60,256.56	7,300.81	DOMESTIC STOCK (50)	INDUSTRIAL (502)
MRVL	573874104 MARVELL TECHNOLOGY INC	CUSTODIAL BANK BONY (125)	1,133	110.45	42,378.13	125,139.85	82,761.72	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
MA	57636Q104 MASTERCARD INC.	CUSTODIAL BANK BONY (125)	222	526.57	79,115.01	116,898.54	37,783.53	DOMESTIC STOCK (50)	FINANCIALS (509)
MCD	594918104 MCDONALD'S CORP	CUSTODIAL BANK BONY (125)	262	289.89	62,730.19	75,951.18	13,220.99	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
MSFT	594918104 MICROSOFT CORP	CUSTODIAL BANK BONY (125)	467	421.5	29,090.77	196,840.50	167,749.73	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
TAP	60871R209 MOLSON COORS BREWING CO B	CUSTODIAL BANK BONY (125)	1,268	57.32	63,707.45	72,681.76	8,974.31	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
MSI	620076307 MOTOROLA SOLUTIONS INC	CUSTODIAL BANK BONY (125)	318	462.23	41,588.63	146,989.14	105,400.51	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
NVDA	67066G104 NVIDIA CORP	CUSTODIAL BANK BONY (125)	3,658	134.29	7,581.23	491,232.82	483,651.59	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
PLTR	69608A108 PALANTIR TECHNOLOGIES INC - A	CUSTODIAL BANK BONY (125)	3,580	75.63	80,009.36	270,755.40	190,746.04	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
PANW	697435105 PALTO ALTO NETWORKS INC	CUSTODIAL BANK BONY (125)	652	181.96	23,041.08	118,637.92	95,596.84	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
QCOM	747525103 QUALCOMM CORP	CUSTODIAL BANK BONY (125)	399	153.62	53,431.61	61,294.38	7,862.77	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
PWR	74762E102 QUANTA SERVICES INC	CUSTODIAL BANK BONY (125)	857	316.05	31,763.32	270,854.85	239,091.53	DOMESTIC STOCK (50)	COMMON STOCK - INDUSTRIAL (502)
CRM	79466L302 SALESFORCE INC COMMON	CUSTODIAL BANK BONY (125)	301	334.33	47,111.70	100,633.33	53,521.63	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
SCHW	808513105 Charles Schwab	CUSTODIAL BANK BONY (125)	1,424	74.01	89,449.28	105,390.24	15,940.96	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
SNOW	833445109 SNOWFLAKE INC - CLASS A	CUSTODIAL BANK BONY (125)	550	154.41	94,657.47	84,925.50	(9,731.97)	DOMESTIC STOCK (50)	COMMON STOCK - INFORMATION TECH. (511)
TMO	883556102 THERMO FISHER SCIENTIFIC INC	CUSTODIAL BANK BONY (125)	135	520.23	12,799.84	70,231.05	57,431.21	DOMESTIC STOCK (50)	HEALTHCARE (510)
TRV	89417E109 TRAVELERS COS INC (FORMERLY ST PAUL TRAVELERS COMPANIES INC)	CUSTODIAL BANK BONY (125)	418	240.89	33,371.20	100,692.02	67,320.82	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
USB	902973304 U S BANCORP NEW	CUSTODIAL BANK BONY (125)	1,500	47.83	71,953.20	71,745.00	(208.20)	DOMESTIC STOCK (50)	COMMON STOCK - FINANCIALS (509)
UBER	90353T100 UBER TECHNOLOGIES INC	CUSTODIAL BANK BONY (125)	1,992	60.32	44,604.36	120,157.44	75,553.08	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
ULTA	90384S303 ULTA BEAUTY INC (FORMERLY SALON)	CUSTODIAL BANK BONY (125)	171	434.93	25,923.12	74,373.03	48,449.91	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER DISCR. (505)
UNP	907818108 UNION PACIFIC CORP	CUSTODIAL BANK BONY (125)	342	228.04	15,981.13	77,989.68	62,008.55	DOMESTIC STOCK (50)	COMMON STOCK - INDUSTRIAL (502)

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Retirement Plan for Employees of Parkview Community Hospital Medical Center

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

EIN #83-1960549 Plan #001

December 31, 2024

Ticker	CUSIP/Description	Registration	Units	Price	Tax Cost	Market Value	Unrealized Gain/Loss	Security Type	Security Sub-Class
UNH	91324P102 UNITED HEALTH GROUP INC (FORMERLY UNITED HEALTH CORP)	CUSTODIAL BANK BONY (125)	192	505.86	49,678.48	97,125.12	47,446.64	DOMESTIC STOCK (50)	COMMON STOCK - HEALTHCARE (510)
VEA	921943858 VANGUARD FTSE DEVELOPED ETF	CUSTODIAL BANK BONY (125)	28,061	47.82	1,251,305.71	1,341,877.02	90,571.31	EXCHANGE TRADED EQUITY FUNDS (56)	INTL INVESTMENT STOCK FUND (666)
VLTO	92338C103 VERALTO CORP	CUSTODIAL BANK BONY (125)	893	101.85	57,341.81	90,952.05	33,610.24	DOMESTIC STOCK (50)	COMMON STOCK - ENERGY (507)
VZ	92343V104 VERIZON COMMUNICATIONS INC (FORMERLY BELL ATLANTIC CORP)	CUSTODIAL BANK BONY (125)	1,547	39.99	61,898.25	61,864.53	(33.72)	DOMESTIC STOCK (50)	COMMON STOCK - TELECOM SERVICES (504)
WMT	931142103 WAL-MART STORES INC	CUSTODIAL BANK BONY (125)	1,071	90.35	26,676.20	96,764.85	70,088.65	DOMESTIC STOCK (50)	COMMON STOCK - CONSUMER STAPLES (506)
LYB	N53745100 LYONDELBASELL INDUSTRIES N.V. CL A	CUSTODIAL BANK BONY (125)	1,107	74.27	83,202.30	82,216.89	(985.41)	DOMESTIC STOCK (50)	COMMON STOCK - MATERIALS (501)
Total For Equities			134,302		5,928,806	10,415,007	4,486,200		
Total Portfolio					12,978,808.76	16,874,643.17	3,895,834.41		

This schedule has been derived from information certified as complete and accurate by Citizens Business Bank. See Independent Auditor's Report.

Retirement Plan for Employees of Parkview Community Hospital Medical Center

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #83-1960549 Plan #001

For the Year Ended December 31, 2024

(b) Description of Asset	Number of		(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Purchases	Sales					
<u>Category (i) - Individual transactions in excess of 5% of plan assets</u>							
Blackrock BLF Liquidity FedFund	1	-	\$ 800,000	N/A	N/A	\$ 800,000	N/A
<u>Category (iii) - Series of transactions in excess of 5% of plan assets</u>							
Blackrock BLF Liquidity FedFund	165	-	\$ 3,453,040	N/A	N/A	\$ 3,453,040	N/A
Blackrock BLF Liquidity FedFund	-	61	N/A	\$ 3,498,141	\$ 3,498,141	\$ 3,498,141	\$ -

There were no category (ii) or (iv) reportable transactions during 2024

This schedule has been derived from information certified as complete and accurate by Citizens Business Bank.
See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	1	0	0	0	0	0	1
50-54	0	0	0	0	0	1	1	0	0	0	0	2
55-59	0	0	1	2	1	3	2	3	0	0	0	12
60-64	0	0	0	0	0	1	4	3	1	0	0	9
65-69	0	0	0	0	3	2	2	5	3	0	0	15
70 & over	0	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	1	2	4	8	10	11	4	0	0	40

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
 EIN / PN: 83-1960549/001
 Plan Sponsor: Doctors Hospital of Riverside LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Yield curve basis 3-Segment Rates

Interest reflecting HATFA corridors	Reflecting Corridors	Not Reflecting Corridors
-------------------------------------	----------------------	--------------------------

- | | | |
|---------------------------|-------|-------|
| • First segment rate | 4.75% | 4.37% |
| • Second segment rate | 4.96% | 4.96% |
| • Third segment rate | 5.59% | 4.95% |
| • Effective interest rate | 5.12% | 4.91% |

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses The amount included for this year's plan-related expenses is \$309,000.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination **Representative Termination Rates not due to disability, retirement or mortality**

Percentage leaving during the year	
Attained Age	
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.54%
50	4.83%
55	1.73%
60	0.16%
65	0.00%

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
 EIN / PN: 83-1960549/001
 Plan Sponsor: Doctors Hospital of Riverside LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Retirement

It is assumed that active participants will retire upon the earlier of attaining age 62 with 25 years of service or attaining age 65.

Benefit commencement date:

- Retirement benefit The earlier of attaining age 62 with 25 years of service or attaining age 65.
- Preretirement death benefit The earlier of attaining age 62 with 25 years of service or attaining age 65.
- Disability benefit Upon disablement.
- Deferred vested benefit Age 65

Form of payment

70% of the participants are assumed to elect a lump sum form of payment and 30% of participants are assumed to take Single Life Annuity (SLA).

For funding, lump sums were valued using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4) without application of generational mortality.

Percent married

It is assumed that 85% of all active and terminated employees are married to an eligible spouse.

Spouse age

Wives are assumed to be 3 years younger than husbands.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Administrative expenses	The administrative expense amount included for the fiscal year beginning January 1, 2024 is \$309,000 based on the average of actual administrative expense for the prior three years excluding PBGC premiums, plus the estimated 2024 PBGC premium.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name:	Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN:	83-1960549/001
Plan Sponsor:	Doctors Hospital of Riverside LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% for the 2022 and 6.70% for 2023 plan year (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the applicable effective interest rate for the prior plan year for which the contribution applies).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

WTW has reviewed the plan provisions with Doctors Hospital of Riverside, LLC and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement	Participants are assumed to retire at age 65 or when attained unreduced retirement benefit eligibility as an active participant, which represent the best estimate of future experience.
Form of payment	70% of participants are assumed to elect a lump sum payment and 30% of participants are assumed to take Single Life Annuity, which represent the best estimate of future experience.
Benefit commencement date for deferred benefits	Deferred vested participants are assumed to begin benefits at age 65, which represent the best estimate of future experience.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN:	83-1960549/001
Plan Sponsor:	Doctors Hospital of Riverside LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2023 to January 2024, and the ARPA interest rate corridors were applied.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

Plan Name	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Plan Sponsor EIN	83-1960549
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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 RETIREMENT PLAN FOR EMPLOYEES OF PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DOCTORS HOSPITAL OF RIVERSIDE LLC	D Employer Identification Number (EIN) 83-1960549	
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 checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	16,458,880
	b Actuarial value	2b	16,851,268
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	139	6,294,578
	b For terminated vested participants	286	9,152,323
	c For active participants	40	2,507,880
	d Total	465	17,954,781
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	5.12%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	309,000
	c Target normal cost	6c	309,000

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	Jay A. Sorensen <small>Signature of actuary</small> Jay A. Sorensen <small>Type or print name of actuary</small> Willis Towers Watson US LLC <small>Firm name</small> 2010 Main Street Suite 1050 Irvine CA 92614 <small>Address of the firm</small>	9/19/2025 <small>Date</small> 2307298 <small>Most recent enrollment number</small> 949-253-5200 <small>Telephone number (including area code)</small>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	309,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,258,021	122,411	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	431,411	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	145,041	145,041
36 Additional cash requirement (line 34 minus line 35).....	36	286,370	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	287,670	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,300	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,300	
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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Doctors Hospital of Riverside LLC
EIN/PN	83-1960549/001
Plan Name	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A Sorensen
Enrollment Number	23-07298

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Yield curve basis 3-Segment Rates

Interest reflecting HATFA corridors	Reflecting Corridors	Not Reflecting Corridors
-------------------------------------	----------------------	--------------------------

- | | | |
|---------------------------|-------|-------|
| • First segment rate | 4.75% | 4.37% |
| • Second segment rate | 4.96% | 4.96% |
| • Third segment rate | 5.59% | 4.95% |
| • Effective interest rate | 5.12% | 4.91% |

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan-related expenses The amount included for this year's plan-related expenses is \$309,000.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Representative Termination Rates not due to disability, retirement or mortality

Percentage leaving during the year	
Attained Age	
20	11.94%
25	11.62%
30	11.21%
35	10.55%
40	9.40%
45	7.54%
50	4.83%
55	1.73%
60	0.16%
65	0.00%

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Retirement

It is assumed that active participants will retire upon the earlier of attaining age 62 with 25 years of service or attaining age 65.

Benefit commencement date:

- Retirement benefit The earlier of attaining age 62 with 25 years of service or attaining age 65.
- Preretirement death benefit The earlier of attaining age 62 with 25 years of service or attaining age 65.
- Disability benefit Upon disablement.
- Deferred vested benefit Age 65

Form of payment

70% of the participants are assumed to elect a lump sum form of payment and 30% of participants are assumed to take Single Life Annuity (SLA).

For funding, lump sums were valued using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4) without application of generational mortality.

Percent married

It is assumed that 85% of all active and terminated employees are married to an eligible spouse.

Spouse age

Wives are assumed to be 3 years younger than husbands.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
 EIN / PN: 83-1960549/001
 Plan Sponsor: Doctors Hospital of Riverside LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Administrative expenses	The administrative expense amount included for the fiscal year beginning January 1, 2024 is \$309,000 based on the average of actual administrative expense for the prior three years excluding PBGC premiums, plus the estimated 2024 PBGC premium.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% for the 2022 and 6.70% for 2023 plan year (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the applicable effective interest rate for the prior plan year for which the contribution applies).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

WTW has reviewed the plan provisions with Doctors Hospital of Riverside, LLC and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Retirement	Participants are assumed to retire at age 65 or when attained unreduced retirement benefit eligibility as an active participant, which represent the best estimate of future experience.
Form of payment	70% of participants are assumed to elect a lump sum payment and 30% of participants are assumed to take Single Life Annuity, which represent the best estimate of future experience.
Benefit commencement date for deferred benefits	Deferred vested participants are assumed to begin benefits at age 65, which represent the best estimate of future experience.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN:	83-1960549/001
Plan Sponsor:	Doctors Hospital of Riverside LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2023 to January 2024, and the ARPA interest rate corridors were applied.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1967. The last amendment reflected herein was adopted on November 10, 2000 and is effective September 1, 1999.

Plan provisions may not be the same for the Accounting and Funding valuations.

Definitions

Plan sponsor	Doctors Hospital of Riverside, LLC
Plan	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Plan year	The twelve-month period ending December 31.
Coverage and participation	All employees are eligible to participate under the plan on the first day of the month coincident with or next following the later of attaining age 21 and first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax. Effective September 1, 1999, the plan was closed to new entrants and benefits were frozen.
Credited service	Service from date of hire to date of termination, based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn credited service during a calendar year. Credited service was frozen as of September 1, 1999.
Vesting service	The participant's number of years of service in which the hours worked is at least 1,000 hours.
Covered compensation	A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Compensation/salary

"Compensation" with respect to any Participant means such Participant's wages as defined in Code Section 3401(a) and all other payments of compensation by the Employer (in the course of the Employer's trade or business) for a Plan Year for which the Employer is required to furnish the Participant a written statement under Code Sections 6041(d), 6051(a)(3) and 6052. Compensation must be determined without regard to any rules under Code Section 3401(a) that limit the remuneration included in wages based on the nature or location of the employment or the services performed (such as the exception for agricultural labor in Code Section 3401(a)(2)). Notwithstanding the foregoing, if compensation for any prior determination period is taken into account in determining a Participant's benefits for the current Plan Year, Compensation means compensation determined pursuant to the terms of the Plan then in effect.

Normal retirement benefit

Eligibility: Age 65.

Benefit Formula: Based on one twelfth of the sum of the following formula:

- A. For each year of credited service before January 1, 1981, 1.0% of the annualized compensation earned during the period June 1, 1980 through December 31, 1980 up to \$6,600 plus 1.6% of such annualized compensation in excess of \$6,600.
- B. For each year of credited service after December 31, 1980 and before January 1, 1991, 1.0% of covered annual compensation up to \$6,600 plus 2% of such compensation in excess of \$6,600.
- C. For each year of credited service after December 31, 1990 and before September 1, 1999, 1.75% of covered annual compensation plus 0.6% of such compensation in excess of the participant's Social Security Covered Compensation for the year.

Normal Form of Retirement Income: Life annuity to participant.

Late retirement

If retirement occurs after the normal retirement date, the late retirement benefit is adjusted for actuarial increase as defined by the Plan.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued benefits	The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but reflect freeze date of September 1, 1999.
Early retirement benefit	Eligibility: Age 55 and 10 years of credited service. Benefit: Accrued benefit as of early retirement date reduced by 6% per year due to younger age at retirement and earlier commencement of payments. If the participant is age 62 and has at least 25 years of service at retirement, no early retirement reduction will be applied on the annuity.
Disability benefit	Eligibility: Total and permanent disability of participant prior to normal retirement date and 15 years of credited service. Benefit Before Normal Retirement: Accrued benefit earned through date of disability with no reduction for early commencement.
Vested benefits upon termination of service	Vesting: A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65. Effective September 1, 1999, employees, who are plan participants as of September 1, 1999, shall be fully vested in their accrued benefit in the Plan. Termination Benefit: Accrued benefit earned through date of termination. Payment may commence on or after the date that the participant turns 55 if the participant had 10 years of service at termination. If payment commences prior to age 65, the amount will be reduced for early retirement.
Death benefits for participants in active service	Eligibility: Completion of 5 years of vested service. Benefit: If the accrued benefit is vested, the married participant's spouse is entitled to a reduced pension equal to the pension their spouse would have received if the participant had terminated employment on date of death or on actual date of termination (whichever is earlier), retired early on the date of death or date participant would have attained eligibility for early retirement (whichever is later) and taken the automatic form.

Plan Name:	Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN:	83-1960549/001
Plan Sponsor:	Doctors Hospital of Riverside LLC
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Automatic form of payment is a life annuity for single participants and an actuarially equivalent 50% joint and survivor annuity for married participants. Optional forms of payment include an annuity, a social security level income annuity, or a lump sum distribution of accrued benefit. Actuarial equivalence is based on an applicable mortality table and interest rate as defined by the plan.
Pension Increases	None.
Plan participants' contributions	They are not required or permitted.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	1	0	0	0	0	0	1
50-54	0	0	0	0	0	1	1	0	0	0	0	2
55-59	0	0	1	2	1	3	2	3	0	0	0	12
60-64	0	0	0	0	0	1	4	3	1	0	0	9
65-69	0	0	0	0	3	2	2	5	3	0	0	15
70 & over	0	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	1	2	4	8	10	11	4	0	0	40

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
 EIN / PN: 83-1960549/001
 Plan Sponsor: Doctors Hospital of Riverside LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(413,060)	15.00000	(413,060)	(37,752)
2. Shortfall	01/01/2023	1,748,872	14.00000	1,671,081	160,163
Total				1,258,021	122,411

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Doctors Hospital of Riverside LLC
EIN/PN	83-1960549/001
Plan Name	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A Sorensen
Enrollment Number	23-07298

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1967. The last amendment reflected herein was adopted on November 10, 2000 and is effective September 1, 1999.

Plan provisions may not be the same for the Accounting and Funding valuations.

Definitions

Plan sponsor	Doctors Hospital of Riverside, LLC
Plan	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Plan year	The twelve-month period ending December 31.
Coverage and participation	All employees are eligible to participate under the plan on the first day of the month coincident with or next following the later of attaining age 21 and first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax. Effective September 1, 1999, the plan was closed to new entrants and benefits were frozen.
Credited service	Service from date of hire to date of termination, based on the number of hours worked during each calendar year. Employees must work at least 1,000 hours to earn credited service during a calendar year. Credited service was frozen as of September 1, 1999.
Vesting service	The participant's number of years of service in which the hours worked is at least 1,000 hours.
Covered compensation	A 35-year average of the Maximum Taxable Wages (MTW) under social security. The MTW is the annual limit on wages subject to the FICA tax for social security. The 35-year period ends with the year the employee reaches eligibility for an unreduced social security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Compensation/salary

"Compensation" with respect to any Participant means such Participant's wages as defined in Code Section 3401(a) and all other payments of compensation by the Employer (in the course of the Employer's trade or business) for a Plan Year for which the Employer is required to furnish the Participant a written statement under Code Sections 6041(d), 6051(a)(3) and 6052. Compensation must be determined without regard to any rules under Code Section 3401(a) that limit the remuneration included in wages based on the nature or location of the employment or the services performed (such as the exception for agricultural labor in Code Section 3401(a)(2)). Notwithstanding the foregoing, if compensation for any prior determination period is taken into account in determining a Participant's benefits for the current Plan Year, Compensation means compensation determined pursuant to the terms of the Plan then in effect.

Normal retirement benefit

Eligibility: Age 65.

Benefit Formula: Based on one twelfth of the sum of the following formula:

- A. For each year of credited service before January 1, 1981, 1.0% of the annualized compensation earned during the period June 1, 1980 through December 31, 1980 up to \$6,600 plus 1.6% of such annualized compensation in excess of \$6,600.
- B. For each year of credited service after December 31, 1980 and before January 1, 1991, 1.0% of covered annual compensation up to \$6,600 plus 2% of such compensation in excess of \$6,600.
- C. For each year of credited service after December 31, 1990 and before September 1, 1999, 1.75% of covered annual compensation plus 0.6% of such compensation in excess of the participant's Social Security Covered Compensation for the year.

Normal Form of Retirement Income: Life annuity to participant.

Late retirement

If retirement occurs after the normal retirement date, the late retirement benefit is adjusted for actuarial increase as defined by the Plan.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued benefits	The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but reflect freeze date of September 1, 1999.
Early retirement benefit	Eligibility: Age 55 and 10 years of credited service. Benefit: Accrued benefit as of early retirement date reduced by 6% per year due to younger age at retirement and earlier commencement of payments. If the participant is age 62 and has at least 25 years of service at retirement, no early retirement reduction will be applied on the annuity.
Disability benefit	Eligibility: Total and permanent disability of participant prior to normal retirement date and 15 years of credited service. Benefit Before Normal Retirement: Accrued benefit earned through date of disability with no reduction for early commencement.
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Plan participants' contributions	They are not required or permitted.
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Future Plan Changes

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Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Plan for Employees of Parkview Community Hospital Medical Center
EIN / PN: 83-1960549/001
Plan Sponsor: Doctors Hospital of Riverside LLC
Valuation Date: January 1, 2024

Plan Name	Retirement Plan for Employees of Parkview Community Hospital Medical Center
Plan Sponsor EIN	83-1960549
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
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