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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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

1a Name of plan
ST. LUKES HEALTH NETWORK PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1949

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)
ST LUKES UNIVERSITY HEALTH NETWORK

ST. LUKES CENTER, 2ND FLOOR
1110 ST. LUKE'S WAY
ALLENTOWN, PA 18109

2b Employer Identification Number (EIN) 23-1352213

2c Plan Sponsor's telephone number 610-954-3100

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2026	SCOTT R WOLFE
	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 [X] 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**	4643
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	**6a(1)**	2088
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1953
b	Retired or separated participants receiving benefits	**6b**	1145
c	Other retired or separated participants entitled to future benefits	**6c**	1372
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4470
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	95
f	Total. Add lines **6d** and **6e**.	**6f**	4565
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

1I 1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	458708687
b Actuarial value	**2b**	467299930

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1070	216832101	216832101
b For terminated vested participants	1514	91373967	91373967
c For active participants	2088	168003477	168003477
d Total	4672	476209545	476209545

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

09/21/2026
Date

ROBERT R. MORGAN, MAAA
Type or print name of actuary

26-05585
Most recent enrollment number

MERCER
Firm name

215-982-4600
Telephone number (including area code)

30 SOUTH 17TH STREET
19TH FLOOR
PHILADELPHIA, PA 19103
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.26 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4225627
	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 5.15 %		217620
	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		4443247
	d Portion of (c) to be added to prefunding balance		4443247
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	4443247

Part III Funding Percentages

14	Funding target attainment percentage	14	97.19 %
15	Adjusted funding target attainment percentage	15	97.19 %
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	108.43 %
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
09/10/2026	4600000				
			Totals ► 18(b)	4600000	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	4210049

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	63

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13352862	1230716
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**	1230716

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1230716
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4210049
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2979333
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	267698	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	31697	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(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?
17 50	CONSULTING	134430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MERCER

36-1436000

(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?
50 51	INVESTMENT MANAGEMENT	75000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANGUARD

23-1945930

(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?
16 21 50	TRUSTEE	50897	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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: TORRILLO & ASSOCIATES, LLC
b EIN: 83-0414789
c Position: ACCOUNTANT
d Address: 36 REGENCY PLAZA
GLEN MILLS, PA 19342
e Telephone: 484-574-8782

Explanation: TORRILLO & ASSOCIATES, LLC MERGED WITH LBMC, PC ON JANUARY 1, 2026 THEREFORE AUDITORS ARE NOW LBMC, PC

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ST LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC LONG-TERM INVESTMENT GRADE TRU

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6546303-001	C	302970157

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4600000	4600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1169	2053
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	274019576	302970157
(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)	180244695	173484608
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	458865440	481056818
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	458865440	481056818

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)	4600000	
(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)		4600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32170	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32170
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5279835	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5279835
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13944359	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		13944359

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		618555
(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)		23169717
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		47644636
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23492386	
(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)		23492386
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)	350292	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	209430	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1401150	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1960872
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25453258
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22191378
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) [X] 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)** [X] 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: LBMC, PC **(2)** EIN: 62-1199757

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593606.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ST LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

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): 13-3689044

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** 85

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 0.7 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 99.3 %
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_____.

St. Luke's Health Network Pension Plan

Financial Statements
As of and for the Years Ended
December 31, 2025 and 2024
And
Supplemental Schedules
As of and for the Year Ended
December 31, 2025



St. Luke's Health Network Pension Plan
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- The supplemental schedules included are presented for purposes of additional analysis and are not a required part of the financial statements but are required by the Employee Retirement Income Security Act of 1974 ("ERISA"). Other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

LBMC

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the St. Luke's Health Network Pension Plan

Opinion on the 2025 Financial Statements

We have audited the accompanying financial statements of the St. Luke's Health Network Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA") which comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2025 Financial Statements").

In our opinion, the 2025 Financial Statements referred to above present fairly, in all material respects, the net assets available for benefits of the St. Luke's Health Network Pension Plan as of December 31, 2025, and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2025 Financial Statements

We conducted our audit 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 2025 Financial Statements* section of our report. We are required to be independent of the St. Luke's Health Network Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Plan Management for the Financial Statements

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Plan 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 2025 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the St. Luke's Health Network Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by Plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the St. Luke's Health Network Pension Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for the purpose 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 Plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Auditor's Report on the 2024 Financial Statements

The financial statements of the St. Luke's Health Network Pension Plan as of and for the year ended December 31, 2024, were audited by Torrillo & Associates, LLC, which was acquired by LBMC, PC. Torrillo & Associates, LLC, in their report dated October 7, 2025, expressed an unmodified opinion on the 2024 financial statements.

LBMC, PC

Glen Mills, Pennsylvania
September 29, 2026

St. Luke's Health Network Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value	$ 476,454,765	$ 454,264,271
Accrued Income	2,053	1,169
Contributions receivable	4,600,000	4,600,000
Total assets	481,056,818	458,865,440
Net assets available for benefits	$ 481,056,818	$ 458,865,440

The accompanying notes are an integral part of these financial statements.

St. Luke's Health Network Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions (Reductions):		
Investment income (loss):		
Dividends	$ 5,279,835	$ 5,747,227
Interest	32,170	642
Net appreciation (depreciation) in fair value of investments	37,732,631	(6,940,660)
Total investment income (loss)	43,044,636	(1,192,791)
Employer contributions	4,600,000	4,600,000
Total additions	47,644,636	3,407,209
Deductions:		
Benefits paid directly to participants	23,492,386	20,357,487
Administrative expenses	1,960,872	523,652
Total deductions	25,453,258	20,881,139
Net increase (decrease)	22,191,378	(17,473,930)
Net assets available for benefits - beginning of year	458,865,440	476,339,370
Net assets available for benefits - end of year	$ 481,056,818	$ 458,865,440

The accompanying notes are an integral part of these financial statements.

1. Description of Plan

The following brief description of the St. Luke's Health Network Pension Plan (the "Plan") is provided for general information purposes only. Effective January 1, 2019, the Plan was amended and restated. Participants should refer to the Plan document for a more complete description of the Plan.

General

The Plan is a noncontributory defined benefit plan established by St. Luke's University Hospital of Bethlehem, Pennsylvania (the "Hospital") on January 1, 1949 to provide benefits for substantially all eligible employees of the Hospital. Effective December 31, 2008, any employee who is initially hired after December 31, 2008 (the "Freeze Date") is not eligible to participate in the Plan (see below). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2014, the Plan is frozen and no participant will accrue any additional benefits after that date. Notwithstanding the Plan freeze effective December 31, 2014, participants continue to earn years of vesting service for periods after December 31, 2014.

Vanguard Fiduciary Trust Company ("Vanguard") had served as the trustee of the Plan. During 2024, Mercer acquired an affiliate of Vanguard, and as a result, during 2024, the Plan migrated from Vanguard systems to U.S. Bank National Association ("U.S. Bank") systems (an affiliate of Mercer). Funds were transferred from Vanguard to U.S. Bank and invested into the same investment options that were previously available.

Eligibility

Prior to January 1, 2009, substantially all employees of the Hospital who had attained age 20-1/2 and had completed six months of full-time service were eligible for participation in the Plan. Effective December 31, 2008, any employee who is initially hired after December 31, 2008 is not eligible to participate in the Plan.

Pension Benefits – Participants in the St. Luke's Health Network Pension Plan

Eligible employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The amount of the normal retirement pension benefit shall be calculated by determining an average annual earned income based on the highest five consecutive calendar year's earned income in the last ten years of credited service prior to retirement or termination. This average, up to the covered compensation level, will then be multiplied by 1.2 percent. The resulting factor will then be multiplied by the credited years of service (up to 30 years). A participant will accrue an additional benefit of 0.6 percent of the average salary in excess of the social security covered compensation multiplied by the credited years of service (up to 30 years). Effective December 31, 2014, the Plan is frozen and no participants will accrue any additional benefits after that date.

The Plan also permits early retirement at ages 55-64. The amount of the early retirement pension benefit is calculated using the normal pension benefit formula reduced by 0.5 percent for each month the participant begins receiving payments before normal retirement age (65).

Employees may elect to receive the value of their accumulated plan benefits as a lump sum distribution upon retirement or termination (not to exceed $50,000, except for eligible rollover distributions as described in the Plan document), or in the form of either a straight life annuity; an annuity for life with a period certain and guaranteed of 60, 120 or 180 months; or a joint and survivor life annuity payable monthly from retirement. In the event of the death of a vested employee, the employee's spouse is eligible to receive a survivor benefit from the Plan.

Pension Benefits – Former Participants in the Warren Hospital Retirement Plan

The Warren Hospital Retirement Plan ceased the accrual of service benefits for participants effective May 31, 2007. Prior to May 31, 2007, an employee became eligible to participate upon attaining 21 years of age and completion of one year of service. The normal retirement date of a participant was the later of: (a) the employee's 65th birthday or (b), if the employee became a participant on or after January 1, 1993, the later

of their 65th birthday or the fifth anniversary of plan participation. A participant could elect early retirement subsequent to becoming 55 years of age and having 10 years of service. A participant was 100% vested after 5 years of service in which the participant had 1,000 hours completed after age 21. The annual amount of retirement benefits payable to a participant upon normal retirement was calculated utilizing defined service periods and specified compensation levels over those periods of service. Service periods and compensation levels subsequent to May 31, 2007 are not considered in the determination of plan benefits. A participant who becomes disabled after his 50th birthday and the completion of 10 years of service shall receive the benefit accrued to such date without actuarial reduction. If any participant who is vested or a vested terminated participant dies prior to the earlier of the commencement of annuity payments or the participant's normal retirement date, the participant's spouse shall generally receive a monthly benefit for the remainder of such spouse's lifetime, equal to 50% of the reduced amount which the participant would have received under the normal form of payment.

Pension Benefits – Former Participants in the Gnaden Huetten Memorial Hospital Employees Pension Plan

Participants with 5 or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The normal retirement benefit for participants hired on or after January 1, 1998 is equal to the sum of the product of 1.25 percent of the highest consecutive 5-year average compensation out of the last 10 years times years of credited service. The normal retirement benefit for participants hired prior to January 1, 1998 is equal to the sum of the product of 2 percent of the highest consecutive 5-year average compensation out of the last 10 years times years of credited service from January 1, 1977 and the product of 1.5 percent of the first $7,200 of 1976 compensation times years of credited service from July 1, 1968 to December 31, 1976 plus the product of 2.5 percent of 1976 compensation in excess of $7,200 times years of credited service from July 1, 1968 to December 31, 1976. Effective May 13, 2005, the Gnaden Huetten Memorial Hospital Employees Pension Plan was frozen with no new participants permitted and all benefit accruals ceasing for all participants.

Early retirement at ages 60-64 is permitted provided the participant has 10 years of credited service. If participants terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits attributable to Gnaden Huetten Memorial Hospital's contributions. The normal form of payment is a joint and survivor annuity for married participants and a single life annuity for participants who are not married. However, participants may elect to receive their benefits as a single life annuity, a life annuity, 10 years guaranteed or a joint and 50 percent or 100 percent survivor annuity or a lump sum distribution of their entire accrued benefit equal to the actuarial equivalent of the normal retirement benefit accrued as of the termination of employment.

2. Summary of Significant Accounting Policies

The significant accounting policies of the Plan are as follows:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's retirement committee determines the Plan's valuation policies utilizing information provided by trustees, custodians and investment advisors. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Contributions

The contributions of the Hospital satisfy the minimum funding requirements of ERISA and the Pension Protection Act of 2006 ("PPA") and are designed to fund any shortfall of the Plan over the period of time mandated by the PPA. The effect of interest and dividend income on Plan assets in excess of (or less than) Plan assumptions and net realized and unrealized gains and losses on Plan assets serves to reduce or increase future contributions that would otherwise be required to provide the defined level of benefits under the Plan.

Administrative Expenses

All reasonable administrative expenses, trustee and custodian fees necessary to operate and administer the Plan are paid by the Plan (including reimbursements for administrative expenses), unless otherwise paid by the Hospital. Expenses of maintaining the Plan that are paid directly by the Hospital are excluded from these financial statements. The Hospital pays for certain administrative expenses of the Plan including actuarial, accounting, trust and other fees. During 2025 and 2024, total costs paid for by the Hospital on behalf of the Plan were $193,465 and $1,028,791, respectively. Investment fees and operating expenses for securities in mutual funds and a collective trust are deducted from income earned and are not separately reported. Consequently, such expenses are reflected as a reduction of investment return for such investments.

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits represents the present value of future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are computed using a certain percentage of pay, employees' age and credited service years determined at the beginning of each year (the valuation date), all of which are subject to specific limitations as described in the Plan document. The accumulated plan benefit for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, including retirement, death and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. Effective December 31, 2008, any employee who is initially hired after December 31, 2008 is not eligible to participate in the Plan. Additionally, effective December 31, 2014, the Plan is frozen and no participants will accrue any additional benefits after that date (see Note 1).

The actuarial present value of accumulated plan benefits is determined by consulting actuaries and is that 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, retirement and termination of employment) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2025 are as follows:

Assumed Rate of Return on Investments:	4.75% per year
Mortality:	Pri-2012 sex-distinct, separate employee and retiree tables using the MSS-2024 projection scale
Retirement Age:	Employees eligible to retire at 55 with five years of service are assumed to retire at the rate of 5% per year up through age 65. At age 65, 100% of all employees are assumed to retire

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 actuarial present value of accumulated plan benefits as of January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits	
Vested Benefits	
Participants currently receiving payments	$ 229,183,440
Other participants	291,231,060
	520,414,500
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	$ 520,414,500

The changes in the actuarial present value of accumulated plan benefits for the year ended January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits – beginning of year	$ 514,908,666
Increase (decrease) during the year attributable to:	
Benefits accumulated and (gains) losses	2,483,722
Decrease in discount period	23,934,380
Benefits paid	(20,357,487)
Change in actuarial assumptions	(554,781)
Net increase	5,505,834
Actuarial present value of accumulated plan benefits – end of year	$ 520,414,500

The assumption change from January 1, 2024 to January 1, 2025 includes changing the mortality tables from the Pri-2012 sex-distinct, separate employee and retiree tables utilizing the MSS-2023 improvement scale to the Pri-2012 sex-distinct, separate employee and retiree tables using the MSS-2024 projection scale.

4. Investments and Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of December 31, 2025 and 2024.

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

Collective trust: Valued at the NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different than the reported NAV.

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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2025:

	Total	Level 1	Level 2	Level 3
Investments, at fair value:				
Mutual funds	$ 173,484,608	$ 173,484,608	$ -	$ -
Collective trust(*)	302,970,157	-	-	-
Total assets at fair value	$ 476,454,765	$ 173,484,608	$ -	$ -

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

	Total	Level 1	Level 2	Level 3
Investments, at fair value:				
Mutual funds	$ 180,244,695	$ 180,244,695	$ -	$ -
Collective trust(*)	274,019,576	-	-	-
Total assets at fair value	$ 454,264,271	$ 180,244,695	$ -	$ -

*In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent) as of December 31, 2025 and 2024.

	Fair Value, as of		Unfunded	Redemption	Redemption
Investment Type	December 31, 2025	December 31, 2024	Commitments	Frequency	Notice Period
Collective trust	$ 302,970,157	$ 274,019,576	$ -	Daily	Daily

The Plan invests in the Vanguard Long-Term Investment-Grade Trust, which is a collective investment trust. The objective of this collective investment trust is to provide a high and sustainable level of current income by investing in investment-grade bonds and maintain a dollar-weighted average maturity within a range that is five years shorter than or five years longer than that of its benchmark index. The collective investment trust is redeemable at net asset value under agreements with the underlying trust. However, it is possible that these redemption rights may be restricted by the trust in the future in accordance with underlying trust agreements. Due to the nature of the investments held by the trust, changes in market conditions and the economic environment may significantly impact the net asset value of the trust, and consequently, the fair value of the Plan's interest in the trust. Furthermore, changes in the liquidity provisions of the trust may significantly impact the fair value of the Plan's interest in the trust.

5. Funding Policy

Contributions are recorded on the accrual basis of accounting. The Hospital's policy is to contribute such amounts as are necessary on an actuarial basis to provide sufficient assets to meet the benefits to be paid to the Plan members in accordance with at least the minimum funding requirements of ERISA. Under these requirements, the Hospital's contributions met or exceeded the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024. Employee contributions are neither required nor permitted.

6. Plan Termination

The Network has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid would depend on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

7. Income Tax Status

The Internal Revenue Service has determined and informed the Hospital by a letter dated June 2, 2020 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

8. Risks and Uncertainties

In the normal course of business, the Plan enters into financial instrument transactions to satisfy the Plan's investment objectives. The associated investment securities are exposed to various risks such as interest rate, market, and credit risks. Interest rate risk is the risk borne by an interest-bearing asset due to variability of interest rates. Market risk arises from the possibility that market changes may make financial instruments less valuable. Credit risk results from the possibility that a loss may occur from the failure of another party to perform according to the terms of a contract. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

9. Related Party and Party-In-Interest Transactions

The Plan invests in shares of mutual funds and a collective trust managed by affiliates of Vanguard, the former trustee of the Plan (see Note 1). U.S. Bank National Association is the trustee of the Plan and is affiliated with Mercer, the actuary of the Plan. During 2025 and 2024, the Plan paid direct fees of $50,897 and $43,327 to Vanguard for trustee fees, respectively. During 2025 and 2024, the Plan paid direct fees of $31,697 and $0 to U.S. Bank National Association for trustee fees, respectively. During 2025 and 2024, the Plan paid direct fees of $209,430 and $188,583, respectively, to Mercer. Transamerica is also a custodian of the Plan. During 2025 and 2024, the Plan paid Transamerica $267,698 and $268,192, respectively, for recordkeeping and other services. During 2025 and 2024, the Plan reimbursed the Plan Sponsor $1,535,580 and $0 for administrative expenses, respectively. These investments and transactions in these funds are considered party-in-interest transactions which are exempt from the prohibited transactions rules of ERISA.

10. Subsequent Events

In 2026, as the St. Luke's Pension Plan approaches a fully funded status, the St. Luke's Investment and Retirement Subcommittees have approved an exploratory review process to determine if a plan termination is feasible for the St. Luke's Pension Plan. Resources have been approved to work with 3rd party consultants to conduct market research and explore the pension risk transfer marketplace.

The Plan has evaluated subsequent events through September 29, 2026, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

St. Luke's Health Network Pension Plan
Schedule of Assets (Held at End of Year)
Form 5500, Schedule H, Line 4(i)
As of December 31, 2025

EIN: 23-1352213 Plan #001

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:			
	Vanguard	Long-Term Treasury Fund	$ 60,019,529	$ 56,969,549
	Vanguard	Intermediate-Term Investment Grade Fund	56,737,532	56,855,693
	Vanguard	Intermediate-Term Government Bond Index Fund	56,305,931	56,226,393
	Vanguard	Federal Money Market Fund	3,332,973	3,332,973
	First American Funds	Government Obligations Fund	100,000	100,000
			176,495,965	173,484,608
	Collective trust:			
	Vanguard	Long-Term Investment Grade Trust	312,401,322	302,970,157
			$488,897,287	$ 476,454,765

* Represents Party-in-Interest

St. Luke's Health Network Pension Plan **EIN: 23-1352213 Plan #001**
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Assets**	**Purchase Price**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain (Loss)**
	Category (i) – Single transactions in excess of 5% of plan assets:					
Vanguard	Extended Duration Treasury Fund	$ -	$ 26,055,278	$ 36,418,641	$ 36,418,641	(10,363,363)
	Category (iii) – Series of transactions in excess of 5% of plan assets					
Vanguard	Federal Money Market Fund					
	45 purchases	$ 24,313,463	$ -	$ 24,313,463	$ 24,313,463	$ -
	94 sales	-	23,802,973	23,802,973	23,802,973	-
Vanguard	Extended Duration Treasury Index Fund					
	3 purchases	$ 1,393,277	$ -	$ 1,393,277	$ 1,393,277	$ -
	2 sales	-	39,607,885	55,859,731	39,607,885	(16,251,846)
Vanguard	Long-Term Investment Grade Trust					
	1 purchase	$ 21,238,907	$ -	$ 21,238,907	$ 21,238,907	$ -
	8 sales	-	12,561,375	13,179,930	12,561,375	(618,555)
Vanguard	Intermediate-Term Investment Grade Fund					
	7 purchases	$ 56,990,801	$ -	$ 56,990,801	$ 56,990,801	$ -
	1 sale	-	253,788	253,269	253,788	519
Vanguard	Intermediate-Term Government Bond Index Fund					
	7 purchases	$ 56,422,795	$ -	$ 56,422,795	$ 56,422,795	$ -
	1 sale	-	116,697	116,864	116,697	(167)
Vanguard	Institutional Total Stock Market Index					
	3 purchases	$ 832,333	$ -	$ 832,333	$ 832,333	$ -
	12 sales	-	65,545,251	37,682,566	65,545,251	27,862,685
Vanguard	Total International Stock Index Fund					
	3 purchases	$ 581,490	$ -	$ 581,490	$ 581,490	$ -
	14 sales	-	47,636,025	35,142,606	47,636,025	12,493,419
First American Funds	Government Obligations Fund					
	29 purchases	$ 31,085,984	$ -	$ 31,085,984	$ 31,085,984	$ -
	24 sales	-	31,185,985	31,185,985	31,185,985	-

* Denotes party-in-interest
There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34			1								1
35–39		10	89	10	2						111
40–44		5	128	76	7	11					227
45–49		13	123	101	30	26	12				305
50–54		11	124	95	97	35	13	8	4		387
55–59		9	120	102	82	59	44	10	16	2	444
60–64		6	109	100	83	57	54	38	18	10	475
65–69		4	32	22	18	15	10	13	5	2	121
70 & up		3	4	3	1	4	1		1		17
Total		61	730	509	320	207	134	69	44	14	2,088

In each cell, the number is the count of active participants for each age/service combination.

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

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections	
• Segment rates or full yield curve	Full yield curve
• Look-back months	N/A
• Effective interest rate	5.38%
	Rationale: Prescribed assumption by the IRS.
Mortality sponsor elections	
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables. Rationale: Prescribed assumption by the IRS.
• **Other economic assumptions**	
• Salary increases	n/a
Social Security wage base	n/a
• Inflation	n/a
• Expected investment return	4.75% for 2023, 4.75% for 2024, 4.75% for 2025
• Expenses	None
• Interest rate for PBGC variable rate premium	Full yield curve as of January 1, 2025

Rationale for economic assumptions

- Effective December 31, 2014, the St. Luke’s plan is frozen. Assumptions with regard to future increases in salary, Social Security wage base and inflation do not impact the valuation results. Effective May 13, 2005, the Gnaden Huetten plan is frozen. Assumptions with regard to future increases in salary, Social Security wage base and inflation do not impact the valuation results.

- The expected investment return is based on the asset mix and the simulated investment return using capital market assumptions published in the Mercer Investment Consulting Capital Market Outlook and historical data.

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

Demographic Assumptions – Luke/Warren Participants		
• Withdrawal	See table of sample rates.	
• Disability incidence	See table of sample rates.	
• Retirement age	Employers eligible to retire at 55 with 5 years of service and assumed to retire at the rate of 5% per year up through age 65. At age 65, 100% of all employees are assumed to retire.	
• Benefit commencement age for		
— Future vested deferred	65	
— Current vested deferred	65	
• Spouse assumptions	**Male participants**	**Female participants**
— Percentage married	80%	80%
— Spouse age difference	3 years younger	3 years older
Form of Payment	100% of participants who terminate from active status are assumed to elect a life annuity.	
Unpredictable contingent event assumptions	Not applicable	

Rationale for demographic assumptions

- Withdrawal, disability and retirement rates are based on a plan experience study undertaken in 2018 using data from 2015, 2016 and 2017. The plan sponsor believes that this period will be representative of anticipated future experience. These assumptions are reviewed periodically for reasonability.

- Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference are based on the actuary’s experience with many plans, discussions with employer representatives and observations of plan spousal information when provided.

- The optional form of payment assumption was set based on no existing significant early retirement subsidy and no existing significant subsidy between payment forms.

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

Table of sample rates

Age	Percentage Disability Incidence Male/Female
20	0.0000%
30	0.0600%
40	0.1100%
50	0.4600%
60	1.6200%

Age	Percentage Expected to Withdraw
25	9.647%
30	9.303%
35	8.706%
40	7.754%
45	6.354%
50	4.224%

Demographic Assumptions – Gnaden Huetten Participants

- Withdrawal: 80% of 2003 Society of Actuaries Small Plan Age Turnover Table. See table of sample rates.
- Retirement age

Attained Age	Male/Female
Under 59	0%
60	20%
61	24%
62	40%
63	28%
64	30%
65 and above	100%

- Benefit commencement age for
  - Future vested deferred: 65
  - Current vested deferred: 65
- Spouse assumptions

	Male Participants	Female Participants
Percentage married	75%	75%
Spouse age difference	0	0

Form of Payment: 100% of participants who terminate from active status are assumed to elect a life annuity.

Unpredictable contingent event assumptions: Not applicable

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

Table of sample withdrawal rates

Attained Age	Male/Female
20	19.44%
25	15.60%
30	12.40%
35	9.68%
40	7.52%
45	5.84%
50	4.48%
55	3.36%
60	2.40%

Rationale for demographic assumptions

- Withdrawal, disability and retirement rates are based on the reasonableness of assumptions as disclosed by prior actuary. Changes to these assumptions may be considered upon accumulation of credible experience. Regardless, based on the current actuary’s experience with other plans, these assumptions are within industry norms.

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last three years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: St. Luke's University Health Network

Plan Name: St. Luke's Health Network Pension Plan

Plan Year: January 1, 2025 to December 31, 2025
EIN: 23-1352213 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page S.1 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page S.2 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
ST. LUKES HEALTH NETWORK PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. LUKES UNIVERSITY HEALTH NETWORK

D Employer Identification Number (EIN)
23-1352213

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	458,708,687
b Actuarial value	**2b**	467,299,930

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,070	216,832,101	216,832,101
b For terminated vested participants	1,514	91,373,967	91,373,967
c For active participants	2,088	168,003,477	168,003,477
d Total	4,672	476,209,545	476,209,545

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

9/21/2026
Date

ROBERT R. MORGAN, MAAA
Type or print name of actuary

2605585
Most recent enrollment number

MERCER
Firm name

215-982-4600
Telephone number (including area code)

30 South 17th STREET,
19th Floor
PHILADELPHIA PA 19103
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.26%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,225,627
	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 5.15%		217,620
	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		4,443,247
	d Portion of (c) to be added to prefunding balance		4,443,247
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	4,443,247

Part III Funding Percentages

14	Funding target attainment percentage	14	97.19%
15	Adjusted funding target attainment percentage	15	97.19%
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	108.43%
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
09/10/2026	4,600,000	0			
			Totals ► 18(b)	4,600,000	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	4,210,049

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	63

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

Part VI Miscellaneous Items

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

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13,352,862	1,230,716
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**	1,230,716

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	1,230,716
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,210,049
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	2,979,333
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below.

St. Luke's Health Network Pension Plan - The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	5.0%	10,000	500	27,500
56	5.0%	9,500	475	26,600
57	5.0%	9,025	451	25,707
58	5.0%	8,574	429	24,882
59	5.0%	8,145	407	24,013
60	5.0%	7,738	387	23,220
61	5.0%	7,351	368	22,448
62	5.0%	6,983	349	21,638
63	5.0%	6,634	332	20,916
64	5.0%	6,302	315	20,160
65	100.0%	5,987	5,987	389,155
Total			10,000	626,239
Average				62.6

Gnaden Huetten Memorial Hospital Employees Pension Plan – The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
60	20.0%	10,000	2,000	120,000
61	24.0%	8,000	1,920	117,120
62	40.0%	6,080	2,432	150,784
63	28.0%	3,648	1,021	64,351
64	30.0%	2,627	788	50,430
65	100.0%	1,839	1,839	119,508
Total			10,000	622,193
Average				62.2

Plan: St. Luke's Hospital of Bethlehem, PA Pension Plan
EIN/PN: 23—1352213/001
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	3,122,062	1,895,180	19,821,455	24,838,697
2026	4,720,765	2,524,868	19,523,988	26,769,621
2027	5,993,082	2,939,284	19,184,991	28,117,357
2028	7,075,610	3,479,077	18,817,210	29,371,897
2029	8,275,743	3,934,903	18,396,102	30,606,748
2030	9,172,332	4,566,114	17,964,022	31,702,468
2031	9,925,213	5,260,682	17,502,568	32,688,463
2032	10,539,250	5,649,270	17,003,579	33,192,099
2033	11,296,407	5,965,075	16,473,932	33,735,414
2034	11,915,344	6,378,061	15,894,408	34,187,813
2035	12,352,471	6,833,139	15,288,946	34,474,556
2036	12,738,177	7,110,318	14,655,149	34,503,644
2037	13,059,268	7,308,637	13,976,217	34,344,122
2038	13,372,063	7,506,058	13,274,592	34,152,713
2039	13,596,163	7,610,866	12,538,624	33,745,653
2040	13,818,644	7,754,099	11,786,118	33,358,861
2041	13,876,040	7,710,634	11,015,628	32,602,302
2042	13,925,370	7,776,684	10,230,469	31,932,523
2043	13,846,584	7,720,643	9,436,197	31,003,424
2044	13,712,376	7,685,361	8,638,971	30,036,708
2045	13,514,939	7,577,259	7,845,519	28,937,717
2046	13,354,222	7,472,904	7,063,118	27,890,244
2047	13,088,708	7,354,148	6,299,439	26,742,295
2048	12,802,941	7,168,589	5,562,336	25,533,866
2049	12,398,141	6,981,403	4,859,709	24,239,253
2050	11,974,673	6,736,951	4,199,000	22,910,624
2051	11,519,305	6,460,555	3,586,729	21,566,589
2052	11,001,878	6,173,757	3,027,950	20,203,585
2053	10,436,389	5,844,589	2,525,984	18,806,962
2054	9,837,645	5,501,894	2,082,325	17,421,864
2055	9,224,287	5,156,532	1,696,581	16,077,400
2056	8,606,389	4,808,080	1,366,718	14,781,187
2057	7,991,728	4,461,324	1,089,328	13,542,380
2058	7,386,906	4,117,825	859,941	12,364,672
2059	6,796,444	3,782,390	673,391	11,252,225
2060	6,224,413	3,457,379	524,169	10,205,961
2061	5,674,312	3,144,933	406,697	9,225,942
2062	5,148,988	2,846,895	315,609	8,311,492
2063	4,650,651	2,564,762	245,946	7,461,359
2064	4,180,882	2,299,659	193,276	6,673,817
2065	3,740,735	2,052,330	153,797	5,946,862
2066	3,330,727	1,823,141	124,345	5,278,213
2067	2,950,920	1,612,105	102,361	4,665,386
2068	2,600,983	1,418,889	85,833	4,105,705
2069	2,280,262	1,242,910	73,219	3,596,391
2070	1,987,818	1,083,371	63,376	3,134,565
2071	1,722,521	939,361	55,491	2,717,373
2072	1,483,125	809,901	48,990	2,342,016
2073	1,268,290	693,995	43,467	2,005,752
2074	1,076,620	590,683	38,657	1,705,960

Schedule SB, Part V — Summary of Plan Provisions

Effective date and plan year	Original plan: January 1, 1949 Restated plan: effective January 1, 2014 Plan year: January 1 – December 31
Most recent amendment	Effective February 22, 2016
Significant events that occurred during the year	None

Summary of major plan provisions for Luke Participants

Status of the plan	Effective December 31, 2014, the plan is frozen for all participants regardless of hire date.
Definitions	
• Participation	Eligible Class employees as of January 1st following the completion of six consecutive months of service and attainment of age 20 1/2. Freeze of Participation if not initially Hired Before 2009. 1. Effective December 31, 2008, any employee who is initially hired after December 31, 2008 shall not be eligible to participate in the Plan. 2. Any Employee who was initially hired prior to January 1, 2009, terminated employment prior to 2009 and is reemployed by the Employer on or after January 1, 2009, shall be eligible to participate in the Plan upon his reemployment, if he/she was a Participant in the Plan at the time of his/her termination of employment and he/she is reemployed as an Eligible Class Employee under circumstances in which his/her prior service is not disregarded. Any Employee who was initially hired prior to January 1, 2009, but did not meet the eligibility requirements to enter the plan prior to termination shall be eligible to participate in the Plan on the date that he/she has met the eligibility requirements or the date he/she becomes an Eligible Class Employee, if later.
• Employee contributions	None
• Vesting service	Same as credited service (see below), but regardless of hospital affiliation.
• Credited service	Total service of the employee with the Employer as defined below: • Past Service – Years of service through December 31, 1971 computed in years and completed months. • Future Service – Years of service from January 1, 1972 to January 1, 1979 computed in years and completed months; after January 1, 1979, one thousand hours of service will constitute a full year of service. Credited service shall not include periods prior to affiliation with St. Luke's University Health Network. Credit Service is frozen effective December 31, 2014.

Schedule SB, Part V — Summary of Plan Provisions

• Applicable Compensation	The average annual earned income from the Employer, at a participating hospital, during the highest 60 consecutive months in the last 10 years of Credited Service prior to retirement or termination. Earned income includes contribution to tax sheltered annuities but excludes deferred compensation. Applicable Compensation is frozen effective December 31, 2014.
• Covered Compensation	The average (without indexing) of the Social Security taxable wage base in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains (or will attain) Social Security retirement age. Covered Compensation is frozen effective December 31, 2014.
• Accrued benefit	1.2% of Applicable Compensation multiplied by Credited Service (up to a maximum of 30) plus .6% of Applicable Compensation in excess of Covered Compensation multiplied by Credited Service (up to a maximum of 30). The minimum accrued benefit is $720 annually.
Normal retirement	
• Eligibility	A participant's 65th birthday.
• Benefit	A monthly benefit payable to a participant who retires on his/her Normal Retirement Date equal to 1/12 of the Accrued Benefit at that time.
Early retirement	
• Eligibility	Age 55 and 5 years of service.
• Benefit	Accrued Benefit reduced ½% for each month the participant's Annuity Starting Date precedes Normal Retirement Date.
Late retirement	
• Eligibility	Any day after the participant's Normal Retirement Date.
• Benefit	Greater of Accrued Benefit or actuarially increased Normal Retirement Benefit at Late Retirement Date.
Deferred vested	
• Eligibility	Full vesting in the Accrued Benefit occurs at the earlier of the completion of 5 years of service or the attainment of normal retirement age.
• Benefit	Accrued Benefit at termination payable at Normal Retirement Date.
Disability	
• Eligibility	10 years of service and a physical or mental condition which renders the participant permanently incapacitated.
• Benefit	Accrued Benefit at Disability Retirement Date payable at Normal Retirement Date.
Pre-retirement death	
• Eligibility prior to early retirement age	The completion of 5 years of service and married.
• Benefit prior to early retirement	Annuity payable to participant's spouse under the 50% Joint and Survivor option with payment commencement deferred to what would have been the participant's age 55.
• Eligibility after early but before normal retirement age	The first day of any month following the death of an active, married participant who has satisfied the requirements for an Early Retirement Benefit.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit after early but before normal retirement age	Annuity payable to participant's spouse under 50% Joint and Survivor option as if participant had retired immediately before death.
• Eligibility after normal retirement age	The first day of any month following the death of an active, married participant who has satisfied the requirements for a Normal or Late Retirement Benefit.
• Benefit after normal retirement age	Annuity payable to participant's spouse under 50% Joint and Survivor option as if participant had retired immediately before death.
• Additional death benefit for employees hired prior to January 1, 1992	If immediately retiring from active status, a death benefit of 20% of the participant's salary in the year preceding retirement (subject to a minimum of $1,000 and maximum of $5,000) is payable to the beneficiary upon the retiree's death.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Actuarially equivalent 50% Joint & Survivor Annuity
• Optional forms	Life annuity; life annuity with certain period of 60, 120 or 180 months; 50%, 66-2/3%, 75% or 100% joint and survivor; lump sums up to $50,000.
• Optional form conversion factors- Non lump sum payments	The benefit is converted from a life annuity to an optional form other than a lump sum based on factors set forth in Appendix A of the plan document.
• Optional form conversion factors- lump sum payments	Mortality: Current 417(e) unisex mortality. Interest rate: Adjusted first, second and third segment rates applied under rules similar to the rules of section 430(h)(2)(C) of the Code as set forth in sections 417(e)(3)(C) & (D) of the Code in effect for the month of September in the calendar year preceding distribution.
Miscellaneous	
• 2002 pensioner increase	Effective November 1, 2002, an ad hoc cost of living increase was given to all retirees (and beneficiaries) in payment status as of January 1, 2002. The increase was targeted to replace approximately 50% of the benefit lost to inflation since January 1, 1988 based on the published CPI.
• Term Vested Window	Vested participants terminated prior to January 1, 2013 with annual accrued benefits less than $30,000 were offered an unlimited lump sum option if elected during the January 1, 2014 to February 21, 2014 temporary period.

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions for Warren Participants

Status of the plan	The plan was amended to freeze all future benefit accruals effective May 31, 2007.
Definitions	
• Participation	Covered employees become eligible to participate upon attainment of age 21 and completion of one year of service. The one year of service requirement may be fulfilled either during the 12-month period following date of hire or during any subsequent calendar year. Employees are not allowed to enter the Plan after the May 31, 2007 freeze date.
• Employee contributions	None
• Vesting service	Same as benefit service (see below).
• Benefit service	All service is credited from the earliest date of participation, computed to the nearest month, excluding years in which a member completes less than 1,000 hours of service.
• Final Average Monthly Earnings	The member's regular basic annual compensation excluding overtime and bonuses.
• Accrued benefit	For employee who were active participants as of 12/31/2001 the Normal Retirement monthly pension equals one-twelfth of the maximum of 1.25% times the highest consecutive 5 year average earnings times years of benefit service through May 31, 2007 or the sum of 1, 2 and 3: 1. Past service benefit based on years of service before 1988. 2. For each year's earnings after 1987 and before 1998, a) 0.85% of each year's earnings plus b) 0.65% of each year's earnings in excess of $6,600 3. 1.5% of each year's earnings after 1997 through May 31, 2007. For employees who became participants after December 31, 2001, the Normal Retirement monthly pension equals one-twelfth of 1.25% times the highest consecutive 5 years average earnings times years of benefit service earned through May 31, 2007. The minimum monthly pension at Normal Retirement is $100.
Normal retirement	
• Eligibility	First day of the month coinciding with or next following a member's 65th birthday. For employees who become members on or after January 1, 1993, the Normal Retirement Date is the later of the first day of the month coinciding with or next following a member's 65th birthday or fifth anniversary of participation date.
• Benefit	A monthly benefit payable to a participant who retires on his/her Normal Retirement Date equals one-twelfth of the Accrued Benefit at that time.
Early retirement	
• Eligibility	Age 55 and 10 years of service.
• Benefit	Accrued Benefit reduced 5/9% for each of the first 60 months and by 5/18% for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.
Late retirement	
• Eligibility	Any day after the participant's Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Greater of Accrued Benefit or actuarially increased Normal Retirement Benefit at Late Retirement Date.
Deferred vested	
• Eligibility	Full vesting in the Accrued Benefit occurs at completion of 5 years of service.
• Benefit	Accrued Benefit at termination payable at Normal Retirement Date.
Disability	
• Eligibility	Age 50 and 10 years of service and disabled.
• Benefit	Greater of 100% of the accrued annuity on the date of disability or $100 per month.
Pre-retirement death	
• Eligibility	The completion of 5 years of service and married.
• Benefit	Annuity payable to participant's spouse under the Joint and 50% Survivor option as if participant's date of death were the date of termination and payments commenced on the Early or Normal Retirement Date. The Joint and 50% Survivor option is payable provided the participant and spouse were married for at least one year.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Actuarially equivalent 50% Joint & Survivor Annuity
• Optional forms	Lump Sum; Life annuity; life annuity with certain period of 60, 120 or 180 months; 50%, 66-2/3%, 75% or 100% joint and survivor.
• Optional form conversion factors- Non lump sum payments	The benefit is converted from a life annuity to an optional form other than a lump sum based on UP 84 mortality table and interest rate at 8.00% per year compounded annually.
• Optional form conversion factors- lump sum payments	Mortality: Current 417(e) unisex mortality. Interest rate: Adjusted first, second and third segment rates applied under rules similar to the rules of section 430(h)(2)(C) of the Code as set forth in sections 417(e)(3)(C) & (D) of the Code in effect for the month of September in the calendar year preceding distribution.

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions for Gnaden Huetten Participants

• Effective date and plan year	Original plan: January 1, 1974 Restated plan: effective January 1, 2012 Plan year: January 1 – December 31
• Status of the plan	Effective May 13, 2005, the plan is frozen for participants hired on or after this date. The plan was last amended in July 2017 to provide in-service distributions after normal retirement age and added a lump sum distribution potion for all participants not yet in payment status.
Definitions	
• Participation	An employee becomes a participant in the plan on the first day of plan year coincident with or preceding the date he meets the following requirements: a. Completes 1 year of eligibility service b. Attainment of age 21 Provided he is a member of the following eligible class of employees: a. Not a leased employee, covered by a collective bargaining agreement, or a non - resident alien who received no U.S. earned income. b. Hired on or before May 13, 2015
• Employee contributions	None
• Vesting service	An employee is credited with a year of vesting service if he completes at least 1000 hours of service in a plan year.
• Credited service	A participant is credited with a year of benefit service for each benefit period he completes at least 1,000 hours of service. The benefit period is 12 - month period coinciding with the plan year.
• Average annual compensation	The average earned income from the employer, during the highest 60 consecutive months in the last 10 years of credited service prior to retirement or termination. For the purpose of determining Final average annual compensation, the plan does not take into account any year in which less than 1,000 hours of service are credited.
• Accrued benefit	Benefit accruals and benefit service for all participants are frozen as of May 13, 2005. If the participant is hired prior to January 1, 1998 his accrued benefit is equal to the sum of (a) and (b) a. 1.5% of 1976 compensation up to $7,200 plus 2.5% of 1976 compensation in excess of $7,200 multiplied by years of service from July 1, 1968 to December 31, 1976. b. 2% of average annual compensation multiplied by years of service after January 1, 1977. If the participant is hired on or after January 1, 1998 his accrued benefit is 1.25% of average annual compensation multiplied by years of service. In no event shall a participant's accrued benefit be less than his June 30, 1978, accrued benefit earned under prior plan provisions.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	The later of a participant's 65th birthday and fifth anniversary of employment.
• Benefit	A monthly benefit payable to a participant who retires on his/her Retirement Date equal to 1/12 of the Accrued Benefit at that time.
Early retirement	
• Eligibility	
Reduced	Age 60 and 10 years of service.
Full	Age 60 and 30 years of service.
• Benefit	The accrued benefit reduced by 5/9% for each of the first 60 months the participant's annuity starting date precedes Normal Retirement Date.
Late retirement	
• Eligibility	Any day after the participant's Normal Retirement Date.
• Benefit	Greater of Accrued Benefit or Actuarially increased Normal Retirement Benefit at Late Retirement date.
Deferred vested	
• Eligibility	Full vesting in the Accrued Benefit occurs at the earlier of the completion of 5 years of service or the attainment of normal retirement age.
• Benefit	Accrued Benefit at termination payable at Normal Retirement Date.
Pre-retirement death	
• Eligibility	The completion of 5 years of service and married.
• Benefit	Annuity payable to participants' spouse under the 50% Joint and Survivor option with payment commencement deferred to what would have been the participant's aged 60.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% Joint & Survivor Annuity
• Optional forms	Life Annuity; Life Annuity with certain period of 120 months; 50%, 75% or 100% Joint & Survivor; Lump Sum.
• Optional form conversion factors- lump sum payments	Mortality: Current 417(e) unisex mortality. Interest rate: Adjusted first, second and third segment rates applied under rules similar to the rules of section 430(h)(2)(C) of the Code as set forth in sections 417(e)(3)(C) & (D) of the Code in effect for the month of September in the calendar year preceding distribution.
• Optional form conversion factors- non lump sum payments	Monthly Pension with Mortality Table UP84, Set Back to 3 years with 7% interest rate.
Miscellaneous	
• Maximum Benefits	Annual benefits may not exceed the limits in IRC Section 415.

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by St Luke's plan, as restated effective January 1, 2014, and all benefits provided by Gnaden Huetten plan, as restated effective January 1, 2012 are included in this valuation:

- **Most recent plan amendments included:** The plan was restated as of January 1, 2014; the most recent plan amendment was effective December 31, 2018.
- **Plan amendments excluded:** No plan amendments have been excluded from this valuation.
- **Late retirement increases:**
  - *Active participants:* Prior to outsourcing plan administration, the plan sponsor did consistently provide benefit suspension notices to participants who worked beyond normal retirement. Prior to the December 31, 2014 plan freeze, continued accruals were assumed to be larger than late retirement actuarial increases for participants who deferred retirement beyond age 65 with actuarial increases estimated through December 31, 2016. In conjunction with outsourcing and providing benefit suspension notices, actuarial increases are no longer assumed.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

None.

ATTACHMENT TO THE 2025 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: St. Luke's University Health Network

Plan Name: St. Luke's Health Network Pension Plan

Plan Year: January 1, 2025 to December 31, 2025
EIN: 23-1352213 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page S.1 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page S.2 of the attached auditor's report of the Plan for the plan year ending December 31, 2025 provides the schedule of reportable transactions.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established	Outstanding balance		Years remaining	2025 installment	
2025	$	13,352,862	15	$	1,230,716
Total	$	13,352,862		$	1,230,716