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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1981

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)
COMMUNITY HEALTH NETWORK, INC.

7260 SHADELAND STATION
INDIANAPOLIS, IN 46256

2b Employer Identification Number (EIN) 35-0983617

2c Plan Sponsor's telephone number 317-355-5397

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	JULIET VESTAL
	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**	1042
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)**	88
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	59
b	Retired or separated participants receiving benefits	**6b**	594
c	Other retired or separated participants entitled to future benefits	**6c**	178
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	831
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	127
f	Total. Add lines **6d** and **6e**.	**6f**	958
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**	
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:

1A 1I 3H

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 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COMMUNITY HEALTH NETWORK, INC.

D Employer Identification Number (EIN)
35-0983617

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**	9992407
b Actuarial value	**2b**	9439642

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	674	6228518	6228518
b For terminated vested participants	280	3538534	3538534
c For active participants	88	718652	720567
d Total	1042	10485704	10487619

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	504000
c Target normal cost	**6c**	504000

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

08/06/2026
Date

DAREN L. ANDERSON
Type or print name of actuary

23-60653
Most recent enrollment number

MERCER
Firm name

612-642-8896
Telephone number (including area code)

333 SOUTH 7TH STREET
SUITE 1400
MINNEAPOLIS, MN 55402
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 10.36 %	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)		1143447
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 4.99 %		57058
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		1200505
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.01 %
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
01/15/2025	601444	0			
09/02/2025	18000	0			
			Totals ► 18(b)	619444	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	617640

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	504000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1047977	112797
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**	616797

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

36 Additional cash requirement (line 34 minus line 35)	**36**	616797
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	617640

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

a Total (excess, if any, of line 37 over line 36)	**38a**	843
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 ☒ 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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY HEALTH NETWORK, INC.

D Employer Identification Number (EIN)
35-0983617

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERCER

325 JOHN H MCCONNELL BLVD
COLUMBUS, OH 43215

13-2634414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	195459	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 21	TRUSTEE	30165	Yes ☐ No ☒	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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY HEALTH NETWORK, INC.

D Employer Identification Number (EIN)
35-0983617

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1239000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	366025	210952
(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)		
(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)	8427065	9963814
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(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	10032090	10174766
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	23069	18275
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	23069	18275
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10009021	10156491

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)	619444	
(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)		619444
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11737	
(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)		11737
(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)	191116	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		191116
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1323918
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2146215
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1652100	
(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)		1652100
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	30165	
(7) Actuarial fees	2i(7)	195459	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2093	
(11) Other expenses	2i(11)	118928	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		346645
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1998745
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		147470
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KATZ, SAPPER & MILLER LLP **(2)** EIN: 35-1090346

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 591432.

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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY HEALTH NETWORK, INC.

D Employer Identification Number (EIN)
35-0983617

Part I 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): 31-1051736

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** 48

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: 71.8 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 13.4 %
High-Yield Debt: 1.1 % Real Assets: 4.2 % Cash or Cash Equivalents: _____% Other: 9.5 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2025 and 2024

ksm

Katz, Sapper & Miller, LLP
Certified Public Accountants

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

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Katz, Sapper & Miller, LLP
Certified Public Accountants

600 East 96th Street, Suite 150
Indianapolis, IN 46240

Independent Auditor's Report

To the Plan Administrator
Community Hospitals of Indiana Replacement Plan

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

We have audited the accompanying financial statements of Community Hospitals of Indiana Replacement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Community Hospitals of Indiana Replacement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Hospitals of Indiana Replacement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Katz, Sapper & Miller, LLP

Indianapolis, Indiana
October 5, 2026

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at fair value	$10,174,766	$ 8,793,090
Receivables:		
Employer contributions	-	1,239,000
Total Assets	10,174,766	10,032,090
LIABILITIES		
Accrued administrative expenses	18,275	23,069
NET ASSETS AVAILABLE FOR BENEFITS	$10,156,491	$10,009,021

See accompanying notes.

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income (Loss):		
Net appreciation (depreciation) in fair value of investments	$ 1,323,918	$ 672,439
Interest and dividends	202,853	184,961
Total Investment Income (Loss)	1,526,771	857,400
Employer contributions	619,444	1,947,192
Total	2,146,215	2,804,592
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid	1,652,100	2,641,102
Administrative expenses	346,645	601,765
Total Deductions	1,998,745	3,242,867
NET INCREASE (DECREASE)	147,470	(438,275)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	10,009,021	10,447,296
End of Year	$ 10,156,491	$ 10,009,021

See accompanying notes.

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

NOTE 1 - DESCRIPTION OF PLAN

The following description of Community Hospitals of Indiana Replacement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan was organized effective January 1, 1981, as a defined benefit retirement plan covering all eligible employees of Community Health Network, Inc. (the Employer), formerly known as Community Hospitals of Indiana. The Plan provisions apply to all employees of the Employer who were participants in the Plan on or prior to December 31, 1983. No employee could accrue any benefits pursuant to the Plan after December 31, 1983. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Community Health Network (CHNw) Audit, Compliance and Finance Committee is responsible for oversight of the Plan. The Plan's management determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the CHNw Audit, Compliance and Finance Committee.

The Plan was established to provide employees those benefits available under the Federal Insurance Contributions Act (FICA) during the period January 1, 1981 to December 31, 1983, when the Employer withdrew coverage of its employees under the Act. Pursuant to the Social Security Amendment Act of 1983, the Employer reentered the Social Security system on January 1, 1984. As a result, funding of the Plan was terminated during 1985. The Plan was amended to ensure the assets accumulated under the funding provisions of the Plan during the period while the Employer's employees were not covered by Social Security are used to provide future employee benefits.

Contributions and Funding Policy: The annual funding of the Plan is provided by the Employer and is based on an actuarial determination of the annual normal cost, the amortization of prior service costs and the amortization of actuarial gains and losses. This may result in Employer contributions which exceed the minimum funding requirements of ERISA. At December 31, 2025 and 2024, the Plan had met all ERISA minimum funding requirements.

Vesting: Participants vest in the Employer's contributions based on years of service. A participant becomes 100% vested at the earlier of age 65 or when five years of service have been completed.

Benefits: Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The Plan generally permits early retirement at age 62 with completion of five years of vesting service. Participants may receive benefits in the form of a life annuity, joint and survivor annuity, or lump sum. Pension benefits are calculated based upon the participant's FICA earnings and/or earnings with the Employer dependent on date of hire with the Employer. In addition, benefit payments that have already commenced may be adjusted for cost-of-living increases determined on an annual basis.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan's 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 depends 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 Plan assets and the PBGC guarantee, while other benefits may not be provided for at all.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. 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 management determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor and trustees. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Expenses: Administrative expenses for maintaining the Plan may be paid by the Employer or the Plan, at the Employer's discretion.

Tax Status: The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated August 28, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other taxing authorities.

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

Subsequent Events: The Plan Administrator has evaluated the financial statements for subsequent events occurring through October 5, 2026, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

Following is a description of the valuation methodology used by the Plan for assets that are measured at fair value on a recurring basis. There have been no changes in the methodology used at December 31, 2025 and 2024.

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

Following is a summary, within each level of the fair value hierarchy, of the Plan's assets that are measured at fair value on a recurring basis as of December 31, 2025 and 2024:

2025	**Level 1**	**Total**
Registered investment companies	$ 9,963,814	$ 9,963,814
Money market fund shares	210,952	210,952
Total Investments at Fair Value	$10,174,766	$10,174,766
2024		
Registered investment companies	$ 8,427,065	$ 8,427,065
Money market fund shares	366,025	366,025
Total Investments at Fair Value	$ 8,793,090	$ 8,793,090

NOTE 4 - INVESTMENT INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED INFORMATION)

All Plan information related to investments held at December 31, 2025 and 2024, and net appreciation or depreciation in fair value of investments, interest and dividends, for the years then ended, disclosed in the accompanying financial statements and supplemental schedules was obtained by the Plan's management and agree to or derived from information certified as complete and accurate by The Northern Trust Company, the Plan's trustee, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on Social Security benefits which would have been earned during the time that the participant was not covered by Social Security. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary by applying assumptions to adjust the accumulated plan benefits for the time value of money and the probability that benefits will be paid between the valuation date and the expected date of payment. It is at least reasonably possible that the actuarial assumptions used to calculate accumulated plan benefits will change in the near term, and the effect of such change could be significant.

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

Interest rate:	7.00%
Annual postretirement cost of living increase:	2.20%
Mortality basis:	No Collar Pri-2012 separate annuitant/non-annuitant generational tables, projected with MP- 2021 projection scale
Retirement age:	100% at age 62 or current age if later

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 changes in actuarial assumptions included a change in the Plan’s interest rates, inflation rates, Social Security wage base, salary increases, and mortality rates in accordance with the Pension Protection Act of 2006 (PPA), including recognition of the Highway and Transportation Funding Act of 2014.

The actuarial present value of accumulated plan benefits at January 1, 2025 was as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Active participants	$ 677,205
Inactive participants with deferred benefits	3,396,068
Inactive participants receiving benefits	5,663,116
	9,736,389
Non-vested benefits	1,766
Total Actuarial Present Value of Accumulated Plan Benefits	$9,738,155

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

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

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$10,602,463
Changes during the year attributable to:	
Benefits accumulated	563,441
Interest	742,921
Benefits paid	(2,641,102)
Change in actuarial assumptions and plan provisions	470,432
Net Change	(864,308)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 9,738,155

In accordance with funding regulations included in the PPA, no benefit restrictions were required during the current Plan year and the Plan was not considered “At-Risk” for the current Plan year.

NOTE 6 - PLAN AMENDMENT

Effective April 1, 2024, the Plan Agreement was amended to reflect changes made under the law pursuant to The Setting Every Community Up for Retirement Enhancement ("SECURE") Act of 2019 and the SECURE 2.0 Act of 2022. In addition, the amendment added a new in-service benefit feature for participants who are age 62 or older.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

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

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

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

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 8 - RISKS AND UNCERTAINTIES (CONTINUED)

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

SUPPLEMENTAL SCHEDULES

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) and (c)		(d)	(e)
	Identity of Issue / Description of Investment	**Number of Shares/Units**	**Cost**	**Current Value**
	INVESTMENTS AT FAIR VALUE:			
	REGISTERED INVESTMENT COMPANIES			
	ARGA Emrgn Mkt	31,140	$ 325,661	$ 436,265
	Cohen & Steers Inst Realty Shares	6,308	313,636	302,140
	Dodge & Cox Intl Stock Fund	57,886	665,596	952,810
	DWS RREEF Real Assets Fund - Class Inst	48,088	571,581	602,537
	Fidelity 500 Index Fund	12,875	2,151,275	3,060,613
	Fidelity Salem Street Trust Spartan Mid Cap Index Fund	24,496	807,115	904,652
	GQG PRTN Instl	22,846	380,376	406,663
	John Hancock International Dynamic Growth Fund R6	57,480	785,611	906,461
	Neuberger Berman Intrinsic Value	12,997	208,996	318,036
	Vanguard Interm.-Term Investment-Grade Fund Admiral	122,397	1,064,959	1,093,008
	Vanguard Long-Term Investment-Grade Fund Admiral	55,125	422,597	423,356
	Vanguard Short-Term Investment-Grade Fund Admiral	26,358	273,945	277,290
	Vanguard Small Cap Growth Index	3,295	154,752	279,983
	Total Registered Investment Companies		8,126,100	9,963,814
	MONEY MARKET FUND SHARES			
*	Collective Short Term Investment Fund	210,952	210,952	210,952
	TOTAL		$ 8,337,052	$ 10,174,766

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

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Description of Transaction	(d) Purchase Price	(f) Selling Price	(g) Expense Incurred with Transaction	(h) Cost	(i) Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5%								
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	$ 601,444			$ 601,444	$ 601,444	
Vanguard Interm.-Term Investment-Grade Fund Admiral	Registered Investment Companies	Purchase	965,000			965,000	965,000	
Dodge & Cox Income Fund	Registered Investment Companies	Sales		$ 1,143,983		1,172,827	1,143,983	$ (28,844)
John Hancock International Dynamic Growth Fund R6	Registered Investment Companies	Purchase	750,000			750,000	750,000	
Invesco International Growth Fund R6	Registered Investment Companies	Sales		794,488		873,170	794,488	(78,682)
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,257,000			1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,257,000			1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,257,000		1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,100,000			1,100,000	1,100,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,100,000		1,100,000	1,100,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,095,000		1,095,000	1,095,000	

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Description of Transaction	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5%								
Collective Short Term Investment Fund	Money Market Fund Shares	Purchases (61)	$ 7,364,029			$ 7,364,029	$ 7,364,029	
		Sales (52)		$ 7,518,840		7,518,840	7,518,840	
Dodge & Cox Income Fund	Registered investment companies	Sales (1)		1,143,983		1,172,827	1,143,983	$ (28,844)
Fidelity 500 Index Fund	Registered investment companies	Purchases (7)	544,815			544,815	544,815	
		Sales (3)		515,000		375,123	515,000	139,877
Invesco International Growth Fund R6	Registered investment companies	Sales (2)		919,488		1,008,856	919,488	(89,368)
John Hancock International Dynamic Growth Fund R6	Registered investment companies	Purchases (4)	836,705			836,705	836,705	
Vanguard Interm.-Term Investment-Grade Fund Admiral	Registered investment companies	Purchases (12)	1,169,223			1,169,223	1,169,223	

Schedule SB, line 26 — 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											
35–39											
40–44											
45–49											
50–54											
55–59											
										5	5
60–64											
								1		34	35
65–69											
										36	36
70 & up											
										12	12
Total											
								1		87	88

In each cell, the number is the count of active participants for each age/service combination. Average page is not show for plans with less than 1,000 active participants. Service is calculated as elapsed time from original date of hire if available; else date of hire is used as a proxy.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	**Nonstabilized**
• First 5 years	5.07%	5.07%
• Next 15 years	5.31%	5.33%
• Over 20 years	5.50%	5.36%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.	
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits. Participants with a disability retirement date prior to 1995 have the pre-1995 table applied. *Rationale: This plan is a Social Security replacement plan and therefore disabilities under the plan are eligible for Social Security disability benefits. This table is the prescribed optional mortality for disabled participants under IRS regulations.*	
• Lump sums	Lump sums are based on factors from Appendix A of the plan document. Resulting lump sums always exceed the minimum lump sums determined using 417(e) assumptions.	
Other economic assumptions		
• Salary increases	3.20% per year *Rationale: Based on the age and longevity of the plan's active population, the salary increases are assumed to be the same rate as the wage base increase.*	
• Social Security wage base	3.20% per year *Rationale: Rate is assumed to be 100 basis points above the rate of inflation.*	
• Inflation	2.20% per year *Rationale: This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook.*	
• Expected investment return	8.40% per year for 2023, 6.87% per year for 2024 and 6.71% per year for 2025. Rationale: *Rationale: The assumption is the 50th percentile range of 20-year projected compound geometric average returns based on the plan's current target investment portfolio and Mercer Investment Consulting's Capital Market Outlook assumptions as of October 1, 2024, after adjusting for assumed investment expenses of 13 basis points.*	

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

• Expenses	Actual trust-payable administrative expenses from the prior year adjusted for actual 2025 PBGC premiums *Rationale: Prior year expenses are assumed to be a reasonable estimate of current year expenses.*

Demographic assumptions		
• Withdrawal	120% of ultimate rates based on 2003 Society of Actuaries Turnover Study. *Rationale: Termination rates were derived from an experience study completed in 2012.*	
• Disability incidence	1985 Pension Disability Table Class 2. *Rationale: The disability incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 2 rates for tradesman, foreman and other nonhazardous occupations as Social Security disability was required for both the plan and the Conference of Consulting Actuaries 1985 Pension Disability Study.*	
• Retirement age	100% at age 62 or current age if later *Rationale: Based on the first age at which a participant may draw Social Security and when the cost of living adjustments begin.*	
• Benefit commencement age for		
– Future vested deferred	62	
– Current vested deferred	62, or attained age, if later	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	80%	80%
– Spouse age difference	3 years younger	3 years older
	Rationale: This assumption is based on plan experience and incorporates the plan's definition of Qualified Family Member.	

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

Form of payment	Life annuity	66 2/3% last to survive annuity[1]	Spouse life annuity	Lump sum
• Active retirements	10%	40%	0%	50%
• Future vested deferred	10%	40%	0%	50%
• Future disabilities	10%	40%	0%	50%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	10%	40%	0%	50%
	Rationale: The form of payment is not optional but is based on marital status, with married participants receiving the last to survive annuity, and all others receiving the life annuity. Therefore, the form of payment assumption aligns directly to the percent married assumption times percentage of individuals expected to elect the annuity benefit (50%). For example, the last to survive assumption is the percent married assumption of 80% times 50%, or 40%. *The lump sum assumption is based on the portion of participants expected to elect a lump sum, based on typical lump sum experience.*			
Unpredictable contingent event assumptions	*Not applicable*			

[1] Upon retirement, a payable amount is calculated based on the plan formula. The plan allows for 100% of that amount to be paid to the participant and 50% of the amount to be paid to Qualified Family Member(s). Upon the death of either the Participant or Qualified Family Member, the survivor receives 100% of the benefit. To calculate the liability associated with this payment structure, we value 150% of the benefit that would otherwise be payable with an assumed payment form of a 66 2/3% last to survive annuity. Doing so indicates an assumption of only one eligible Qualified Family Member per Participant. The 66 2/3% last to survive annuity is not an optional form available under the plan, but is simply a mechanism used in calculating liabilities to match the actual cash flow structure.

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

Table of sample rates

Age	Withdrawal
	Ultimate
20	14.00%
25	10.40
30	7.20
35	6.10
40	5.60
45	5.10
50	4.60
55	4.10
60	3.60

Age	Disability incidence	
	Female	Male
20	0.055%	0.064%
25	0.096	0.093
30	0.165	0.134
35	0.252	0.199
40	0.357	0.314
45	0.522	0.505
50	0.854	0.830
55	1.490	1.502
60	1.793	2.266
65	2.095	3.028

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

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 24 months 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 are 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.

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Description of Transaction	(d) Purchase Price	(f) Selling Price	(g) Expense Incurred with Transaction	(h) Cost	(i) Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5%								
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	$ 601,444			$ 601,444	$ 601,444	
Vanguard Interm.-Term Investment-Grade Fund Admiral	Registered Investment Companies	Purchase	965,000			965,000	965,000	
Dodge & Cox Income Fund	Registered Investment Companies	Sales		$ 1,143,983		1,172,827	1,143,983	$ (28,844)
John Hancock International Dynamic Growth Fund R6	Registered Investment Companies	Purchase	750,000			750,000	750,000	
Invesco International Growth Fund R6	Registered Investment Companies	Sales		794,488		873,170	794,488	(78,682)
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,257,000			1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,257,000			1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,257,000		1,257,000	1,257,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Purchase	1,100,000			1,100,000	1,100,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,100,000		1,100,000	1,100,000	
Collective Short Term Investment Fund	Money Market Fund Shares	Sales		1,095,000		1,095,000	1,095,000	

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Description of Transaction	(d) Purchase Price	(f) Selling Price	(g) Expense Incurred with Transaction	(h) Cost	(i) Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5%								
Collective Short Term Investment Fund	Money Market Fund Shares	Purchases (61)	$ 7,364,029			$ 7,364,029	$ 7,364,029	
		Sales (52)		$ 7,518,840		7,518,840	7,518,840	
Dodge & Cox Income Fund	Registered investment companies	Sales (1)		1,143,983		1,172,827	1,143,983	$ (28,844)
Fidelity 500 Index Fund	Registered investment companies	Purchases (7)	544,815			544,815	544,815	
		Sales (3)		515,000		375,123	515,000	139,877
Invesco International Growth Fund R6	Registered investment companies	Sales (2)		919,488		1,008,856	919,488	(89,368)
John Hancock International Dynamic Growth Fund R6	Registered investment companies	Purchases (4)	836,705			836,705	836,705	
Vanguard Interm.-Term Investment-Grade Fund Admiral	Registered investment companies	Purchases (12)	1,169,223			1,169,223	1,169,223	

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
COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COMMUNITY HEALTH NETWORK, INC.

D Employer Identification Number (EIN)
35-0983617

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**	9,992,407
b Actuarial value	**2b**	9,439,642

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	674	6,228,518	6,228,518
b For terminated vested participants	280	3,538,534	3,538,534
c For active participants	88	718,652	720,567
d Total	1,042	10,485,704	10,487,619

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**	5.31%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	504,000
c Target normal cost	**6c**	504,000

Statement by Enrolled Actuary

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

SIGN HERE DAREN L ANDERSON DLA — Signature of actuary

08/06/2026 — Date

DAREN L. ANDERSON — Type or print name of actuary

2606530 — Most recent enrollment number

MERCER — Firm name

612-642-8896 — Telephone number (including area code)

333 SOUTH 7TH STREET
SUITE 1400
MINNEAPOLIS MN 55402
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 10.36%	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)		1,143,447
	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 4.99%		57,058
	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		1,200,505
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00%
15	Adjusted funding target attainment percentage	15	90.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.01%
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
01/15/2025	601,444	0			
09/02/2025	18,000	0			
			Totals ► 18(b)	619,444	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	617,640

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	504,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,047,977	112,797
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**	616,797

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

36 Additional cash requirement (line 34 minus line 35)	**36**	616,797
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	617,640
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	843
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 ☒ 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 iss shown below. 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)
62	100%	1,000	1,000	62,000
Total			1,000	62,000
Average				62.00

Schedule SB, line 26b — Schedule of Projected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	391,624	2,414,790	699,043	3,505,457
2026	29,117	121,980	675,831	826,928
2027	28,030	104,399	650,897	783,326
2028	28,078	101,875	624,463	754,416
2029	28,061	95,081	596,741	719,883
2030	27,973	86,608	567,934	682,515
2031	27,806	85,896	538,239	651,941
2032	27,552	85,036	507,850	620,438
2033	27,205	84,020	476,968	588,193
2034	26,760	82,840	445,796	555,396
2035	26,211	81,478	414,542	522,231
2036	25,558	79,922	383,413	488,893
2037	24,802	78,159	352,612	455,573
2038	23,946	76,181	322,332	422,459
2039	23,001	73,981	292,760	389,742
2040	21,976	71,553	264,073	357,602
2041	20,883	68,900	236,441	326,224
2042	19,734	66,026	210,035	295,795
2043	18,537	62,941	185,011	266,489
2044	17,303	59,663	161,522	238,488
2045	16,039	56,214	139,702	211,955
2046	14,754	52,620	119,660	187,034
2047	13,458	48,912	101,472	163,842
2048	12,161	45,121	85,173	142,455
2049	10,877	41,284	70,758	122,919
2050	9,621	37,439	58,186	105,246
2051	8,408	33,631	47,376	89,415
2052	7,254	29,907	38,218	75,379
2053	6,173	26,313	30,575	63,061
2054	5,179	22,893	24,291	52,363
2055	4,279	19,687	19,201	43,167
2056	3,479	16,727	15,138	35,344
2057	2,781	14,034	11,936	28,751
2058	2,184	11,624	9,442	23,250
2059	1,683	9,500	7,518	18,701
2060	1,272	7,658	6,044	14,974
2061	942	6,087	4,921	11,950
2062	682	4,769	4,066	9,517
2063	483	3,683	3,415	7,581

Schedule SB, line 26b — Schedule of Projected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	334	2,803	2,918	6,055
2065	226	2,102	2,538	4,866
2066	149	1,554	2,246	3,949
2067	95	1,133	2,019	3,247
2068	60	815	1,840	2,715
2069	36	578	1,699	2,313
2070	21	405	1,584	2,010
2071	12	281	1,488	1,781
2072	7	192	1,405	1,604
2073	4	130	1,328	1,462
2074	2	87	1,255	1,344

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: January 1, 1981 Restated plan: Complete re-statement January 1, 2013 Plan year: January 1 through December 31
Most recent amendment	There have been amendments to the plan document effective January 1, 2019.
Status of the plan	The plan has ongoing benefit accruals but no new employees are eligible to participate in the plan.
Significant events that occurred during the year	None

Definitions

• Covered employees	Any Employee who was a plan participant on or prior to December 31, 1983.
• Qualified Family Member	A member of the Participant's family (other than a parent, grandchild or divorced spouse) who is (or would have been, if the Employer had not withdrawn from Social Security) presently entitled to a wife's, husband's, widow's, widower's, mother's or child's benefit under the SSA
• Service	Period of employment calculated in completed years and months with each 30 days counting as a month and each 365 days counting as a year.
• Assumed Average Indexed Monthly Earnings	Average Indexed Monthly Earnings, determined under the SSA in effect at the Participant's termination of employment, that the Participant would have at Normal Retirement Age (or at termination of employment if after Normal Retirement Age) based on actual earnings covered under the SSA (excluding earnings from self-employment and earnings from other employers on or after January 1, 1981 while employed by the Employer) and assuming earnings for each year ending after termination of employment and the earlier of Normal Retirement Age and Early Retirement Date, equal his FICA wages from the employer for the last 12 months of employment (covered up to the maximum amount creditable under the SSA). The national average earnings used for indexing earnings in calendar years for which average is unavailable is the same as for the most recent available year.
• Potential Average Indexed Monthly Earnings	Other than death or disability, the same as Assumed Average Indexed Monthly Earnings but assuming actual earnings for prior calendar years were covered up to the maximum amounts creditable under the SSA. For death or disability, the same as Potential Average Indexed Monthly Earnings for other than death or disability except that Average Indexed Monthly Earnings is under the SSA in effect at death or disability.
• Assumed Social Security Benefit	Estimated monthly primary insurance amount that Participant is or would be entitled to starting at Normal Retirement Age under the SSA, determined using Assumed Average Indexed Monthly Earnings and the Social Security benefit formula at the earlier of calendar year when Participant terminates employment or year which Participant reaches Early Retirement Age.
• Potential Social Security Benefit	Other than death or disability, the same as Assumed Social Security Benefit except that Potential Average Indexed Monthly Earnings is used. For death or disability, the same as Potential Social Security Benefit for other than death or disability except that the Social Security benefit formula is at the earliest to occur of the Participant's death, disability or attainment of Early Retirement Age.

Schedule SB, Part V — Summary of Plan Provisions

• Actuarial equivalent	7% interest and UP 1984 Mortality Table (Unisex) for other than present value determinations
Normal retirement	
• Eligibility	Normal Retirement Age under Section 216(l) of the SSA without regard to the age increase factor and with early retirement age under Section 216(l)(2) equal to age 62. Normal Retirement Date is the last day of the month on or after the date of retirement but on or within one month of Normal Retirement Age.
• Benefit	The sum of: (i) the Potential Social Security Benefit less Assumed Social Security Benefit multiplied by the late retirement credit under the SSA (based on the number of complete months, up to Social Security maximum that Normal Retirement Date follows Normal Retirement Age) multiplied by the Social Security cost of living escalators, if any, for each year beginning with the year Participant attains Early Retirement Age and ending with the year of retirement (if year of retirement is in the last half of the year) or the prior year if not, and (ii) 50% of the amount in (i), ignoring the late retirement adjustment, for each Qualified Family Member At maximum, 175% of (i). The amount in (i) does not change due to increases in Social Security benefits after the benefit commences. The amount in (ii) changes each time the Qualified Family Member group changes.
Early retirement	
• Eligibility	Early Retirement Age is age first eligible to receive a primary Social Security old-age benefit. Early Retirement Date is last day of month on or after date employment terminates on or after Early Retirement Age and before Normal Retirement Age.
• Benefit	Calculated the same as the Normal Retirement Benefit but reduced by 5/9% per month for each month payment begins prior to Normal Retirement Age
Late retirement	
• Eligibility	Late retirement date is last day of the month on or after Participant's date of termination which is on or after one month from Normal Retirement Age.
• Benefit	Calculated the same as the Normal Retirement Benefit.
Deferred vested	
• Eligibility	Vested Retirement Age is earlier of age 65 or completion of five years of Service. Vested Retirement Date is last day of any month on or after Early Retirement Age but not later than the last day of month on or after Normal Retirement Age.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Benefit if terminates before Early Retirement Age is the greater of benefit computed like normal retirement benefit at date of termination and benefit recomputed like normal retirement benefit based on the SSA, indexing factors, and Social Security benefit formula in effect at Early Retirement Age and any cost of living escalators from Early Retirement Age until retirement. Benefit is reduced based on the SSA early commencement reductions based on the period between payment date and Normal Retirement Age.
Disability	
• Eligibility	Participant disabled such that he is unable to engage in any substantial gainful activity and such disability is expected to result in death or be of long, continued duration of not less than 12 months. Determination of permanent and total disability by Social Security Administration is considered conclusive. In all other cases, determination is by plan administrator and must comply with the Americans with Disabilities Act. At some point must have met the quarters of coverage requirement for a disability benefit under the SSA if all Employer employment was counted as covered employment.
• Benefit	The sum of: (i) the Potential Social Security Benefit less actual primary Social Security disability benefit, and (ii) 50% of the amount in (i) for each Qualified Family Member At maximum, 150% of (i). The amount in (i) does not change due to increases in Social Security benefits after the benefit commences. The amount in (ii) changes each time the Qualified Family Member group changes. Begins at the age of 62 and ends at the earlier of recovery, expiration of a rehabilitation period or death.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	An ERISA benefit is payable upon death to a Surviving Spouse who is not a Qualified Family Member and is payable until the Surviving Spouse becomes a Qualified Family Member. It equals 50% of the early retirement benefit the participant would have received had he or she not died but not less than the 100% Qualified Joint and Survivor annuity the participant would have received had he or she retired rather than died with that form of payment (immediate if death after Early Retirement Age or survived to Early Retirement Age if death before Early Retirement Date). A Survivor Benefit is payable upon the Participant's death to Qualified Family Members if the Participant either (i) dies while active or (ii) dies after having terminated employment and was over age 55 with 10 years of Service or over age 62 when they terminated employment, provided in either situation that while employed he or she met the quarters of coverage requirement for death benefits under the SSA if all employment with the Employer counted as covered employment. The benefit equals the sum of: (i) payment to a surviving spouse who is a Qualified Family Member, other than by reason of being entitled to a spouse's benefit, equal to excess of the Potential Social Security Benefit over the actual Primary Social Security insurance amount under the SSA at time of death, reduced using the Social Security early commencement factors for the period the first spouse benefit payment precedes the spouse's Normal Retirement Age, and (ii) payment to each other Qualified Family Member of 75% of excess of Potential Social Security Benefit over actual primary Social Security insurance amount under the SSA at time of death. At maximum, 175% of (i) before early retirement reduction. Commencement and duration follow the SSA.
• Benefit increases	Benefits in pay status are increased every December 1 by the percentage that Social Security benefits are increased. In the case of a spouse who becomes a Qualified Family Member, increases that occurred between the time benefits could have first been paid if the spouse was a Qualified Family Member and the date the spouse does become a Qualified Family Member are included. Increases over 7% require approval of the Board of Directors.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for participants without Qualified Family Member(s)	Life annuity
• Automatic form for participants with Qualified Family Member(s)	100% of benefit amount to be paid to the participant for life plus 50% of the amount to be paid to each Qualified Family Member(s) for participant's life (up to 175% of the total benefit). Upon the death of either the Participant or Qualified Family Members, the survivor receives 100% of the benefit.
• Optional forms	Lump sum (based on factors from Appendix A of the plan document)
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2013, are included in this valuation:

- **Most recent plan amendments included:** There have been amendments to the plan document effective January 1, 2019.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The accrued benefit is increased by "late retirement credits" as defined by the Social Security Act (SSA) for each complete month, if any, (up to the maximum) between the dates a participant reaches SSNRA and actual retirement. In addition, any applicable "cost of living escalators" as announced by the Social Security Administration from early retirement eligibility to actual retirement is applied annually.
  - *Deferred vested participants:* The accrued benefit is valued with applicable "cost of living escalators" and the lump sum values of retroactive payments to age 65 with interest are included in the liability.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

Schedule SB, Part V — Summary of Plan Provisions

- **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.

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 which 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. The target normal cost does not reflect any limitation on benefit accruals.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

COMMUNITY HOSPITALS OF INDIANA REPLACEMENT PLAN

EIN 35-0983617 PN 003

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) and (c)		(d)	(e)
	Identity of Issue / Description of Investment	**Number of Shares/Units**	**Cost**	**Current Value**
	INVESTMENTS AT FAIR VALUE:			
	REGISTERED INVESTMENT COMPANIES			
	ARGA Emrgn Mkt	31,140	$ 325,661	$ 436,265
	Cohen & Steers Inst Realty Shares	6,308	313,636	302,140
	Dodge & Cox Intl Stock Fund	57,886	665,596	952,810
	DWS RREEF Real Assets Fund - Class Inst	48,088	571,581	602,537
	Fidelity 500 Index Fund	12,875	2,151,275	3,060,613
	Fidelity Salem Street Trust Spartan Mid Cap Index Fund	24,496	807,115	904,652
	GQG PRTN Instl	22,846	380,376	406,663
	John Hancock International Dynamic Growth Fund R6	57,480	785,611	906,461
	Neuberger Berman Intrinsic Value	12,997	208,996	318,036
	Vanguard Interm.-Term Investment-Grade Fund Admiral	122,397	1,064,959	1,093,008
	Vanguard Long-Term Investment-Grade Fund Admiral	55,125	422,597	423,356
	Vanguard Short-Term Investment-Grade Fund Admiral	26,358	273,945	277,290
	Vanguard Small Cap Growth Index	3,295	154,752	279,983
	Total Registered Investment Companies		8,126,100	9,963,814
	MONEY MARKET FUND SHARES			
*	Collective Short Term Investment Fund	210,952	210,952	210,952
	TOTAL		$ 8,337,052	$ 10,174,766

* Party-in-interest, but not prohibited 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 the Pension Protection Act of 2006 (PPA) 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**
2023	$ 1,971,126	13	$ 202,584
2024	(841,148)	14	(82,141)
2025	(82,001)	15	(7,646)
Total	$ 1,047,977		$ 112,797

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

The following changes were made since the January 1, 2024 valuation:

- The expense assumption was updated to reflect actual prior year dollar amount.
- The expected investment return decreased from 6.87% for 2024 to 6.71% for 2025.