

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☒ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PRINCETON COMMUNITY HOSPITAL PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/2023
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) PRINCETON COMMUNITY HOSPITAL 122 TWELFTH STREET PRINCETON, WV 24740
2b	Employer Identification Number (EIN) 55-0483245
2c	Plan Sponsor's telephone number 304-431-5278
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.	01/27/2025	DIANE SPENCER
	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 ☒ 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	5 540
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 0 6a(2) 78 6b 378 6c 76 6d 532 6e 0 6f 532 6g(1) 6g(2) 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 Characteristics Codes in the instructions:

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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 PRINCETON COMMUNITY HOSPITAL PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PRINCETON COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 55-0483245
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	65458742	
b	Actuarial value	2b	65458742	
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	358	77616044	77616044
b	For terminated vested participants	77	11756724	11756724
c	For active participants	106	31002318	31172273
d	Total	541	120375086	120545041
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	5.19 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	403920	
c	Target normal cost	6c	403920	

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		10/14/2024
	Signature of actuary	Date
JOHN MORRISON	Type or print name of actuary	23-07677
		Most recent enrollment number
JOHN HANCOCK	Firm name	781-619-2000
		Telephone number (including area code)
200 BERKELEY STREET BOSTON, MA 02116-5023	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 0.00 %	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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 0.00 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	54.30 %
15 Adjusted funding target attainment percentage	15	54.30 %
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	0.00 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	54.30 %

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
03/04/2024	3744	0			
04/11/2024	1567	0			
09/11/2024	5932584	0			
			Totals ►	18(b)	5937895
				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	5449743
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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 % ☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	403920	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	55086299	5044842	
b Waiver amortization installment		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	5448762	
	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	5448762	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5449743	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	981	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan PRINCETON COMMUNITY HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCETON COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 55-0483245

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).....

No

Yes

☒
- b

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

(b)

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

(b)

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

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

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

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

MORGAN STANLEY

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	RETAINED BY EMPLOYER	284888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK

01-0233346

(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?
15	RECORDKEEPER	175479	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan PRINCETON COMMUNITY HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCETON COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 55-0483245	

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	11516549	1193612
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	5937895
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	54196155
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	6734504	2192479
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	4758535	0
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	32388141	53371
(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)	4007846	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	6053167	6005330

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	65458742	69578842
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	65458742	69578842

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)	5937895	
(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)		5937895
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	457404	
(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)		457404
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1262863	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		1262863
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6017564	
(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)		6017564
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-1158465	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		323712
d Total income. Add all income amounts in column (b) and enter total	2d		12840973

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7856586	
(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)		7856586
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)	317149	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	143218	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	403920	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		864287
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8720873

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4120100
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 522540.

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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan PRINCETON COMMUNITY HOSPITAL PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRINCETON COMMUNITY HOSPITAL				D Employer Identification Number (EIN) 55-0483245	
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): 80-0709115					
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	3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Princeton Community Hospital Pension Plan

Financial Statements and
Supplementary Information

December 31, 2023 and 2022

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Statements of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	18
Schedule H, Line 4(j) - Schedule of Reportable Transactions	21

Independent Auditors' Report

To the Plan Administrator of
Princeton Community Hospital Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2023 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2023 Financial Statements section:

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

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2023 Financial Statements section of our report. We are required to be independent of the 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 2023 Financial Statements

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

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 the Plan's ability to continue as a going concern for at least one year following the date that 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.

Auditors' Responsibilities for the Audit of the 2023 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — 2023 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter — Report on Compiled 2022 Financial Statements

Management is responsible for the accompanying 2022 financial statements of the Plan, which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2022, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed the compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the 2022 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2022 financial statements.

Baker Tilly US, LLP

Pittsburgh, Pennsylvania
January 13, 2025

Princeton Community Hospital Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

	2023	2022 (Compiled)
Assets		
Cash and cash equivalents	\$ 1,193,612	\$ 11,516,549
Investments at fair value		
Mutual funds	-	4,007,846
Common stocks	53,371	32,388,141
U.S. government securities	2,192,479	6,734,504
Corporate bonds	-	4,758,535
Interests in limited liability companies	6,005,330	6,053,167
Total investments at fair value	8,251,180	53,942,193
Receivables		
Employer contributions	5,937,895	-
Amounts due from brokers for securities sold	54,196,155	-
Total receivables	60,134,050	-
Total assets	69,578,842	65,458,742
Net assets available for benefits	\$ 69,578,842	\$ 65,458,742

See notes to financial statements

Princeton Community Hospital Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

Additions

Investment income

Interest and dividends	\$ 1,880,373
Net appreciation in fair value of investments	5,022,705

Total investment income

6,903,078

Contributions

Employer contributions	5,937,895
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Total additions

12,840,973

Deductions

Benefits paid to participants	7,856,586
Administrative expenses	864,287

Total deductions

8,720,873

Net increase (decrease)

4,120,100

Net assets available for benefits

Beginning of year (compiled)	65,458,742
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End of year

\$ 69,578,842

See notes to financial statements

Princeton Community Hospital Pension Plan

Statements of Accumulated Plan Benefits

December 31, 2023 and 2022

	2023	2022 (Compiled)
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 80,676,337	\$ 69,180,198
Other participants	30,236,627	36,997,845
Total vested benefits	110,912,964	106,178,043
Nonvested benefits	29,041	252,867
Total actuarial present value of accumulated plan benefits	\$ 110,942,005	\$ 106,430,910

See notes to financial statements

Princeton Community Hospital Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year (compiled)	\$ 106,430,910
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	4,704,292
Benefits accumulated	1,150,267
Increase for interest	6,513,122
Benefits paid	(7,856,586)
Net increase (decrease)	4,511,095
Actuarial present value of accumulated plan benefits at end of year	\$ 110,942,005

See notes to financial statements

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

1. Description of Plan

The following description of the Princeton Community Hospital Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan that was originally established as a governmental plan effective June 30, 2022, as restated January 1, 2023. The Plan is sponsored by Princeton Community Hospital Association, Inc. (the Company). The Company previously sponsored and maintained the Retirement Plan for the Employees of Princeton Community Hospital (the Predecessor Plan), which was established effective July 1, 1973. Participation in the Predecessor Plan was frozen effective December 26, 2021, and benefits earned under the Predecessor Plan were frozen effective January 1, 2022. Prior to the freeze of the Predecessor Plan, it covered all employees of the Company, excluding leased employees, independent contractors, union employees, and employees of the Princeton Health and Fitness Center.

The Plan was established from the spin-off of certain participants of the Previous Plan, which include: (a) participants employed by the Company on January 1, 2022 with an accrued benefit of at least \$2,000 per month; (b) retired participants with a monthly payment of at least \$750 per month as of January 1, 2022; and (c) former employees who have not yet started to receive a benefit under the Plan as of January 1, 2022. Accordingly, the benefit obligations associated with these participants was assumed by the Plan, and net assets available for benefits of approximately \$72 million were transferred from the Predecessor Plan to the Plan during 2022.

Effective January 1, 2023, the Company entered into an affiliation agreement with the West Virginia United Health System. At that time, the Plan no longer qualified as a governmental plan and became subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Defined Benefit Plan Investment Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2023. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55 and completion of 10 years of service. The monthly pension benefit for a participant retiring at normal retirement age is based on one-twelfth the greater of (a) or (b):

(a) 2.3% of compensation for each year of service up to March 27, 2005; plus 2.0% of compensation for each year of service on and after March 27, 2005; plus, effective January 1, 2022 for employees hired prior to March 27, 2005, 2.0% times the product of (i) the number of accrued and unused sick days (if any), multiplied by (ii) the regular daily rate of basic salary in effect as of the last day of employment with the Company.

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

(b) 2.3% of compensation during year compensation was greatest from January 1, 1985 through December 31, 1989 or January 1, 1992 through December 31, 1996, for each past year of service; plus 2.3% of compensation for each future year of service, up to March 27, 2005; plus 2.0% of compensation for each future year of service on and after March 27, 2005; plus, effective January 1, 2022 for employees hired prior to March 27, 2005, 2.0% times the product of (i) the number of accrued and unused sick days (if any), multiplied by (ii) the regular daily rate of basic salary in effect as of the last day of employment with the Company.

Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity, however, if a terminated participant's vested balance is less than or equal to \$5,000, the amount may be automatically distributed in the form of a lump-sum cash payment or rollover to an IRA, depending on the balance.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled before March 26, 2005 will continue to be credited with years of service during the disability period and will be credited with compensation equal to the rate of pay at the time of disability times the number of hours the employee is scheduled to work. Active employees who become totally disabled after March 26, 2005 will continue to earn years of service under the Plan towards the 10 or 20 year criteria for early retirement.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Defined Benefit Plan Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 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.

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Subsequent Events

Subsequent events were evaluated through January 13, 2025, the date the financial statements were available to be issued.

Effective November 29, 2023, the Company's Board of Directors approved a resolution to establish a master trust to provide a source of funding for certain defined benefit plans sponsored by entities within the controlled group of West Virginia United Health System, including the Plan. Principal Trust Company has been named trustee of this master trust arrangement, which was established on January 2, 2024. On that date, all of the Plan's investments were transferred to the newly-established master trust arrangement. In anticipation of this transfer of the Plan's investments to the master trust arrangement, approximately \$54.2 million of investment sales were awaiting settlement as of December 31, 2023.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2023	December 31, 2022 (Compiled)
Discount rate	6.00%	6.50%
Mortality	Pri-2012 Total Dataset Mortality Table with Scale MP-2021	Pri-2012 Total Dataset Mortality Table with Scale MP-2021
Retirement age	Age 65 or age 55 with 10 years of service	Age 65 or age 55 with 10 years of service

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 assumed rate of interest used to value the present value of accumulated plan benefits decreased from 6.50% to 6.00%, resulting in an increase of approximately \$4.7 million in actuarial present value of accumulated benefits for the year ended December 31, 2023.

4. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022

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

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

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

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

Investments measured at net asset value: Consisting of interests in limited liability companies (LLC), valued at the NAV of units of a LLC. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the LLC less its liabilities. This practical expedient is not used when it is determined to be probable that the LLC will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the LLC interest, the investment adviser reserves the right to temporarily delay withdrawal from the LLC in order to ensure that securities liquidations will be carried out in an orderly business manner. Ironwood Institutional Multi-Strategy Fund LLC's investment strategy is to achieve capital appreciation with limited variability of returns. SkyBridge Multi-Adviser Hedge Fund Portfolios LLC's investment strategy is to achieve capital appreciation principally through investing in alternative investments that offer unique types of risk that are difficult to access directly and are different from those offered by stocks and bonds.

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023 and 2022:

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Common stocks	\$ 53,371	\$ -	\$ -	\$ 53,371
U.S. government securities	2,192,479	-	-	2,192,479
Total assets in the fair value hierarchy	2,245,850	-	-	2,245,850
Investments measured at net asset value (a)	-	-	-	6,005,330
Total investments at fair value	\$ 2,245,850	\$ -	\$ -	\$ 8,251,180

Assets at Fair Value as of December 31, 2022 (Compiled)	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,007,846	\$ -	\$ -	\$ 4,007,846
Common stocks	32,388,141	-	-	32,388,141
U.S. government securities	6,734,504	-	-	6,734,504
Corporate bonds	-	4,758,535	-	4,758,535
Total assets in the fair value hierarchy	43,130,491	4,758,535	-	47,889,026
Investments measured at net asset value (a)	-	-	-	6,053,167
Total investments at fair value	\$ 43,130,491	\$ 4,758,535	\$ -	\$ 53,942,193

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Ironwood Institutional Multi-Strategy Fund LLC	\$ 2,609,785	\$ -	Semi-annually	Up to 90 days
SkyBridge Multi-Adviser Hedge Fund Portfolios LLC	3,395,545	-	Quarterly	Up to 120 days
Total	\$ 6,005,330	\$ -		

December 31, 2022 (Compiled)	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Ironwood Institutional Multi-Strategy Fund LLC	\$ 2,453,455	\$ -	Semi-annually	Up to 90 days
SkyBridge Multi-Adviser Hedge Fund Portfolios LLC	3,599,712	-	Quarterly	Up to 120 days
Total	\$ 6,053,167	\$ -		

5. Concentrations

As of December 31, 2023 and 2022, the Plan had investments of \$6,005,330 and \$8,872,441 (compiled), respectively that were concentrated in two funds and one fund, respectively.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022. Accordingly, John Hancock Trust Company, LLC, the Trustee of the Plan, has certified to the completeness and accuracy of all investments, including investment-related receivables, reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2023 and 2022, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2023.

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

7. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with John Hancock Trust Company, LLC, the Trustee of the Plan. Contributions are held and managed by the Trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

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

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

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

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

9. Tax Status

Since no longer qualifying as a governmental plan and becoming subject to the provisions of ERISA effective January 1, 2023, as described in Note 1, the Plan has yet to apply for a determination letter from the IRS stating that the Plan is qualified under the applicable sections of the Internal Revenue Code (IRC). However, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore, the related trust is exempt from taxation.

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

Princeton Community Hospital Pension Plan

Notes to Financial Statements

December 31, 2023 and 2022

10. Risks and Uncertainties

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

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

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Sberbank Russia	Common stock	\$ 28,821	\$ 53,371
	Interests in limited liability companies			
	Ironwood	Institutional Multi-Strategy Fund LLC	2,513,999	2,609,785
	SkyBridge	Multi-Adviser Hedge Fund Portfolios LLC	4,800,094	3,395,545
			7,314,093	6,005,330
	U.S. government securities			
	U.S Treasury Note	Coupon rate: 2.250%; matures 8/15/2027	580,877	556,256
	U.S Treasury Note	Coupon rate: 2.750%; matures 8/15/2032	134,924	134,712
	U.S Treasury Note	Coupon rate: 4.125%; matures 11/15/2032	138,321	134,258
	U.S Treasury Bond	Coupon rate: 3.125%; matures 8/15/2044	119,656	106,883
	U.S Treasury Bond	Coupon rate: 2.875%; matures 11/15/2046	144,047	122,795
	FHLMC 15 Year Gold ZS8670	Coupon rate: 3.500%; matures 9/1/2032	27,985	26,036
	FNMA Pool MA640	Coupon rate: 3.500%; matures 5/1/2037	11,611	11,518
	FNMA Pool MA2920	Coupon rate: 3.000%; matures 3/1/2047	23,172	21,045
	FNMA Pool FM3664	Coupon rate: 4.000%; matures 3/1/2049	100,512	90,760
	FNMA Pool BN6594	Coupon rate: 4.000%; matures 5/1/2049	29,143	26,450
	FNMA Pool CA3872	Coupon rate: 3.500%; matures 7/1/2049	98,717	87,117

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	FNMA Pool CA4074	Coupon rate: 3.500%; matures 8/1/2049	\$ 47,727	\$ 42,267
	FHLMC 30 Year Gold SD8004	Coupon rate: 3.000%; matures 8/1/2049	48,974	42,140
	FNMA Pool FM6039	Coupon rate: 3.500%; matures 6/1/2050	21,093	18,491
	FNMA Pool FS4371	Coupon rate: 3.500%; matures 2/1/2052	112,493	112,973
	FHLMC 30 Year Gold SD8195	Coupon rate: 3.000%; matures 2/1/2052	55,359	54,573
	FHLMC 30 Year Gold RA6945	Coupon rate: 3.500%; matures 3/1/2052	8,562	8,886
	FNMA Pool FS2676	Coupon rate: 3.000%; matures 6/1/2052	7,141	7,421
	FNMA Pool MA4732	Coupon rate: 4.000%; matures 9/1/2052	73,060	72,349
	FNMA Pool CB5664	Coupon rate: 4.000%; matures 2/1/2053	9,399	10,098
	FHLMC 30 Year Gold SD8336	Coupon rate: 3.500%; matures 4/1/2053	7,839	8,095
	FHLMC 30 Year Gold GO8694	Coupon rate: 4.000%; matures 2/1/2046	19,912	18,104
	FHLMC 30 Year Gold GO8737	Coupon rate: 3.000%; matures 12/1/2046	81,629	75,189
	FNMA Pool MA4378	Coupon rate: 2.000%; matures 7/1/2051	116,007	94,347
	FNMA Pool MA4379	Coupon rate: 2.500%; matures 7/1/2051	131,684	110,371
	FNMA Pool MA4578	Coupon rate: 2.500%; matures 4/1/2052	28,743	27,986
	FHLMC 30 Year Gold SD8206	Coupon rate: 3.000%; matures 4/1/2052	27,025	26,489
	FHLMC 30 Year Gold SD8214	Coupon rate: 3.500%; matures 5/1/2052	25,433	25,039

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC 30 Year Gold SD2254	Coupon rate: 3.500%; matures 7/1/2052	\$ 62,433	\$ 62,312
	FHLMC 30 Year Gold SD8277	Coupon rate: 5.500%; matures 12/1/2052	47,192	47,177
	FNMA Pool MA4979	Coupon rate: 5.500%; matures 4/1/2053	10,350	10,342
			2,351,020	2,192,479
			\$ 9,693,934	\$ 8,251,180

*A party in interest as defined by ERISA.

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

Year Ended December 31, 2023

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
iShares	20+ Year Treasury Bond ETF	\$ -	\$ 4,500,466	\$ -	\$ -	\$ 4,533,987	\$ -	\$ (33,521)
Vanguard	Growth ETF	3,847,731	-	-	-	-	-	-
Vanguard	Growth ETF	-	4,273,681	-	-	3,847,731	-	425,950
iShares	Core Msci International Developed Market	3,903,739	-	-	-	-	-	-
iShares	Core Msci International Developed Market	-	4,112,403	-	-	3,903,739	-	208,664
iShares	Short Treasury Bond ETF	3,898,602	-	-	-	-	-	-
iShares	Short Treasury Bond ETF	-	3,897,863	-	-	3,898,602	-	(739)
Total Single Transactions		\$11,650,072	\$16,784,413	\$ -	\$ -	\$16,184,059	\$ -	\$ 600,354

Series Transactions

iShares	20+ Year Treasury Bond ETF (2 purchases)	\$ 4,533,897	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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*A party in interest as defined by ERISA.

Attachment to 2023 Form 5500

Schedule SB, line 26: schedule of active participant data

Plan name: Princeton Community Hospital Pension Plan

EIN: 55-0483245

Plan sponsor: Princeton Community Hospital

PN: 001

Schedule of active participant data

Years of credited service											
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	>40	Total
Attained Age											
<25											
25-29			2								2
30-34			1								1
35-39			1	2							3
40-44			1								1
45-49				1	1	5	5				12
50-54			2	2		1	3	8	1		17
55-59			1	1	1	2		4	8		17
60-64		1	1	1	1		3	4	6	16	33
65-69		1		1		1		2		13	18
>70										2	2
Total		2	9	8	3	9	11	18	15	31	106

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Princeton Community Hospital Pension Plan
Plan sponsor: Princeton Community Hospital

EIN: 55-0483245
PN: 001

Actuarial cost method**Funding target and target normal cost**

An actuarial cost method allocates the expected cost of a pension plan on a year-by-year basis. The primary objective is to accumulate enough assets prior to each participant's retirement to provide the promised pension benefits.

The Pension Protection Act of 2006 (PPA) requires plan sponsors to use the Traditional Unit Credit actuarial cost method in which the estimated accrued benefit is based on service and, if applicable, earnings as of the valuation date. The funding target is equal to the actuarial present value of all accrued benefits as of the valuation date. The target normal cost is the actuarial present value, as of the valuation date, of the expected increases in projected accrued benefits attributable to service expected to be completed during the plan year (i.e., if applicable, one year's salary growth is reflected in the determination of target normal cost).

For tax deduction purposes, the funding target may reflect the value of future pay increases on accrued benefits, if applicable.

PPA discounting method

The plan sponsor must choose between full yield curve spot rates or a segmented yield curve of 24-month average corporate bond rates. If the segmented yield curve is selected, the plan sponsor can use either the rates as of the month of the valuation or as of a lookback month, up to 4 months prior to the valuation date. If the full yield curve is selected, the rates as of the month of valuation must be used.

For purposes of this valuation, the following discounting method was used and is assumed to be approved by the plan sponsor:

January 2023 segment rates, adjusted so each segment rate is no less than the applicable minimum percentage* of the corresponding 25-year average segment rate for the calendar year that contains the first day of the plan year and no more than the applicable maximum percentage of that 25-year average segment rate. The 25-year average cannot be less than 5.0% prior to application of the corridor.**

Asset valuation method

Plan assets for purposes of this actuarial valuation are valued at their fair market value, including, if applicable, discounted receivable contributions.

* Minimum is 95% through 2030, decreasing 5% per year beginning in 2031 until 70% is reached in 2035

** Maximum is 105% through 2030 and increasing 5% per year beginning in 2031 until 130% is reached in 2035

Attachment to 2023 Form 5500

Schedule SB, Part V: statement of actuarial assumptions and methods

Plan name: Princeton Community Hospital Pension Plan

EIN: 55-0483245

Plan sponsor: Princeton Community Hospital

PN: 001

Actuarial assumptions

Actuarial assumptions

Economic Assumptions

<u>PPA Segment Rates</u>	<u>Funding Target</u>
- Segment 1: Up to Year 5	4.75%
- Segment 2: Years 5-20	5.00%
- Segment 3: Years 20+	5.74%

Funding assumed investment return: 6.50% (limited to 3rd segment rate)

Annual rates of increase:

- Salaries	N/A
- Future Social Security wage bases	N/A
- Statutory limits on compensation and benefits	N/A

Demographic Assumptions

Mortality:

- Funding Target / PBGC	2023 IRS Static Mortality Table
-------------------------	---------------------------------

Terminations:

Select turnover of 40% the first year, 20% the next three years and ultimate Crocker and Sarason T5 Turnover thereafter. Illustrative annual rates of withdrawal are as follows:

<u>Age</u>	<u>Rate</u>
25	7.724%
30	7.222%
35	6.276%
40	5.150%
45	3.975%
50	2.563%
55	0.939%
60	0.090%
63	0.000%

Disability:

None Assumed

Retirement:

Retirements are assumed to occur once a Participant attains age 55 and completes 10 or more Years of Service or attains age 65. In no event is an active Participant assumed to retire beyond age 70.

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-69	15.00%	70	100.00%

Terminated participants are assumed to retire at age 65.

Actuarial assumptions

Miscellaneous Assumptions

Form of Payment:	100% of future retirees from active status are assumed to elect a life annuity
Expenses:	Equal to current year's expected PBGC premium

Rationale for significant assumptions

Economic assumptions

- **Funding assumed investment return:** The assumption was selected by the client based on the plan's asset allocation and long-term capital market assumptions. We believe the assumption is reasonable as it falls within a reasonable range of expected returns for the plan's asset allocation based on capital market assumptions.

Demographic Assumptions

- **Termination/Retirement:** We believe that this assumption is representative of anticipated future experience. Historically this assumption has not produced significant gains or losses for the plan.

Miscellaneous assumptions

- **Expenses:** The assumption is based on the expectation of expenses to be paid out during the plan year, based on actual PBGC expenses projected for the year.
- **Form of payment:** All optional forms are actuarially equivalent, and the assumption is based on the normal form of payment. Historically this assumption has not produced significant gains or losses for the plan.

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

Year Ended December 31, 2023

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
iShares	20+ Year Treasury Bond ETF	\$ -	\$ 4,500,466	\$ -	\$ -	\$ 4,533,987	\$ -	\$ (33,521)
Vanguard	Growth ETF	3,847,731	-	-	-	-	-	-
Vanguard	Growth ETF	-	4,273,681	-	-	3,847,731	-	425,950
iShares	Core Msci International Developed Market	3,903,739	-	-	-	-	-	-
iShares	Core Msci International Developed Market	-	4,112,403	-	-	3,903,739	-	208,664
iShares	Short Treasury Bond ETF	3,898,602	-	-	-	-	-	-
iShares	Short Treasury Bond ETF	-	3,897,863	-	-	3,898,602	-	(739)
Total Single Transactions		\$11,650,072	\$16,784,413	\$ -	\$ -	\$16,184,059	\$ -	\$ 600,354

Series Transactions								
iShares	20+ Year Treasury Bond ETF (2 purchases)	\$ 4,533,897	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*A party in interest as defined by ERISA.

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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 Princeton Community Hospital Pension Plan		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Princeton Community Hospital		D Employer Identification Number (EIN) 550483245
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2023			
2 Assets:			
a Market value.....	2a	65,458,742	
b Actuarial value	2b	65,458,742	
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	358	77,616,044	77,616,044
b For terminated vested participants.....	77	11,756,724	11,756,724
c For active participants.....	106	31,002,318	31,172,273
d Total	541	120,375,086	120,545,041
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	5.19%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b	403,920	
c Target normal cost.....	6c	403,920	

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 John Morrison Type or print name of actuary John Hancock Firm name 200 Berkeley St Boston MA 02116 Address of the firm	10/14/2024 Date 2307677 Most recent enrollment number 781-619-2000 Telephone number (including area code)
--	---

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 <u>0.00</u> %	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)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	54.30 %
15	Adjusted funding target attainment percentage	15	54.30 %
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	0.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	54.3 %

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
03/04/2024	3,744	0			
04/11/2024	1,567	0			
09/11/2024	5,932,584	0			
Totals ▶			18(b)	5,937,895	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 5,449,743
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.00 % 3rd segment: 5.74 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☐ Yes ☒ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years.....	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	403,920
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	55,086,299	5,044,842
b	Waiver amortization installment		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 style="text-align: right;">5,448,762
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....		
36	Additional cash requirement (line 34 minus line 35)		36 style="text-align: right;">5,448,762
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 style="text-align: right;">5,449,743
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	981
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years.....		40 style="text-align: right;">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		

Attachment to 2023 Form 5500

Schedule SB, line 22: description of weighted average retirement age

Plan name: Princeton Community Hospital Pension Plan

EIN: 55-0483245

Plan sponsor: Princeton Community Hospital

PN: 001

Description of weighted average retirement age

Age	Expected Active Headcount	Retirement Rate	Expected Retirements	Weighted Age
55	29.3273	0.1500	4.3991	241.9506
56	29.8896	0.1500	4.4834	251.0723
57	31.3634	0.1500	4.7045	268.1568
58	26.6071	0.1500	3.9911	231.4815
59	26.5668	0.1500	3.9850	235.1161
60	27.5269	0.1500	4.1290	247.7423
61	32.3365	0.1500	4.8505	295.8792
62	30.4077	0.1500	4.5612	282.7917
63	32.7638	0.1500	4.9146	309.6180
64	33.7487	0.1500	5.0623	323.9872
65	37.5756	0.1500	5.6363	366.3620
66	35.8016	0.1500	5.3702	354.4355
67	35.2883	0.1500	5.2932	354.6476
68	31.8375	0.1500	4.7756	324.7420
69	27.9053	0.1500	4.1858	288.8203
70	26.5615	1.0000	26.5615	1,859.3018
71	1.0000	1.0000	1.0000	71.0000
Total			97.9034	6,307.1047
Average				64.42

Attachment to 2023 Form 5500
Schedule SB, Part V: summary of plan provisions

Plan name: Princeton Community Hospital Pension Plan
Plan sponsor: Princeton Community Hospital

EIN: 55-0483245
PN: 001

Summary of plan provisions

Summary of plan provisions

Effective Dates:	Original Plan: July 1, 1973 Amended and Restated: January 1, 2023
Employee:	Any person employed by the Employer, except such a person who is a leased employee.
Eligibility Requirements:	Effective as of June 30, 2022, (a) a Participant who is an Employee on January 1, 2022 with an Accrued Benefit of at least \$2,000 per month (not including any accrued and unused sick days, if any), (b) a Retired Participant with a monthly payment of at least \$750 per month as of January 1, 2022, and (c) a Participant (other than a Former Participant or a Retired Participant) who is a former employee who has not yet started to receive a benefit under the Plan as of January 1, 2022. Effective on and after December 26, 2021, there shall be no new entrants to the Plan.
Year of Service:	Effective prior to January 1, 2023, a full Year of Service shall be credited for each completed 12 months of a Participant's Service in a Plan Year. Service, Future Years of Service or Years of Service are frozen as of December 31, 2021.
Update Year:	The one Plan Year, measured from January 1, 1985 through December 31, 1989, or January 1, 1992 through December 31, 1996, in which the Participant's compensation is greatest.
Past Years of Service:	Equal to the Participant's total Years of Service minus the Participant's Future Years of Service.
Future Years of Service:	Equal to the Participant's Years of Service credited following, but not including, the Update Year.
Normal Retirement Date:	First of the month coincident with or next following attained age 65.

Summary of plan provisions

Compensation:	Employee's regular or base salary or wages, plus commissions, tips, bonuses, overtime, premium, and all other forms of extra compensation actually paid to the Employee by the Employer for the Plan Year, including any "elective contributions" that are not includible in gross income under Code sections 125, 132(f)(4), 402(a)(8), 402(h), or 403(b), and deferrals under an eligible deferred compensation plan within the meaning of Code section 457(b) Compensation shall not include any Compensation earned or paid to the employee on or after January 1, 2022.
Normal Retirement Benefit:	Greater of (a) or (b) below: (a) Two and three-tenths percent (2.3%) of the Participant's Compensation for each Year of Service on and after March 27, 2005; plus effective January 1, 2022, an additional amount equal to two percent (2.0%) times the product of (i) the Participant's accrued and unused sick days (if any) multiplied by (ii) the Participant's regular rate of basic salary in effect as of the last day prior to the Participant's termination of Service with the Employer; or (b) Two and three-tenths percent (2.3%) of the Participant's Compensation during the Update Year, for each Past Year of Service; plus two and three-tenths percent (2.3%) of the Participant's Compensation for each Future Year of Service, up to March 27, 2005; plus two percent (2.0%) of the Participant's Compensation for each Future Year of Service on and after March 27, 2005; plus effective January 1, 2022, an additional amount equal to two percent (2.0%) times the product of (i) the Participant's accrued and unused sick days (if any) multiplied by (ii) the Participant's regular rate of basic salary in effect as of the last day prior to the Participant's termination of Service with the Employer. Effective December 31, 2022, all Compensation and future benefit accruals are frozen, including any accrued and unused sick days (if any).
Normal Form of Benefit:	Single: Life Annuity Married: 50% Joint and Survivor Annuity
Optional Forms of Benefit:	Life Annuity; 5, 10, 15 or 20 Year Certain and Life; 50%, 75%, or 100% Joint and Survivor Annuity
Accrued Benefit:	The Normal Retirement Benefit based on Years of Service and Compensation to date

Summary of plan provisions

Early Retirement Benefit:	Eligibility: Age 55 and 10 Years of Credited Service For Participants with 10 or more Years of Service but less than 20 Years of Service: Actuarially Equivalent Normal Retirement Benefit For Participants with 20 or more Years of Service: Normal Retirement Benefit reduced by 5/12 of one percent for each month payments commence prior to the Normal Retirement Date
Death Benefit:	Payable to spouse of a Participant who dies after becoming vested. The benefit is payable at the earliest retirement age as though the individual retired and elected the 50% Joint and Survivor Annuity Form.
Disability Benefit:	Participant who is determined to be totally disabled by the Social Security Administration or is determined to be totally and permanently disabled by the administrator. A Participant whose Date of Disability occurs after March 27, 2005 shall be eligible to receive a Disability Retirement Benefit as of the Participant's Normal Retirement Date. Such Participant shall not be credited with Compensation or Years of Service after the Date of Disability. A Participant who became disabled on or before March 27, 2005 shall be eligible to receive a Disability Retirement Benefit as of the Participant's Normal Retirement Date. Such Participant shall be credited with a Year of Service for all purposes for each year following the Date of Disability during which the Participant is considered totally and permanently disabled. Deemed Compensation for such Participant is equal to the Participant's rate of pay at the Date of Disability times the number of hours the Participant was scheduled to work at the Date of Disability.
Vesting:	A Participant's Accrued Benefit shall be 100% vested at all times.
Late Retirement Benefit:	Equal to the Accrued Benefit at actual retirement.

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Sberbank Russia	Common stock	\$ 28,821	\$ 53,371
	Interests in limited liability companies			
	Ironwood	Institutional Multi-Strategy Fund LLC	2,513,999	2,609,785
	SkyBridge	Multi-Adviser Hedge Fund Portfolios LLC	4,800,094	3,395,545
			7,314,093	6,005,330
	U.S. government securities			
	U.S Treasury Note	Coupon rate: 2.250%; matures 8/15/2027	580,877	556,256
	U.S Treasury Note	Coupon rate: 2.750%; matures 8/15/2032	134,924	134,712
	U.S Treasury Note	Coupon rate: 4.125%; matures 11/15/2032	138,321	134,258
	U.S Treasury Bond	Coupon rate: 3.125%; matures 8/15/2044	119,656	106,883
	U.S Treasury Bond	Coupon rate: 2.875%; matures 11/15/2046	144,047	122,795
	FHLMC 15 Year Gold ZS8670	Coupon rate: 3.500%; matures 9/1/2032	27,985	26,036
	FNMA Pool MA640	Coupon rate: 3.500%; matures 5/1/2037	11,611	11,518
	FNMA Pool MA2920	Coupon rate: 3.000%; matures 3/1/2047	23,172	21,045
	FNMA Pool FM3664	Coupon rate: 4.000%; matures 3/1/2049	100,512	90,760
	FNMA Pool BN6594	Coupon rate: 4.000%; matures 5/1/2049	29,143	26,450
	FNMA Pool CA3872	Coupon rate: 3.500%; matures 7/1/2049	98,717	87,117

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
	FNMA Pool CA4074	Coupon rate: 3.500%; matures 8/1/2049	\$	47,727	\$ 42,267
	FHLMC 30 Year Gold SD8004	Coupon rate: 3.000%; matures 8/1/2049		48,974	42,140
	FNMA Pool FM6039	Coupon rate: 3.500%; matures 6/1/2050		21,093	18,491
	FNMA Pool FS4371	Coupon rate: 3.500%; matures 2/1/2052		112,493	112,973
	FHLMC 30 Year Gold SD8195	Coupon rate: 3.000%; matures 2/1/2052		55,359	54,573
	FHLMC 30 Year Gold RA6945	Coupon rate: 3.500%; matures 3/1/2052		8,562	8,886
	FNMA Pool FS2676	Coupon rate: 3.000%; matures 6/1/2052		7,141	7,421
	FNMA Pool MA4732	Coupon rate: 4.000%; matures 9/1/2052		73,060	72,349
	FNMA Pool CB5664	Coupon rate: 4.000%; matures 2/1/2053		9,399	10,098
	FHLMC 30 Year Gold SD8336	Coupon rate: 3.500%; matures 4/1/2053		7,839	8,095
	FHLMC 30 Year Gold GO8694	Coupon rate: 4.000%; matures 2/1/2046		19,912	18,104
	FHLMC 30 Year Gold GO8737	Coupon rate: 3.000%; matures 12/1/2046		81,629	75,189
	FNMA Pool MA4378	Coupon rate: 2.000%; matures 7/1/2051		116,007	94,347
	FNMA Pool MA4379	Coupon rate: 2.500%; matures 7/1/2051		131,684	110,371
	FNMA Pool MA4578	Coupon rate: 2.500%; matures 4/1/2052		28,743	27,986
	FHLMC 30 Year Gold SD8206	Coupon rate: 3.000%; matures 4/1/2052		27,025	26,489
	FHLMC 30 Year Gold SD8214	Coupon rate: 3.500%; matures 5/1/2052		25,433	25,039

Princeton Community Hospital Pension Plan

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

EIN: 55-0483245 Plan Number: 001

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC 30 Year Gold SD2254	Coupon rate: 3.500%; matures 7/1/2052	\$ 62,433	\$ 62,312
	FHLMC 30 Year Gold SD8277	Coupon rate: 5.500%; matures 12/1/2052	47,192	47,177
	FNMA Pool MA4979	Coupon rate: 5.500%; matures 4/1/2053	10,350	10,342
			2,351,020	2,192,479
			\$ 9,693,934	\$ 8,251,180

*A party in interest as defined by ERISA.

Attachment to 2023 Form 5500
Schedule SB, line 32: schedule of amortization bases

Plan name: Princeton Community Hospital Pension Plan
Plan sponsor: Princeton Community Hospital

EIN: 55-0483245
PN: 001

Schedule of amortization bases

Type of base	Present value of remaining installments	Valuation date	Years remaining	Amortization installment
Shortfall	55,086,299	1/1/2023	15	5,044,842
	Total 55,086,299			5,044,842