

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE UNIONTOWN HOSPITAL</u></p> <p><u>500 WEST BERKELEY STREET</u> <u>UNIONTOWN, PA 15401-5596</u></p>	<p>1c Effective date of plan <u>01/01/1969</u></p> <p>2b Employer Identification Number (EIN) <u>25-0965588</u></p> <p>2c Plan Sponsor's telephone number <u>724-430-5290</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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.	05/30/2025	LYNN MATUSIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/30/2025	LYNN MATUSIK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1035
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)	178
	6a(2)	178
	6b	610
	6c	158
	6d	946
	6e	65
	6f	1011
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 1I 3H

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

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

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

a Pension Schedules

- (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 0
- (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 _____
- (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE UNIONTOWN HOSPITAL</u>	D Employer Identification Number (EIN) <u>25-0965588</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a	<u>46624516</u>	
b Actuarial value	2b	<u>45956881</u>	
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	<u>692</u>	<u>38909211</u>	<u>38909211</u>
b For terminated vested participants	<u>174</u>	<u>6546120</u>	<u>6546120</u>
c For active participants	<u>183</u>	<u>7480879</u>	<u>7525735</u>
d Total	<u>1049</u>	<u>52936210</u>	<u>52981066</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.17</u> %	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>465000</u>	
c Target normal cost	6c	<u>465000</u>	

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

SIGN HERE Signature of actuary <u>DAVID WEAVER</u> Type or print name of actuary <u>ACRISURE</u> Firm name <u>FOUR GATEWAY CENTER, SUITE 605</u> <u>PITTSBURGH, PA 15222</u> Address of the firm	<u>04/04/2025</u> Date <u>23-07592</u> Most recent enrollment number <u>412-394-9992</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part 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	469571
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	469571
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.88</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)		98
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.34</u> %		5
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		103
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	86.74 %
15	Adjusted funding target attainment percentage	15	86.74 %
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	96.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/13/2023	199205	0					
01/17/2024	198204	0					
04/11/2024	198204	0					
07/12/2024	198204	0					
03/12/2025	380100	0					
			Totals ▶	18(b)	1173917	18(c)	

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	1116850
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	465000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	7024185	651643
b Waiver amortization installment	0	0

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

	33	
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34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 1116643

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 1116643

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1116850

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

a Total (excess, if any, of line 37 over line 36)	38a	207
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)

	39	0
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40 Unpaid minimum required contributions for all years

	40	0
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Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNIONTOWN HOSPITAL	D Employer Identification Number (EIN) 25-0965588	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

FORVIS

PO BOX 200870
DALLAS, TX 27679

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	22050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALLIANCE BERNSTEIN, LP

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INVESTMENT MANAGEMENT	88972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CONCURRENT INVESTMENT ADVISORS, LLC

17266 MACK AVENUE
GROSE POINTE, MI 48230

(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?
27 50	INVESTMENT ADVISORY	8250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PNC BANK

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 62 68	TRUSTEE	41538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INVESTMENT MANAGEMENT	8473	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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)
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a Name: FORVIS	b EIN: 44-0160260
c Position: ACCOUNTANT	
d Address: 910 E. ST. LOUIS STREET, SUITE 200 SPRINGFIELD, MO 65806	e Telephone: 417-865-8701

Explanation: MOVED TO SYSTEM AUDITOR

a Name: COWDEN ASSOCIATES, INC.	b EIN: 25-1750131
c Position: ENROLLED ACTUARY	
d Address: FOUR GATEWAY CENTER 444 LIBERTY AVENUE PITTSBURGH, PA 15222	e Telephone: 412-394-9330

Explanation: MOVED TO SYSTEM ACTUARY.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE UNIONTOWN HOSPITAL</u>	D Employer Identification Number (EIN) <u>25-0965588</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TRANSFER BUSINESS</u>		
b Name of sponsor of entity listed in (a):	<u>TRANSFER BUSINESS</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>25-0965588-001</u>	<u>C</u>		<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SLC MGMNT LONG CREDIT CIT</u>		
b Name of sponsor of entity listed in (a):	<u>WVUHS LONG CREDIT POOL</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>88-6273075-002</u>	<u>C</u>		<u>11534742</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SLC MGMNT STRIPS CIT</u>		
b Name of sponsor of entity listed in (a):	<u>WVUHS STRIPS POOL</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>88-6273075-003</u>	<u>C</u>		<u>8365105</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SLC MGMNT INTERMEDIATE CIT</u>		
b Name of sponsor of entity listed in (a):	<u>WVUHS INTERMEDIATE CR POOL</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>88-6273075-001</u>	<u>C</u>		<u>12442920</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE UNIONTOWN HOSPITAL	D Employer Identification Number (EIN) 25-0965588	

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	110403	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	186728	578304
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	86536	610795
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1119526	791634
(2) U.S. Government securities	1c(2)	10986989	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	4239129	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	29901929	32342768
(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)		13564502
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	46631240	47888003
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	60228	
i Acquisition indebtedness	1i		
j Other liabilities	1j		270239
k Total liabilities (add all amounts in lines 1g through 1j)	1k	60228	270239
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46571012	47617764

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)	1173917	
(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)		1173917
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	81747	
(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)		81747
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	103	
(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)		103
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		-841407
(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)		2901304
c Other income	2c		199282
d Total income. Add all income amounts in column (b) and enter total	2d		3514946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1878192	
(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)		1878192
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	22050	
(5) Investment advisory and investment management fees	2i(5)	105695	
(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)	462257	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		590002
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2468194

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1046752
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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 534739.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 07/01/2023 and ending 06/30/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE UNIONTOWN HOSPITAL</u>	D Employer Identification Number (EIN) <u>25-0965588</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	7

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. 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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: 30.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 70.0 %
 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 08 / 31 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705464A.

Retirement Plan for Employees of the Uniontown Hospital

Financial Statements

June 30, 2024 and 2023

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Independent Auditors' Report

To the Plan Administrator of
Retirement Plan for Employees of the Uniontown Hospital

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed an audit of the financial statements of the Retirement Plan for Employees of the Uniontown Hospital (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 of accumulated plan benefits as of June 30, 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 June 30, 2024, and for the year then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 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 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 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 audit. 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 2024 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.

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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—Auditors' Report on the 2023 Financial Statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated April 15, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Pittsburgh, Pennsylvania
May 28, 2025

Retirement Plan for Employees of the Uniontown Hospital

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	2024	2023
Assets		
Cash and cash equivalents	\$ -	\$ 110,403
Investments		
Money market funds	-	1,119,526
U.S. government securities	-	10,986,989
Corporate bonds	-	4,239,129
Collective investment trusts	-	29,901,929
Total investments at fair value	-	46,247,573
Plan interest in master trust	47,039,460	-
Total investments	47,039,460	46,247,573
Receivables		
Employer contributions	578,304	186,728
Accrued investment income	-	86,536
Total assets	47,617,764	46,631,240
Liabilities		
Accrued expenses	-	60,228
Net assets available for benefits	\$ 47,617,764	\$ 46,571,012

See notes to financial statements

Retirement Plan for Employees of the Uniontown Hospital

Statement of Changes in Net Assets Available for Benefits

Year Ended June 30, 2024

Additions

Investment income

Interest and dividends	\$ 434,681
Net appreciation in fair value of investments	1,802,606
Plan interest in master trust investment gain	2,030,294

Total investment income	4,267,581
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Employer contributions	1,173,917
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Other revenue	22,877
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Total additions	5,464,375
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Deductions

Benefits paid to participants	3,804,725
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Administrative expenses	612,898
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Total deductions	4,417,623
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Net increase	1,046,752
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Net assets available for benefits

Beginning of year	46,571,012
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End of year	\$ 47,617,764
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Retirement Plan for Employees of the Uniontown Hospital

Statements of Accumulated Plan Benefits

June 30, 2024 and 2023

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 34,118,536	\$ 35,900,839
Other participants	11,944,347	13,039,839
Total vested benefits	46,062,883	48,940,678
Nonvested benefits	-	46,489
Total actuarial present value of accumulated plan benefits	\$ 46,062,883	\$ 48,987,167

See notes to financial statements

Retirement Plan for Employees of the Uniontown Hospital

Statement of Changes in Accumulated Plan Benefits

Year Ended June 30, 2024

Actuarial present value of accumulated plan benefits at beginning of year	\$ 48,987,167
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(2,070,319)
Benefits accumulated	125,423
Increase for interest	2,825,337
Benefits paid	(3,804,725)
Net decrease	(2,924,284)
Actuarial present value of accumulated plan benefits at end of year	\$ 46,062,883

See notes to financial statements

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

1. Description of Plan

The following description of the Retirement Plan for Employees of the Uniontown Hospital (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 established effective January 1, 1969, as restated October 16, 2013. The Plan was converted into a cash balance plan effective July 1, 1993. Prior to the plan freeze noted below, the Plan covered all employees, excluding leased, union, and per diem employees, of the Uniontown Hospital and Fayette Regional Health System (the Company) who have completed one year of service (defined as 1,000 hours). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Participation in the Plan was frozen effective June 30, 2006. In addition, all compensation credits to be earned by existing participants under the Plan's cash balance formula were frozen effective June 30, 2012.

The Executive Council is responsible for oversight of the Plan. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Executive Council.

Master Trust

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 (the Master Trust). Each participating retirement plan has a divided interest in the Master Trust. Principal Trust Company (the Trustee) 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. Prior to that date, the Plan's assets were maintained by PNC Bank, N.A.

Participant Accounts

Prior to the date that compensation credits under the Plan were frozen, amounts were credited by the Company to the participants' hypothetical cash balance accounts equal to an amount based on the participant's eligible compensation multiplied by 4% to 6%, depending on the participant's age.

Participants' hypothetical accounts continue to receive investment credits at the end of a specified time period, as required by the plan document. The amount of the investment credit is tied to the average interest rate on 90-Day Treasury Bills during the months of March through May preceding the beginning of the plan year plus 1%. The investment credit can never be less than 3% or greater than 10%. As of June 30, 2024 and 2023, the interest rate was 4.50% and 3.00%, respectively.

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 2024. 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.

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least three years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive any of their accumulated plan benefits. 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. If a terminated participant's accumulated cash balance is less than or equal to \$5,000, the amount may be automatically distributed in the form of a lump sum cash payment.

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 receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

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 (including those held in the Master Trust) 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. 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.

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

The Plan's interest in the investment gain of the Master Trust in the accompanying Statement of Changes in Net Assets Available for Benefits includes the Plan's allocation of interest, dividends, realized gains or losses from the sale of investments, and unrealized appreciation or depreciation in the fair value of investments held by the Master Trust, and fees charged to the Master Trust, which are netted against or included with net appreciation (depreciation) in fair value of investments. These fees represent charges by the Trustee for services provided in connection with recordkeeping and investment management. Net unrealized appreciation (depreciation) in fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investments as of the beginning of the period or the cost of the investment if purchased during the year.

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 May 28, 2025, the date the financial statements were available to be issued.

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.

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024 and 2023. Had the valuations been performed as of June 30, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	July 1, 2024	July 1, 2023
Discount rate	6.25%	6.00%
Mortality	Pri-2012 Mortality Table projected with scale MP-2021	Pri-2012 Mortality Table projected with scale MP-2021
Retirement age	Ages 58 to 65	Ages 58 to 65
Cash balance interest crediting rate	4.50%	3.00%

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 increased from 6.00% to 6.25%, resulting in a decrease of approximately \$2.1 million in actuarial present value of accumulated plan benefits for the year ended June 30, 2024.

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.

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

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 June 30, 2024 and 2023.

Interest-bearing cash: These investments are stated at cost, which approximates fair value.

U.S. government securities: 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 securities, the security 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.

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 collective investment trusts, valued at the net asset value (NAV) of units of a bank collective trust. 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 fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund 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 collective investments trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, a summary of the investments in the Master Trust at fair value as of June 30, 2024 and 2023:

Master Trust Assets at Fair Value as of June 30, 2024	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 4,510,936	\$ -	\$ -	\$ 4,510,936
Mutual funds	62,258,083	-	-	62,258,083
Total assets in the fair value hierarchy	66,769,019	-	-	66,769,019
Investments measured at net asset value (a)	-	-	-	95,342,783
Total Master Trust assets, at fair value	\$ 66,769,019	\$ -	\$ -	\$ 162,111,802

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023:

Assets at Fair Value as of June 30, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ -	\$ 1,119,526	\$ -	\$ 1,119,526
U.S. government securities	8,519,534	2,467,455	-	10,986,989
Corporate bonds	-	4,239,129	-	4,239,129
Total assets in the fair value hierarchy	8,519,534	7,826,110	-	16,345,644
Investments measured at net asset value (a)	-	-	-	29,901,929
Total investments at fair value	\$ 8,519,534	\$ 7,826,110	\$ -	\$ 46,247,573

(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 item presented in the Interest in Master Trust table.

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 June 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Collective investment trusts held in Master Trust	\$ 95,342,783	\$ -	Daily	1 day

June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Collective investment trusts	\$ 29,901,929	\$ -	Daily	1 day

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

5. Interest in Master Trust

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Total investment income (including net appreciation (depreciation) in the fair value of investments) and administrative expenses of the Master Trust are allocated to the individual plans based upon the amount of the time the plan's assets were invested in the Master Trust.

The following table presents the investments and other assets and liabilities of the Master Trust as of June 30, 2024:

	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2024
Cash equivalents	\$ 4,510,936	\$ 308,299
Mutual funds	62,258,083	14,175,599
Collective investment trusts	95,342,783	32,555,098
Receivables	2,800,808	744
Payables	(1,180,000)	-
Total	\$ 163,732,610	\$ 47,039,740

The following are net appreciation (depreciation) in the fair value of investments and investment income for the Master Trust for the year ended June 30, 2024:

Master Trust Net Appreciation (Depreciation) for the Year Ended June 30, 2024

Net appreciation in fair value of investments	\$ 6,543,077
Investment income	547,228
Total	\$ 7,090,305

6. Concentrations

As of June 30, 2024, the Master Trust had investments of \$116,346,367 that were concentrated in four funds. As of June 30, 2023, the Plan had investments of \$29,901,929 that were concentrated in one fund.

Retirement Plan for Employees of the Uniontown Hospital

Notes to Financial Statements

June 30, 2024 and 2023

7. Information Certified by Custodians

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 2024 and 2023. Accordingly, Principal Trust Company, the current Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of June 30, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from January 2, 2024 through June 30, 2024. PNC Bank, N.A., the previous Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of June 30, 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the period from July 1, 2023 through January 1, 2024.

8. Related-Party and Party in Interest Transactions

The Plan's investments were previously administered under a contract with PNC Bank, N.A. The Plan's investments are currently administered within the Master Trust under a contract with Principal Trust Company. Contributions are held and managed by PNC Bank, N.A. and Principal Trust Company, who invest cash received, interest and dividend income and make 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.

9. 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.

Retirement Plan for Employees of the Uniontown Hospital

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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.

10. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 14, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

11. 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.

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VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	BUY	3	1,179,749 1,179,749	1.0000	0	1,179,749	1,179,749	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	BUY	12	1,108 1,108	1.0000	0	1,108	1,108	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	SELL	16	547 547	1.0000	0	547	547	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	BUY	18	2,081 2,081	1.0000	0	2,081	2,081	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	BUY	23	609 609	1.0000	0	609	609	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	SELL	26	1,108 1,108	1.0000	0	1,108	1,108	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	SELL	33	603 603	1.0000	0	603	603	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	BUY	35	74 74	1.0000	0	74	74	0	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	SELL	37	609 609	1.0000	0	609	609	0	0

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		PURCHASE PRICE SELLING PRICE	EXPENSES				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 609 01/11/24 BUY 39	1.0000	0	609		609	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 198,204 01/17/24 BUY 41	1.0000	0	198,204		198,204	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 64,000 01/24/24 BUY 49	1.0000	0	64,000		64,000	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 8,250 01/31/24 SELL 71	1.0000	0	8,250		8,250	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 3,296 02/01/24 BUY 73	1.0000	0	3,296		3,296	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 45,000 02/13/24 BUY 75	1.0000	0	45,000		45,000	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 22,606 02/28/24 BUY 77	1.0000	0	22,606		22,606	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 314,807 03/01/24 SELL 98	1.0000	0	314,807		314,807	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 608 03/05/24 BUY 107	1.0000	0	608		608	0

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		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 71 03/06/24 BUY 111	1.0000	0	71	71	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 22,919 03/06/24 SELL 116	1.0000	0	22,919	22,919	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 172 03/07/24 SELL 118	1.0000	0	172	172	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 243 03/08/24 SELL 121	1.0000	0	243	243	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 186,728 03/11/24 BUY 136	1.0000	0	186,728	186,728	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 71 03/12/24 BUY 166	1.0000	0	71	71	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 56,503 03/14/24 SELL 171	1.0000	0	56,503	56,503	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 568 03/20/24 SELL 173	1.0000	0	568	568	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 41,085 03/22/24 SELL 175	1.0000	0	41,085	41,085	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 921 04/01/24 BUY 178	1.0000	0	921	921	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 315,871 04/01/24 SELL 182	1.0000	0	315,871	315,871	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 6,812 04/02/24 SELL 186	1.0000	0	6,812	6,812	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 488 04/03/24 SELL 189	1.0000	0	488	488	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 72 04/04/24 BUY 191	1.0000	0	72	72	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 7,875 04/08/24 SELL 193	1.0000	0	7,875	7,875	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 417,956 04/09/24 SELL 196	1.0000	0	417,956	417,956	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 198,204 04/11/24 BUY 206	1.0000	0	198,204	198,204	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 433 04/12/24 SELL 208	1.0000	0	433	433	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 164 04/23/24 SELL 214	1.0000	0	164	164	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 71 04/24/24 BUY 216	1.0000	0	71	71	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 221 04/26/24 BUY 218	1.0000	0	221	221	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 22,737 04/29/24 SELL 221	1.0000	0	22,737	22,737	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 221 04/30/24 SELL 225	1.0000	0	221	221	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 316,282 05/01/24 SELL 228	1.0000	0	316,282	316,282	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 14,175 05/03/24 SELL 231	1.0000	0	14,175	14,175	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 86,273 05/08/24 SELL 233	1.0000	0	86,273	86,273	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 8,473 05/08/24 SELL 234	1.0000	0	8,473	8,473	0

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		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	73,042	0	73,042	73,042	0
	05/20/24 SELL 251	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	88,972	0	88,972	88,972	0
	05/29/24 SELL 254	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	279,083	0	279,083	279,083	0
	06/03/24 BUY 259	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	97,116	0	97,116	97,116	0
	06/03/24 SELL 264	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	28,606	0	28,606	28,606	0
	06/04/24 BUY 268	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	609	0	609	609	0
	06/27/24 BUY 290	1.0000				
996991717 BROKER 5200	WVUHS INTERMEDIATE CR-UNITIZED MISCELLANEOUS	1,280,000	0	12,800,000	12,800,000	0
	06/03/24 BUY 282	10.0000				
996991717 BROKER 5200	WVUHS INTERMEDIATE CR-UNITIZED MISCELLANEOUS	0	0	2,152	2,152	0
	06/30/24 BUY 305					
996991717 BROKER	WVUHS INTERMEDIATE CR-UNITIZED	0	0	0	2,049	2,049
	06/30/24 RGAIN 307					

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			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	66	438,623	10.0000	0	4,386,232	4,386,232	0
	01/02/24 BUY							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	56	915,237	10.0000	0	9,152,374	9,152,374	0
	01/05/24 BUY							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	105	0		0	2,101	2,101	0
	01/31/24 BUY							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	164	0		0	5	5	0
	02/29/24 BUY							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	203	0		0	514	514	0
	03/31/24 BUY							
996999009 BROKER	WVUHS LONG CR-UNITIZED	205	0		0	0	509	509
	03/31/24 RGAIN							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	247	0		0	1,313	1,313	0
	04/30/24 SELL							
996999009 BROKER	WVUHS LONG CR-UNITIZED	249	0		0	0	509	(509)
	04/30/24 RLOSS							
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS	276	0		0	13,499	13,499	0
	05/31/24 SELL							

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		PURCHASE PRICE SELLING PRICE	EXPENSES			
996999009 BROKER	WVUHS LONG CR-UNITIZED			0		0
	0 05/31/24 RLOSS	278	0	0	13,546	(13,546)
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS					
	173,766 06/03/24 SELL	286	9.7833	1,736,093	1,700,000	(36,093)
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS					
	0 06/30/24 BUY	315	0	9,793	9,793	0
996999009 BROKER	WVUHS LONG CR-UNITIZED					
	0 06/30/24 RGAIN	325	0	0	9,693	9,693
996998977 BROKER 5200	WVUHS PERF EQTY-UNITIZED MISCELLANEOUS					
	679,866 01/02/24 BUY	51	10.0000	6,798,660	6,798,660	0
996998977 BROKER 5200	WVUHS PERF EQTY-UNITIZED MISCELLANEOUS					
	1,418,618 01/05/24 BUY	63	10.0000	14,186,180	14,186,180	0
996998977 BROKER 5200	WVUHS PERF EQTY-UNITIZED MISCELLANEOUS					
	0 01/31/24 BUY	101	0	2,749	2,749	0
996998977 BROKER 5200	WVUHS PERF EQTY-UNITIZED MISCELLANEOUS					
	0 02/29/24 BUY	160	0	7	7	0
996998977 BROKER 5200	WVUHS PERF EQTY-UNITIZED MISCELLANEOUS					
	0 03/31/24 BUY	197	0	23,616	23,616	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 04/30/24 BUY	239	0	21,485	21,485	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED 0 04/30/24 RGAIN	241	0	0	22,617	22,617
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 05/31/24 BUY	270	0	306,340	306,340	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED 0 05/31/24 RGAIN	272	0	0	306,336	306,336
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 864,308 06/03/24 SELL	284	0	8,788,960	9,750,000	961,040
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 06/30/24 SELL	308	0	107,473	107,473	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED 0 06/30/24 RLOSS	311	0	0	121,685	(121,685)
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 343,588 01/02/24 BUY	64	0	3,435,882	3,435,882	0
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 716,936 01/05/24 BUY	65	0	7,169,360	7,169,360	0

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		PURCHASE PRICE SELLING PRICE	EXPENSES			
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 0 01/31/24 BUY	103	0	1,592	1,592	0
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 0 02/29/24 BUY	162	0	4	4	0
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 0 03/31/24 SELL	200	0	9,967	9,967	0
996998993 WVUHS BROKER	STRIPS-UNITIZED 0 03/31/24 RLOSS	202	0	0	9,971	(9,971)
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 0 04/30/24 BUY	243	0	5,038	5,038	0
996998993 WVUHS BROKER	STRIPS-UNITIZED 0 04/30/24 RGAIN	245	0	0	5,658	5,658
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 0 05/31/24 SELL	273	0	45,935	45,935	0
996998993 WVUHS BROKER	STRIPS-UNITIZED 0 05/31/24 RLOSS	275	0	0	45,980	(45,980)
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS 200,808 06/03/24 SELL	285	9.2128	1,998,753	1,850,000	(148,753)

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		PURCHASE PRICE SELLING PRICE	EXPENSES			
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 06/30/24 BUY	312	0	34,141	34,141	0
996998993 WVUHS STRIPS-UNITIZED BROKER	0 06/30/24 RGAIN	314	0	0	34,067	34,067

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 PRINCIPAL DEPOSIT SWEEP PROGRAM BROKER 1	CASH SWEEP TRADES					
1,179,749	01/02/24 B BUY 3	1.0000	0	1,179,749	1,179,749	0
1,108	01/03/24 B BUY 12	1.0000	0	1,108	1,108	0
547	01/03/24 S SELL 16	1.0000	0	547	547	0
2,081	01/04/24 B BUY 18	1.0000	0	2,081	2,081	0
609	01/05/24 B BUY 23	1.0000	0	609	609	0
1,108	01/05/24 S SELL 26	1.0000	0	1,108	1,108	0
603	01/08/24 S SELL 33	1.0000	0	603	603	0
74	01/09/24 B BUY 35	1.0000	0	74	74	0
609	01/09/24 S SELL 37	1.0000	0	609	609	0
609	01/11/24 B BUY 39	1.0000	0	609	609	0
198,204	01/17/24 B BUY 41	1.0000	0	198,204	198,204	0
64,000	01/24/24 B BUY 49	1.0000	0	64,000	64,000	0
8,250	01/31/24 S SELL 71	1.0000	0	8,250	8,250	0
3,296	02/01/24 B BUY 73	1.0000	0	3,296	3,296	0
45,000	02/13/24 B BUY 75	1.0000	0	45,000	45,000	0
22,606	02/28/24 B BUY 77	1.0000	0	22,606	22,606	0
314,807	03/01/24 S SELL 98	1.0000	0	314,807	314,807	0
608	03/05/24 B BUY 107	1.0000	0	608	608	0
71	03/06/24 B BUY 111	1.0000	0	71	71	0
22,919	03/06/24 S SELL 116	1.0000	0	22,919	22,919	0
172	03/07/24 S SELL 118	1.0000	0	172	172	0
243	03/08/24 S SELL 121	1.0000	0	243	243	0
186,728	03/11/24 B BUY 136	1.0000	0	186,728	186,728	0
71	03/12/24 B BUY 166	1.0000	0	71	71	0
56,503	03/14/24 S SELL 171	1.0000	0	56,503	56,503	0
568	03/20/24 S SELL 173	1.0000	0	568	568	0
41,085	03/22/24 S SELL 175	1.0000	0	41,085	41,085	0
921	04/01/24 B BUY 178	1.0000	0	921	921	0
315,871	04/01/24 S SELL 182	1.0000	0	315,871	315,871	0
6,812	04/02/24 S SELL 186	1.0000	0	6,812	6,812	0
488	04/03/24 S SELL 189	1.0000	0	488	488	0
72	04/04/24 B BUY 191	1.0000	0	72	72	0
7,875	04/08/24 S SELL 193	1.0000	0	7,875	7,875	0
417,956	04/09/24 S SELL 196	1.0000	0	417,956	417,956	0
198,204	04/11/24 B BUY 206	1.0000	0	198,204	198,204	0
433	04/12/24 S SELL 208	1.0000	0	433	433	0
164	04/23/24 S SELL 214	1.0000	0	164	164	0
71	04/24/24 B BUY 216	1.0000	0	71	71	0
221	04/26/24 B BUY 218	1.0000	0	221	221	0
22,737	04/29/24 S SELL 221	1.0000	0	22,737	22,737	0
221	04/30/24 S SELL 225	1.0000	0	221	221	0
316,282	05/01/24 S SELL 228	1.0000	0	316,282	316,282	0
14,175	05/03/24 S SELL 231	1.0000	0	14,175	14,175	0
86,273	05/08/24 S SELL 233	1.0000	0	86,273	86,273	0
8,473	05/08/24 S SELL 234	1.0000	0	8,473	8,473	0
73,042	05/20/24 S SELL 251	1.0000	0	73,042	73,042	0

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 SCHEDULE H (FORM 5500 - 4J-3)
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IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF			0	5% VALUE OF	0
			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
	88,972 05/29/24 S SELL	254	1.0000	0	88,972	88,972	0	
	279,083 06/03/24 B BUY	259	1.0000	0	279,083	279,083	0	
	97,116 06/03/24 S SELL	264	1.0000	0	97,116	97,116	0	
	28,606 06/04/24 B BUY	268	1.0000	0	28,606	28,606	0	
	609 06/27/24 B BUY	290	1.0000	0	609	609	0	

	2,212,601	23	TOTAL BUYS	0	2,212,601	2,212,601	0	
	1,904,304	28	TOTAL SELLS	0	1,904,304	1,904,304	0	

	4,116,905		SECURITY TOTAL	0	4,116,905	4,116,905	0	
996991717 WUHS INTERMEDIATE CR-UNITIZED								
BROKER 5200	MISCELLANEOUS							
	1,280,000 06/03/24 B BUY	282	10.0000	0	12,800,000	12,800,000	0	
	0 06/30/24 B BUY	305	.0000	0	2,152	2,152	0	
BROKER	0 06/30/24 S RGAIN	307	.0000	0	0	2,049	2,049	

	1,280,000	2	TOTAL BUYS	0	12,802,152	12,802,152	0	
	0	1	TOTAL SELLS	0	0	2,049	2,049	

	1,280,000		SECURITY TOTAL	0	12,802,152	12,804,201	2,049	
996999009 WUHS LONG CR-UNITIZED								
BROKER 5200	MISCELLANEOUS							
	438,623 01/02/24 B BUY	66	10.0000	0	4,386,232	4,386,232	0	
	915,237 01/05/24 B BUY	56	10.0000	0	9,152,374	9,152,374	0	
	0 01/31/24 B BUY	105	.0000	0	2,101	2,101	0	
	0 02/29/24 B BUY	164	.0000	0	5	5	0	
	0 03/31/24 B BUY	203	.0000	0	514	514	0	
BROKER	0 03/31/24 S RGAIN	205	.0000	0	0	509	509	
BROKER 5200	MISCELLANEOUS							
	0 04/30/24 S SELL	247	.0000	0	1,313	1,313	0	
BROKER	0 04/30/24 S RLOSS	249	.0000	0	0	(509)	(509)	
BROKER 5200	MISCELLANEOUS							
	0 05/31/24 S SELL	276	.0000	0	13,499	13,499	0	
BROKER	0 05/31/24 S RLOSS	278	.0000	0	0	(13,546)	(13,546)	
BROKER 5200	MISCELLANEOUS							
	173,766 06/03/24 S SELL	286	9.7833	0	1,736,093	1,700,000	(36,093)	
	0 06/30/24 B BUY	315	.0000	0	9,793	9,793	0	
BROKER	0 06/30/24 S RGAIN	325	.0000	0	0	9,693	9,693	

	1,353,860	6	TOTAL BUYS	0	13,551,019	13,551,019	0	
	173,766	7	TOTAL SELLS	0	1,750,905	1,710,959	(39,946)	

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IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF	0	5% VALUE OF	0	
			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)

1,527,626	SECURITY TOTAL			0	15,301,924	15,261,978	(39,946)
996998977	WVUHS PERF EQTY-UNITIZED						
BROKER 5200	MISCELLANEOUS						
679,866	01/02/24 B BUY	51	10.0000	0	6,798,660	6,798,660	0
1,418,618	01/05/24 B BUY	63	10.0000	0	14,186,180	14,186,180	0
	0 01/31/24 B BUY	101	.0000	0	2,749	2,749	0
	0 02/29/24 B BUY	160	.0000	0	7	7	0
	0 03/31/24 B BUY	197	.0000	0	23,616	23,616	0
	0 04/30/24 B BUY	239	.0000	0	21,485	21,485	0
BROKER							
	0 04/30/24 S RGAIN	241	.0000	0	0	22,617	22,617
BROKER 5200	MISCELLANEOUS						
	0 05/31/24 B BUY	270	.0000	0	306,340	306,340	0
BROKER							
	0 05/31/24 S RGAIN	272	.0000	0	0	306,336	306,336
BROKER 5200	MISCELLANEOUS						
864,308	06/03/24 S SELL	284	11.2807	0	8,788,960	9,750,000	961,040
	0 06/30/24 S SELL	308	.0000	0	107,473	107,473	0
BROKER							
	0 06/30/24 S RLOSS	311	.0000	0	0	(121,685)	(121,685)

2,098,484	7 TOTAL BUYS			0	21,339,037	21,339,037	0
864,308	5 TOTAL SELLS			0	8,896,433	10,064,741	1,168,308

2,962,792	SECURITY TOTAL			0	30,235,470	31,403,778	1,168,308
996998993	WVUHS STRIPS-UNITIZED						
BROKER 5200	MISCELLANEOUS						
343,588	01/02/24 B BUY	64	10.0000	0	3,435,882	3,435,882	0
716,936	01/05/24 B BUY	65	10.0000	0	7,169,360	7,169,360	0
	0 01/31/24 B BUY	103	.0000	0	1,592	1,592	0
	0 02/29/24 B BUY	162	.0000	0	4	4	0
	0 03/31/24 S SELL	200	.0000	0	9,967	9,967	0
BROKER							
	0 03/31/24 S RLOSS	202	.0000	0	0	(9,971)	(9,971)
BROKER 5200	MISCELLANEOUS						
	0 04/30/24 B BUY	243	.0000	0	5,038	5,038	0
BROKER							
	0 04/30/24 S RGAIN	245	.0000	0	0	5,658	5,658
BROKER 5200	MISCELLANEOUS						
	0 05/31/24 S SELL	273	.0000	0	45,935	45,935	0
BROKER							
	0 05/31/24 S RLOSS	275	.0000	0	0	(45,980)	(45,980)
BROKER 5200	MISCELLANEOUS						
200,808	06/03/24 S SELL	285	9.2128	0	1,998,753	1,850,000	(148,753)
	0 06/30/24 B BUY	312	.0000	0	34,141	34,141	0

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IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
BROKER	0 06/30/24 S R GAIN 314	.0000	0	0	34,067	34,067
	1,060,524	6	TOTAL BUYS	0	10,646,017	0
	200,808	7	TOTAL SELLS	0	2,054,655	(164,979)
	1,261,332		SECURITY TOTAL	0	12,700,672	(164,979)

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 SCHEDULE H (FORM 5500 - 4J-4)
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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
BROKER 5200 MISCELLANEOUS						
996991717 WVUHS INTERMEDIATE CR-UNITIZED						
1,280,000 06/03/24 BUY 282	10.0000	0	12,800,000	12,800,000	0	
0 06/30/24 BUY 305	.0000	0	2,152	2,152	0	
996999009 WVUHS LONG CR-UNITIZED						
438,623 01/02/24 BUY 66	10.0000	0	4,386,232	4,386,232	0	
915,237 01/05/24 BUY 56	10.0000	0	9,152,374	9,152,374	0	
0 01/31/24 BUY 105	.0000	0	2,101	2,101	0	
0 02/29/24 BUY 164	.0000	0	5	5	0	
0 03/31/24 BUY 203	.0000	0	514	514	0	
0 04/30/24 SELL 247	.0000	0	1,313	1,313	0	
0 05/31/24 SELL 276	.0000	0	13,499	13,499	0	
173,766 06/03/24 SELL 286	9.7833	0	1,736,093	1,700,000	(36,093)	
0 06/30/24 BUY 315	.0000	0	9,793	9,793	0	
996998977 WVUHS PERF EQTY-UNITIZED						
679,866 01/02/24 BUY 51	10.0000	0	6,798,660	6,798,660	0	
1,418,618 01/05/24 BUY 63	10.0000	0	14,186,180	14,186,180	0	
0 01/31/24 BUY 101	.0000	0	2,749	2,749	0	
0 02/29/24 BUY 160	.0000	0	7	7	0	
0 03/31/24 BUY 197	.0000	0	23,616	23,616	0	
0 04/30/24 BUY 239	.0000	0	21,485	21,485	0	
0 05/31/24 BUY 270	.0000	0	306,340	306,340	0	
864,308 06/03/24 SELL 284	11.2807	0	8,788,960	9,750,000	961,040	
0 06/30/24 SELL 308	.0000	0	107,473	107,473	0	
996998993 WVUHS STRIPS-UNITIZED						
343,588 01/02/24 BUY 64	10.0000	0	3,435,882	3,435,882	0	
716,936 01/05/24 BUY 65	10.0000	0	7,169,360	7,169,360	0	
0 01/31/24 BUY 103	.0000	0	1,592	1,592	0	
0 02/29/24 BUY 162	.0000	0	4	4	0	
0 03/31/24 SELL 200	.0000	0	9,967	9,967	0	
0 04/30/24 BUY 243	.0000	0	5,038	5,038	0	
0 05/31/24 SELL 273	.0000	0	45,935	45,935	0	
200,808 06/03/24 SELL 285	9.2128	0	1,998,753	1,850,000	(148,753)	
0 06/30/24 BUY 312	.0000	0	34,141	34,141	0	
7,031,750		0	71,040,218	71,816,412	776,194	
BROKER TOTAL						

Retirement Plan for Employees of The Uniontown Hospital
 EIN/PN: 25-0965588/001
 2023 Form 5500 Sch SB Line 19 - Discounted Employer Contributions

Date of Contribution	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution
10/13/2023	199,205	2023	5.17%	196,372
1/17/2024	198,204	2023	5.22%	192,771
4/11/2024	198,204	2023	5.17%	190,575
7/12/2024	198,204	2023	5.17%	188,175
3/12/2025	380,100	2023	5.17%	348,957
Total	1,173,917			1,116,850

Retirement Plan for Employees of The Uniontown Hospital
EIN/PN: 25-0965588/001
2023 Form 5500 Sch SB Line 19 - Discounted Employer Contributions

days	late			
104.00				
200.00	2	1.028184	1.00	105.218%
285.00		1.040031	1.00	105.170%
377.00				
620.00				

Retirement Plan for Employees of The Uniontown Hospital
 EIN/PN: 25-0965588/001
 2023 Form 5500 Sch SB Line 22 - Weighted Average Retirement Age

Age (1)	Expected Active Headcount (2)	Retirement Rate (3)	Expected Retirements (2) x (3) (4)	Weighted Age (1) x (4) (5)
58	84	0.0500	4.20	244
59	87	0.0500	4.35	257
60	94	0.0499	4.69	281
61	100	0.0499	4.99	304
62	105	0.2996	31.46	1,951
63	87	0.0999	8.69	547
64	86	0.0998	8.58	549
65	84	1.0000	84.00	5,460
66	7	1.0000	7.00	462
67	4	1.0000	4.00	268
68	3	1.0000	3.00	204
69	1	1.0000	1.00	69
70	1	1.0000	1.00	70
71	1	1.0000	1.00	71
72	1	1.0000	1.00	72
73	0	0.0000	0.00	0
74	0	0.0000	0.00	0
75	0	0.0000	0.00	0
Total			Total Average	169 10,809 63.97

Retirement Plan for Employees of Uniontown Hospital
 EIN/PN: 25-0965588/001
 Attachment to 2023 Form 5500
 Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments
2023	\$ 1,085,949	\$ 148,330	\$ 3,843,315	2048	\$ 243,383	\$ 427,523	\$ 632,432
2024	539,687	180,429	3,746,965	2049	223,615	402,724	546,164
2025	717,043	243,387	3,643,123	2050	208,571	377,300	468,923
2026	522,783	302,328	3,532,187	2051	193,316	351,483	400,628
2027	520,156	335,697	3,414,629	2052	178,004	325,526	340,988
2028	497,522	376,133	3,291,001	2053	162,799	299,698	289,528
2029	405,019	394,099	3,161,967	2054	147,864	274,261	245,629
2030	534,149	422,394	3,028,244	2055	133,357	249,466	208,570
2031	418,917	448,908	2,890,600	2056	119,414	225,536	177,570
2032	437,604	462,305	2,749,849	2057	106,152	202,661	151,833
2033	533,808	495,399	2,606,747	2058	93,664	183,097	130,577
2034	412,107	517,316	2,461,987	2059	82,025	162,748	113,070
2035	437,646	510,340	2,316,221	2060	71,285	143,816	98,645
2036	396,683	537,041	2,170,045	2061	61,475	126,349	86,714
2037	415,174	543,629	2,024,007	2062	52,602	110,362	76,776
2038	373,480	552,411	1,878,669	2063	44,657	95,842	68,412
2039	381,220	542,862	1,734,657	2064	37,610	82,752	61,283
2040	342,254	538,190	1,592,675	2065	31,418	71,034	55,123
2041	317,892	532,819	1,453,526	2066	26,029	60,619	49,727
2042	346,594	524,758	1,318,075	2067	21,385	51,423	44,942
2043	306,102	512,860	1,187,217	2068	17,420	43,355	40,651
2044	289,784	497,425	1,061,868	2069	14,065	36,324	36,768
2045	285,528	481,843	942,940	2070	11,255	30,238	33,230
2046	273,108	463,980	831,272	2071	8,921	25,007	29,990
2047	254,318	446,945	727,586	2072	7,003	20,543	27,011

Retirement Plan for Employees of The Uniontown Hospital
 EIN/PN: 25-0965588/001
 2023 Form 5500 Sch SB Line 32 - Schedule of Amortization Bases

	Type of Base	Present Value of Remaining Installments	Valuation Date Base was Established	Number of Years Remaining in the Amortization Period	Amortization Installment
1.	2023 shortfall base	5,141,151	7/1/2023	15	470,830
2.	2022 shortfall base	1,883,034	7/1/2022	14	180,813

Actuarial Methods and Assumptions

As of July 1, 2023

Mortality for Minimum and Maximum Funding: 2023 IRS Static Mortality Table

Mortality for Present Value of Accumulated Benefits: PRI-2012 mortality reflecting the total dataset with SOA Scale MP-2021 Mortality Improvement.

Summary of Rates Used

Minimum/Maximum Funding	Current Year		Prior Year	
	Minimum*	Maximum	Minimum*	Maximum
First Segment Rate	4.75%	0.25%	4.75%	0.87%
Second Segment Rate	5.00%	3.83%	5.18%	2.64%
Third Segment Rate	5.74%	4.06%	5.92%	3.28%
Lookback Month	March	March	March	March
Present Value of Accrued Benefits	6.00%		6.00%	

Selected Assumptions: Rates at selected ages are follows:

Age	Termination	Disability
25	13.78%	0.000%
30	12.66%	0.071%
35	10.96%	0.099%
40	9.00%	0.162%
45	6.75%	0.270%
50	4.05%	0.493%
55	1.38%	0.000%
60	0.13%	0.000%
65	0.00%	0.000%

Payment Form Election:

- Retirement Eligible Active Participants: 50% immediate annuity, 50% immediate Lump Sum
- Disability: 100% annuity at Normal Retirement Date
- Pre-Retirement Death: Immediate Lump Sum Upon Death
- Termination: 15% annuity at Normal Retirement, 85% immediate lump sum

Actuarial Methods and Assumptions (continued)

Marital Status: 85% Married, female spouse 3 years younger than male.

Inflation: 2.50% per year

Future Balance Increase: 4.5%

Retirement Rates

<u>Age</u>	<u>Rates</u>
<58	0.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	30.00%
63	10.00%
64	10.00%
65+	100.00%

Expenses: Prior Year administrative expenses rounded to the nearest thousand adjusted by removing the prior year PBGC Premium and including the estimated current year PBGC Premium.

Asset Valuation Method: The smoothed value method provided in IRS Notice 2009-22 measured at the valuation date, and the immediately preceding valuation date with phase-in (fair market value) elected beginning with the 2021 plan year.

Data: The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.

Actuarial Cost Method: Projected Unit Credit

A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Actuarial Accrued Liability.

Actuarial Methods and Assumptions (continued)

Significant Benefits Not Recognized: None

Prescribed Assumption or Method Set by Law or Legally Binding Authority:

Note that all references to the Pension Protection Act of 2006 (PPA) include subsequent amendments to that Act, and associated regulations.

- Mortality for Healthy Lives – Minimum/Maximum Funding*
- Mortality Improvement – Minimum/Maximum Funding*
- Interest Rate – Minimum Funding (including lookback month)*
- Interest Rate – Maximum Funding (including lookback month)*
- Expenses (explicit assumption required by PPA)
- Asset Valuation Method
- Funding Method (required by PPA)

*Default under the Pension Protection Act (PPA) of 2006 unless the plan sponsor made a written election of a permitted alternative.

Prescribed Assumption or Method Set by Another Party:

- Mortality and Mortality Improvement – ASC 960 (selected by the plan sponsor)
- Interest Rate – ASC 960 (selected by the plan sponsor)

Models Used

Cowden Associates uses a third-party actuarial software package for pension valuation work.

This software package is used worldwide by many actuarial and investment firms. The software models future benefit cash flows, present values, and attribution to various periods, based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The model is highly flexible and also supports comparisons between periods, maintenance of plan specific participant databases, and preparation of reports under various accounting and regulatory structures.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for the underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results, as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

Retirement Plan for Employees of Uniontown Hospital
EIN/PN: 25-0965588/001
Attachment to the 2023 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

The following is a summary of the major provisions of the plan as of July 1, 2023. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

- Plan Year: July 1 to June 30
- Restated Effective: October 16, 2013
- Most Recent Amendment: Effective July 27, 2015

Covered Employees:

- Non-Bargaining employees of Uniontown Hospital, Fayette Regional Health Center and Fayette Home Care hired prior to July 1, 2006, and:
- Bargaining employees electing to be covered under the Plan by collective bargaining agreement
- No new participants are admitted to the Plan after June 23, 2012

Participation Date (only if eligible prior to June 23, 2012):

- Rolling July 1 or January 1 if 1,000 hours of service completed in first 12 months after hire. If participation is not met in the year of hire, July 1 after the first plan year with 1,000 hours of service.

Plan Benefit Eligibility Provisions

- Normal Retirement: The first day of the month coincident with or next following age 65 and 5 years from date of participation.
- Early Retirement: Before Normal Retirement but after completion of 3-years of vesting service *and* attainment of age 55.
- Late Retirement: Any retirement date after a Participant's Normal Retirement Date.
- Deferred Vested Retirement: Termination of employment after completion of 3 years of vesting service prior to attainment of Normal Retirement or Early Retirement eligibility, except benefits are deferred to early retirement if not paid within 90 days after termination of employment.
- Preretirement Death: Death after attainment of 3 years of vesting service and prior to election to commence benefits under any of the above eligibility provisions.

Plan Provisions (continued)

Plan Benefit Payment Forms

- Normal Form of Benefits: An Annuity equal to the account balance at commencement divided by an annuity factor based on 1983 GAM Male Mortality set back 4 years with an interest rate of 7%. For married participants, this form is converted to Joint and 100% survivor unless a participant's spouse consents to another optional form.
- Optional Lump Sum: Participants may elect a lump sum payment in the amount of their account balance at commencement if they commence benefits within 90 days of termination of employment. Otherwise, terminating employees must wait until early retirement eligibility to commence an annuity form of payment only.
- Pre-Retirement Death Benefit: Immediate Lump Sum unless survivor elects otherwise.

Plan Benefit amounts

- Accrued Benefit: an opening account balance based on the value of the prior plan benefit at June 30, 1993, and including interest credits and end-of year annual additions prior to the earlier of June 23, 2012 or the date employees elected to participate in the ECRA. Interest credits continue after the cessation of annual additions.

The schedule of annual additions before cessation was based on plan compensation under the following schedule:

Age Less than 35: 4% of annual plan compensation

Age 35-49: 5% of annual plan compensation

Age 50+: 6% of annual plan compensation

Plan compensation is generally total compensation with minor exceptions.

Interest Credits: 90-Day Treasury Bill Average Rate for the months of March through May preceding the plan year, plus one percent. The interest credit is subject to a minimum of 3.0% and a maximum of 10%.

Vesting Service: One year for the initial year of hire, and then one year for each calendar year where a participant completes 400 or more hours of service. Vesting Service is excluded for Fayette Home Care service prior to January 1, 1982.

Miscellaneous

- Changes since prior valuation: None.
- Maximum Benefits: Benefits may not exceed IRS Section 415 limits.

**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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF THE UNIONTOWN HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE UNIONTOWN HOSPITAL	D Employer Identification Number (EIN) 25-0965588	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	46,624,516
	b Actuarial value.....	2b	45,956,881
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	692	38,909,211
	b For terminated vested participants.....	174	6,546,120
	c For active participants.....	183	7,480,879
	d Total.....	1,049	52,936,210
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.17%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses.....	6b	465,000
	c Target normal cost.....	6c	465,000

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

SIGN HERE	David Weaver <u> <i>DW</i> </u> Signature of actuary	<u> 4/4/2025 </u> Date
	David Weaver Type or print name of actuary	2307592 Most recent enrollment number
	Acrisure Firm name	412-394-9992 Telephone number (including area code)
	Four Gateway Center, Suite 605 Pittsburgh PA 15222 Address of the firm	

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

Part 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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	465,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7,024,185	651,643	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,116,643	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,116,643	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,116,850	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	207	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Retirement Plan for Employees of Uniontown Hospital

EIN/PN: 25-0965588/001

Attachment to the 2023 Form 5500 - Schedule SB, line 26a - Schedule of Active Participant Data

Attained Age	Years of Service (Elapsed)										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
< 20	0	0	0	0	0	0	0	0	0	0	0	0
20-24	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	0	1
40-44	0	0	0	0	4	5	0	0	0	0	0	9
45-49	0	0	0	0	6	6	5	0	0	0	0	17
50-54	0	0	0	0	5	13	11	9	0	0	0	38
55-59	0	0	0	0	8	8	8	15	5	1	1	45
60-64	0	0	0	0	6	3	5	10	10	20	20	54
65-69	0	0	0	0	2	2	4	2	2	2	4	16
70+	0	0	0	0	0	0	0	1	0	2	2	3
Total	0	0	0	0	32	37	33	37	17	27	27	183