

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 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
1a	Name of plan RETIREMENT PLAN FOR EMPLOYEES OF GARRETT COUNTY MEMORIAL HOSPITAL
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/01/1969
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) GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER) 251 NORTH 4TH STREET OAKLAND, MD 21550
2b	Employer Identification Number (EIN) 87-1846814
2c	Plan Sponsor's telephone number 301-533-4324
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2025	LORI DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2025	LORI DIXON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 455
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) 135 6a(2) 135 6b 204 6c 106 6d 445 6e 7 6f 452 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:

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 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 GARRETT COUNTY MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER)	D Employer Identification Number (EIN) 87-1846814
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	38547932	
b	Actuarial value	2b	38547932	
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	208	23324890	23324890
b	For terminated vested participants	75	6273597	6273597
c	For active participants	176	16391092	16486577
d	Total	459	45989579	46085064
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	53000	
c	Target normal cost	6c	53000	

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 TIMOTHY CURTIS Type or print name of actuary PRINCIPAL FINANCIAL GROUP Firm name PO BOX 9394 DES MOINES, IA 50306-9394 Address of the firm	04/09/2025 Date 23-08869 Most recent enrollment number 412-394-9339 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.99</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)		612068
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>5.49</u> %		33603
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		645671
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	83.64 %
15 Adjusted funding target attainment percentage	15	83.64 %
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	80.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/20/2023	206542	0			
01/16/2024	206542	0			
04/04/2024	175474	0			
07/02/2024	111055	0			
03/12/2025	111152	0			
Totals ►			18(b)	810765	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	779926

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	53000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		7537132	726882
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	779882
	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	779882
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	779926
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	44
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)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF GARRETT COUNTY MEMORIAL HOSPITAL	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER)	D Employer Identification Number (EIN) 87-1846814

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

(b)

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

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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)

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	14638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	6762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STERLING CAPITAL MANAGEMENT

4350 CONGRESS ST
CHARLOTTE, NC 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	12095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 GARRETT COUNTY MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER)	D Employer Identification Number (EIN) 87-1846814	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: SLC MGMNT LONG CREDIT CIT			
b Name of sponsor of entity listed in (a): WVUHS LONG CREDIT POOL			
c EIN-PN 88-6273075-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9810533	
a Name of MTIA, CCT, PSA, or 103-12 IE: SLC MGMNT STRIPS CIT			
b Name of sponsor of entity listed in (a): WVUHS STRIPS POOL			
c EIN-PN 88-6273075-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9766030	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>07/01/2023</u> and ending <u>06/30/2024</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF GARRETT COUNTY MEMORIAL 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>GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER)</u>		D Employer Identification Number (EIN) <u>87-1846814</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	905003	222207
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	107737	894834
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2179407	413606
(2) U.S. Government securities	1c(2)	3038130	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4266554	
(B) All other	1c(3)(B)	1633017	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7125959	
(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)		19576563
(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)	13182210	19876367
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6124466	

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	38562483	40983577
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		315496
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	315496
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	38562483	40668081

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)	810765	
(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)		810765
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	124519	
(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)		124519
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		-748768
(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)		4387149
c Other income	2c		-53054
d Total income. Add all income amounts in column (b) and enter total	2d		4520611

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2314013	
(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)		2314013
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)	17108	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	61745	
(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)	22147	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		101000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2415013

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2105598
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: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535515.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF GARRETT COUNTY MEMORIAL HOSPITAL		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GARRETT COUNTY MEMORIAL HOSPITAL (DBA GARRETT REGIONAL MEDICAL CENTER)		D Employer Identification Number (EIN) 87-1846814
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): 42-1466678		
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 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☒ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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Retirement Plan for Employees of Garrett County Memorial Hospital

Financial Statements and
Supplementary Information

June 30, 2024, 2023, and 2022

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Independent Auditors' Report

To the Plan Administrator of
Retirement Plan for Employees of Garrett County Memorial Hospital

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

We have performed audits of the financial statements of the Retirement Plan for Employees of Garrett County Memorial 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 as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of June 30, 2023, and the related statement 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 audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 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

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended June 30, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter—Report on Compiled June 30, 2022 Financial Statements

Management is responsible for the accompanying June 30, 2022 financial statements of the Plan, which comprise the statements of net assets available for benefits and accumulated plan benefits as of June 30, 2022, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year then ended. and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed the compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the June 30, 2022 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the June 30, 2022 financial statements.

Baker Tilly US, LLP

Pittsburgh, Pennsylvania
July 10, 2025

Retirement Plan for Employees of Garrett County Memorial Hospital

Statements of Net Assets Available for Benefits

June 30, 2024, 2023, and 2022

	2024	2023	2022 (Compiled)
Assets			
Investments			
Investments at fair value	\$ -	\$ 37,549,743	\$ 33,962,057
Plan interest in master trust	40,445,874	-	-
Total investments	40,445,874	37,549,743	33,962,057
Receivables			
Employer contributions	222,207	905,003	1,875,000
Interest and dividend income	-	107,737	95,858
Total receivables	222,207	1,012,740	1,970,858
Total assets	40,668,081	38,562,483	35,932,915
Net assets available for benefits	\$ 40,668,081	\$ 38,562,483	\$ 35,932,915

See notes to financial statements

Retirement Plan for Employees of Garrett County Memorial Hospital

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2024, 2023, and 2022

	2024	2023	2022 (Compiled)
Additions			
Investment income			
Interest and dividends	\$ 477,306	\$ 764,804	\$ 625,828
Net appreciation (depreciation) in fair value of investments	1,141,378	2,618,786	(5,837,088)
Plan interest in master trust investment gain	2,074,682	-	-
Total investment income (loss)	3,693,366	3,383,590	(5,211,260)
Contributions			
Employer contributions	810,765	1,530,003	6,375,000
Total additions	4,504,131	4,913,593	1,163,740
Deductions			
Benefits paid to participants	2,309,630	2,198,699	2,759,448
Administrative expenses	88,903	85,326	97,291
Total deductions	2,398,533	2,284,025	2,856,739
Net increase (decrease)	2,105,598	2,629,568	(1,692,999)
Net assets available for benefits	-	-	-
Beginning of year	38,562,483	35,932,915	37,625,914
End of year	\$ 40,668,081	\$ 38,562,483	\$ 35,932,915

See notes to financial statements

Retirement Plan for Employees of Garrett County Memorial Hospital

Statements of Accumulated Plan Benefits

June 30, 2023 and 2022

	2023	2022 (Compiled)
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 20,879,498	\$ 22,130,444
Other participants	19,318,827	19,744,505
Total vested benefits	40,198,325	41,874,949
Nonvested benefits	82,491	156,143
Total actuarial present value of accumulated plan benefits	\$ 40,280,816	\$ 42,031,092

See notes to financial statements

Retirement Plan for Employees of Garrett County Memorial Hospital

Statements of Changes in Accumulated Plan Benefits

Years Ended June 30, 2023 and 2022

	2023	2022 (Compiled)
Actuarial present value of accumulated plan benefits at beginning of year	\$ 42,031,092	\$ 44,501,381
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	(2,327,325)	(2,584,098)
Benefits accumulated	318,859	425,681
Increase for interest	2,456,889	2,447,576
Benefits paid	(2,198,699)	(2,759,448)
Net increase (decrease)	(1,750,276)	(2,470,289)
Actuarial present value of accumulated plan benefits at end of year	\$ 40,280,816	\$ 42,031,092

See notes to financial statements

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

1. Description of Plan

The following description of the Retirement Plan for Employees of Garrett County Memorial 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 July 1, 1969, as restated June 30, 2022. Prior to the plan freeze noted below, the Plan covered all employees, excluding leased employees, union employees, and independent contractors employees, of Garrett County Memorial Hospital aka Garrett Regional Medical Center (the Company) who have completed one year of service and are age 25 or older. 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 January 1, 2017. All future benefits to be earned under the Plan for existing participants were frozen effective June 30, 2022.

The Board of Directors 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 Board of Directors.

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 Truist Financial Corporation.

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 and 2023. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants that were employed as of June 30, 2022 became fully vested in their accrued benefits. Participants that terminated employment prior to June 30, 2022 would have had to complete 7 years of vesting service or attain normal retirement age (65) in order to become fully vested in their accrued benefits. or, although the Plan does allow for early retirement at the age of 55 and completion of 10 years of service. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

The monthly pension benefit for a participant retiring at normal retirement age is based on: (a) 1.005% of average monthly compensation multiplied by each year of service, plus (b) 0.495% of such average monthly compensation that exceeded \$833 multiplied by each year of service. Average monthly compensation is defined as the average monthly rate of compensation received for the five consecutive calendar years during the ten years immediately preceding retirement.

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.

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

The Plan's 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. The Plan's interest in the investment gain of the Master Trust, in the accompanying Statements 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.

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements 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 Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through July 10, 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.

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023 and 2022. Had the valuation been performed as of June 30, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	June 30, 2023	June 30, 2022 (Compiled)
Discount rate	6.50%	6.00%
Mortality	Pri-2012 Mortality Table projected with scale MP-2021	Pri-2012 Mortality Table projected with scale MP-2021
Retirement age	Ages 55 to 70	Ages 55 to 70

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

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 6.50%, resulting in a decrease of approximately \$2.3 million in actuarial present value of accumulated plan benefits for the year ended June 30, 2023. There were no changes to any actuarial assumptions for the year ended June 30, 2022.

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.

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, 2023, and 2022.

Cash equivalents: These investments are stated at cost, which approximates fair value.

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

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

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

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

Corporate bonds and municipal government debt 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 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 investment 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:

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

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2023 and 2022:

Assets at Fair Value as of June 30, 2023	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 2,179,407	\$ -	\$ -	\$ 2,179,407
Mutual funds	19,306,676	-	-	19,306,676
Exchange traded funds	7,125,959	-	-	7,125,959
U.S. government debt securities	3,038,130	-	-	3,038,130
Municipal government debt securities	-	1,633,017	-	1,633,017
Corporate bonds	-	4,266,554	-	4,266,554
Total investments, at fair value	\$ 31,650,172	\$ 5,899,571	\$ -	\$ 37,549,743

Assets at Fair Value as of June 30, 2022 (Compiled)	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 4,047,103	\$ -	\$ -	\$ 4,047,103
Mutual funds	15,163,149	-	-	15,163,149
Exchange traded funds	5,672,552	-	-	5,672,552
U.S. government debt securities	2,417,002	-	-	2,417,002
Municipal government debt securities	-	2,019,839	-	2,019,839
Corporate bonds	-	4,642,412	-	4,642,412
Total investments, at fair value	\$ 27,299,806	\$ 6,662,251	\$ -	\$ 33,962,057

(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. 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

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

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	\$ 346,042
Mutual funds	62,258,083	20,771,821
Collective investment trusts	95,342,783	19,327,273
Receivables	2,800,808	738
Payables	(1,180,000)	-
Total	\$ 163,732,610	\$ 40,445,874

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 (depreciation) in fair value of investments	\$ 6,543,077
Investment income (loss)	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 and 2022, the Plan had investments of \$9,287,776 and \$7,686,391 (compiled), respectively, that were concentrated in two funds.

Retirement Plan for Employees of Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

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. Truist Financial Corporation, 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 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

8. Related-Party and Party in Interest Transactions

Certain plan investments were managed by Truist Financial Corporation, and therefore, these transactions qualify as party in interest transactions. The Plan's investments were previously administered under a contract with Truist Financial Corporation. The Plan's investments are currently administered within the Master Trust under a contract with Principal Trust Company. Contributions are held and managed by Truist Financial Corporation 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 Garrett County Memorial Hospital

Notes to Financial Statements

June 30, 2024, 2023, and 2022

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 IRS has determined and informed the Company by a letter dated July 26, 2017, 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.

Retirement Plan for Employees of Garrett County Memorial Hospital

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

EIN: 87-1846814 Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Cash Equivalents				
*	Truist Bank	Trust Deposit Account	\$ 1,865,310	\$ 1,865,310
*	Truist Bank	Trust Deposit Account	314,097	314,097
		Total cash equivalents	2,179,407	2,179,407
U.S. Government Debt Securities				
	U.S. Treasury Bond	05/15/2013 2.875% 05/15/2043	399,268	363,856
	U.S. Treasury Bond	11/15/2015 3.000% 11/15/2045	398,914	366,844
	U.S. Treasury Bond	08/15/2020 1.375% 08/15/2050	623,160	595,586
	U.S. Treasury Notes	11/15/2022 4.125% 11/15/2032	521,564	510,940
	U.S. Treasury Notes	08/15/2014 2.375% 08/15/2024	145,272	145,155
	U.S. Treasury Notes	02/15/2015 2.000% 02/15/2025	119,934	118,985
	U.S. Treasury Notes	08/15/2016 1.500% 08/15/2026	446,696	411,309
	U.S. Treasury Notes	12/31/2018 2.625% 12/31/2025	207,806	189,524
	U.S. Treasury Notes	02/15/2019 2.625% 02/15/2029	146,626	138,990
	Federal National Mortgage Association	08/05/2020 0.875% 08/05/2030	230,786	196,941
		Total U.S. government debt securities	3,240,026	3,038,130
Corporate Bonds				
	Advance Auto Parts Inc.	09/29/2020 1.750% 10/01/2027	159,271	134,802
	Air Lease Corp	01/12/2022 2.875% 01/15/2032	162,760	136,502
	American Electric Power	11/13/2017 3.200% 11/13/2027	140,376	129,333
	BAT Capital Corp	08/15/2018 3.557% 08/15/2027	126,826	113,106
	Bank of America Corp	10/21/2020 Variable Coupon 10/24/2051	64,779	65,658
	Berkshire Hathaway Financial	05/15/2013 4.300% 05/15/2043	89,919	68,399
	CVS Health Corp	08/21/2020 2.700% 08/21/2040	170,779	129,136
	Capital One Financial	02/05/2015 3.200% 02/05/2025	133,384	125,541
	Carlisle Company Inc.	11/16/2017 3.500% 12/01/2024	108,566	101,318
	Cisco Systems Inc.	11/17/2009 5.500% 01/15/2040	79,923	63,800
	Citigroup Inc.	07/24/2017 Variable Coupon 07/24/2028	92,538	93,489

Retirement Plan for Employees of Garrett County Memorial Hospital

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

EIN: 87-1846814 Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Comcast Corp.	05/28/2020 1.950% 01/15/2031	\$ 155,960	\$ 131,745
	Crown Castle International Corp.	04/03/2020 3.300% 07/01/2030	156,108	132,492
	Discovery Communications	09/21/2017 3.950% 03/20/2028	93,716	83,676
	Duke Energy Corp.	10/11/2013 3.950% 10/15/2023	130,567	129,194
	Entergy Louisiana LLC	03/06/2020 2.900% 03/15/2051	86,400	59,340
	Goldman Sachs Group Inc.	02/07/2020 2.600% 02/07/2030	158,212	132,010
	Home Depot Inc.	03/30/2020 3.300% 04/15/2040	134,276	104,751
	JPMorgan Chase & Co.	07/21/2011 5.600% 07/15/2041	166,365	129,996
	Kimco Realty Corp.	03/30/2015 4.250% 04/01/2045	115,678	76,606
	Kinder Morgan Inc.	03/01/2018 4.300% 03/01/2028	86,942	76,459
	Metlife Inc.	11/13/2013 4.875% 11/13/2043	179,065	128,692
	Morgan Stanley	07/23/2015 4.000% 07/23/2025	126,743	116,506
	Nvidia Corp.	03/31/2020 2.850% 04/01/2030	147,435	131,490
	Owl Rock Capital Corp.	12/08/2020 3.400% 07/15/2026	137,112	117,807
	PNC Financial Services	07/23/2019 2.600% 07/23/2026	161,730	144,861
	Pfizer Inc.	03/11/2019 3.900% 03/15/2039	78,059	59,021
	Public Service Electric Gas Co.	05/08/2020 2.700% 05/01/2050	83,958	60,141
	Sempra Energy	01/12/2018 3.800% 02/01/2038	85,902	66,270
	Sherwin-Williams Co,	05/16/2017 3.450% 06/01/2027	134,179	127,246
	Simon Property Group LP	09/10/2014 3.375% 10/01/2024	59,741	58,157
	Target Corp.	04/11/2016 3.625% 04/15/2046	68,124	46,014
	United Technologies Corp.	08/16/2018 4.125% 11/16/2028	142,465	125,208
	Ventas Realty LP	08/15/2018 4.400% 01/15/2029	127,872	110,134
	Verizon Communications	03/22/2021 3.550% 03/22/2051	125,596	99,957
	Wells Fargo & Company	04/22/2016 3.000% 04/22/2026	100,000	94,030
	Wells Fargo & Company	10/25/2016 3.000% 10/23/2026	41,255	37,130
	Schlumberger Investor	06/26/2020 2.650% 06/26/2030	151,965	129,324
	Shell International Financial	11/07/2019 2.375% 11/07/2029	145,141	129,275
	Toronto-Dominion Bank	06/12/2019 2.650% 06/12/2024	133,623	128,981
	Westpac Banking Corp	11/23/2016 Variable Coupon 11/23/2031	146,130	138,957
	Total corporate bonds		4,989,440	4,266,554

Retirement Plan for Employees of Garrett County Memorial Hospital

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

EIN: 87-1846814 Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Municipal Government Debt Securities				
	California State	11/03/2020 3.000% 11/01/2030	\$ 135,825	\$ 133,505
	Florence South Carolina Public Facilities	09/09/2020 1.588% 11/01/2025	125,000	114,866
	Fort Lauderdale Florida Special Obligation	08/04/2020 1.300% 01/01/2027	176,276	154,536
	Miami-Dade County Florida	06/24/2020 2.250% 07/01/2034	172,813	136,365
	Montgomery County Maryland Limited Obligation	11/19/2018 4.050% 05/01/2029	179,843	171,443
	New York State Dormitory Authority	02/15/2017 3.500% 07/01/2027	130,000	126,520
	Norfolk Virginia	04/02/2020 1.550% 09/01/2026	101,348	91,030
	North Carolina State University Raleigh	07/07/2020 1.654% 10/01/2028	100,858	86,459
	Pennsylvania State Cops	09/30/2010 5.250% 04/01/2027	70,000	69,995
	Pflugerville Texas Independent School District	09/29/2020 5.000% 02/15/2027	167,362	147,401
	University California	07/16/2020 1.316% 05/15/2027	145,341	128,561
	Virginia State CLG Building Authority Education	02/09/2021 0.610% 09/01/2025	125,105	113,531
	Virginia State CLG Building Authority Education	02/09/2021 0.770% 09/01/2026	180,280	158,805
		Total municipal government debt securities	1,810,051	1,633,017
Exchange Traded Funds				
	iShares	Core Miscellaneous Emerging Markets	469,261	530,163
	iShares	Core Miscellaneous International Developed Markets	716,143	873,588
	Vanguard	Short-Term Government Bond	362,601	358,330
	Vanguard	S&P 500	4,792,380	5,363,878
		Total exchange traded funds	6,340,385	7,125,959

Retirement Plan for Employees of Garrett County Memorial Hospital

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

EIN: 87-1846814 Plan Number: 001

June 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Causeway	International Value Fund	\$ 1,212,654	\$ 1,347,731
	Federated Hermes	MDT Small Cap Growth Fund	1,116,422	1,011,779
	Harding Loevner	International Developed Markets Equity Portfolio	1,301,418	1,351,148
	Hotchkis & Wiley	Small Cap Diversified Value Fund	564,616	575,596
	Loomis Sayles	Growth Fund	3,180,500	3,213,178
	Principal	Origin Emerging Markets Fund	1,034,174	807,438
	Touchstone	Mid Cap Growth Fund	990,520	983,065
	Touchstone	Mid Cap Value Fund	2,410,906	2,259,917
	Victory Sophus	Emerging Markets Fund	1,016,925	815,997
	Allspring	Special International Small Cap Fund	525,460	629,039
	Payden	Emerging Markets Bond Fund	171,929	187,322
	Sterling Capital	Equity Income Fund	2,115,076	2,200,567
	Sterling Capital	Equity Income Fund	4,365,299	3,923,899
Total mutual funds			20,005,899	19,306,676
			\$ 38,565,208	\$ 37,549,743

*A party in interest as defined by ERISA.

Retirement Plan for Employees of Garrett County Memorial Hospital

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

EIN: 87-1846814 Plan Number: 001

Year Ended June 30, 2023

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions								
Truist Bank * *	Trust Deposit Account							
	Purchases (112)	\$ 12,886,965	\$ -	\$ -	\$ -	\$ 12,886,965	\$ -	\$ -
	Sales (79)	-	14,752,803	-	-	14,752,803	-	-
Total Series Transactions		\$ 12,886,965	\$ 14,752,803	\$ -	\$ -	\$ 27,639,768	\$ -	\$ -

*A party in interest as defined by ERISA.

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SCHEDULE H (FORM 5500 - 4J-1)
SCHEDULE OF REPORTABLE TRANSACTIONS
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		BASED ON MARKET VALUE OF		0	5% VALUE OF	0
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 411,159 01/02/24 BUY 3	1.0000	0	411,159	411,159	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 302 01/10/24 BUY 10	1.0000	0	302	302	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 60,011 01/12/24 BUY 12	1.0000	0	60,011	60,011	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 206,542 01/16/24 BUY 14	1.0000	0	206,542	206,542	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 205 01/18/24 BUY 16	1.0000	0	205	205	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 205 01/22/24 SELL 18	1.0000	0	205	205	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 2,145 01/29/24 SELL 29	1.0000	0	2,145	2,145	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 1,479 01/30/24 SELL 32	1.0000	0	1,479	1,479	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 3,220 01/31/24 SELL 36	1.0000	0	3,220	3,220	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 186,078 02/01/24 SELL 40	1.0000	0	186,078	186,078	0

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		BASED ON MARKET VALUE OF		0	5% VALUE OF	0
DESCRIPTION OF ASSET		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN
IDENTITY OF PARTY INVOLVED		SELLING PRICE				OR (LOSS)
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	5,657 02/07/24 BUY 43	1.0000	0	5,657	5,657	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	1,992 02/14/24 SELL 45	1.0000	0	1,992	1,992	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	1,035 02/16/24 SELL 47	1.0000	0	1,035	1,035	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	9,669 02/26/24 SELL 49	1.0000	0	9,669	9,669	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	189,322 03/01/24 SELL 57	1.0000	0	189,322	189,322	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	276 03/04/24 BUY 66	1.0000	0	276	276	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	276 03/06/24 SELL 71	1.0000	0	276	276	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	500,000 04/01/24 BUY 94	1.0000	0	500,000	500,000	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	202,957 04/01/24 SELL 97	1.0000	0	202,957	202,957	0
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	175,474 04/04/24 BUY 101	1.0000	0	175,474	175,474	0

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IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 504 04/17/24 BUY 112	1.0000	0	504	504	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 504 04/22/24 SELL 117	1.0000	0	504	504	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 14,678 04/29/24 SELL 121	1.0000	0	14,678	14,678	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 196,274 05/01/24 SELL 126	1.0000	0	196,274	196,274	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 6,762 05/08/24 SELL 130	1.0000	0	6,762	6,762	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 197,997 06/03/24 SELL 149	1.0000	0	197,997	197,997	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 602 06/07/24 BUY 153	1.0000	0	602	602	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 1,059 06/11/24 BUY 156	1.0000	0	1,059	1,059	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 98 06/11/24 SELL 158	1.0000	0	98	98	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 1,059 06/13/24 SELL 169	1.0000	0	1,059	1,059	0

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		BASED ON MARKET VALUE OF		0	5% VALUE OF	0	
IDENTITY OF PARTY INVOLVED		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	1,003,695 01/02/24 BUY	31	10.0000	0	10,036,948	10,036,948	0
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 01/31/24 BUY	64		0	1,558	1,558	0
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 02/29/24 BUY	89		0	4	4	0
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 03/31/24 BUY	109		0	381	381	0
996999009 WVUHS LONG CR-UNITIZED BROKER	0 03/31/24 RGAIN	111		0	0	377	377
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 04/30/24 SELL	141		0	973	973	0
996999009 WVUHS LONG CR-UNITIZED BROKER	0 04/30/24 RLOSS	143		0	0	377	(377)
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 05/31/24 SELL	166		0	10,007	10,007	0
996999009 WVUHS LONG CR-UNITIZED BROKER	0 05/31/24 RLOSS	168		0	0	10,042	(10,042)
996999009 WVUHS LONG CR-UNITIZED BROKER 5200 MISCELLANEOUS	0 06/30/24 BUY	192		0	8,330	8,330	0

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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)
996999009	WVUHS LONG CR-UNITIZED BROKER	0 06/30/24	RGAIN	195	0	0	8,244	8,244
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	1,852,975 01/02/24	BUY	23	10.0000	0	18,529,750	18,529,750
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	0 01/31/24	BUY	60	0	2,427	2,427	0
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	0 02/29/24	BUY	85	0	6	6	0
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	0 03/31/24	BUY	103	0	20,853	20,853	0
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	44,509 04/01/24	SELL	119	11.2337	0	445,647	500,000
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	0 04/30/24	BUY	133	0	18,516	18,516	0
996998977	WVUHS PERF EQTY-UNITIZED BROKER	0 04/30/24	RGAIN	135	0	0	19,491	19,491
996998977	WVUHS PERF EQTY-UNITIZED BROKER 5200	0 05/31/24	BUY	160	0	264,003	264,003	0
996998977	WVUHS PERF EQTY-UNITIZED BROKER	0 05/31/24	RGAIN	162	0	0	264,000	264,000

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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			
996998977 WVUHS PERF EQTY-UNITIZED BROKER 5200	MISCELLANEOUS 0 06/30/24 SELL	185	0	157,482	157,482	0
996998977 WVUHS PERF EQTY-UNITIZED BROKER	0 06/30/24 RLOSS	188	0	0	178,308	(178,308)
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 1,003,695 01/02/24 BUY	25	10.0000	0	10,036,948	10,036,948
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 01/31/24 BUY	62	0	1,507	1,507	0
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 02/29/24 BUY	87	0	4	4	0
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 03/31/24 SELL	106	0	9,433	9,433	0
996998993 WVUHS STRIPS-UNITIZED BROKER	0 03/31/24 RLOSS	108	0	0	9,437	(9,437)
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 04/30/24 BUY	137	0	4,768	4,768	0
996998993 WVUHS STRIPS-UNITIZED BROKER	0 04/30/24 RGAIN	139	0	0	5,355	5,355
996998993 WVUHS STRIPS-UNITIZED BROKER 5200	MISCELLANEOUS 0 05/31/24 SELL	163	0	43,473	43,473	0

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		BASED ON MARKET VALUE OF		0	5% VALUE OF	0
DESCRIPTION OF ASSET		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN
IDENTITY OF PARTY INVOLVED		SELLING PRICE				OR (LOSS)
996998993 WVUHS STRIPS-UNITIZED BROKER						
	0 05/31/24 RLOSS	165	0	0	43,516	(43,516)
996998993 WVUHS STRIPS-UNITIZED BROKER 5200						
	MISCELLANEOUS 0 06/30/24 BUY	189	0	39,859	39,859	0
996998993 WVUHS STRIPS-UNITIZED BROKER						
	0 06/30/24 RGAIN	191	0	0	39,772	39,772



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					BASED ON MARKET VALUE OF		0	5% VALUE OF		0
DESCRIPTION OF ASSET					PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN	
IDENTITY OF PARTY INVOLVED					SELLING PRICE				OR (LOSS)	
VP7000251 PRINCIPAL DEPOSIT SWEEP PROGRAM										
BROKER 1 CASH SWEEP TRADES										
	411,159	01/02/24	B BUY	3	1.0000	0	411,159	411,159	0	
	302	01/10/24	B BUY	10	1.0000	0	302	302	0	
	60,011	01/12/24	B BUY	12	1.0000	0	60,011	60,011	0	
	206,542	01/16/24	B BUY	14	1.0000	0	206,542	206,542	0	
	205	01/18/24	B BUY	16	1.0000	0	205	205	0	
	205	01/22/24	S SELL	18	1.0000	0	205	205	0	
	2,145	01/29/24	S SELL	29	1.0000	0	2,145	2,145	0	
	1,479	01/30/24	S SELL	32	1.0000	0	1,479	1,479	0	
	3,220	01/31/24	S SELL	36	1.0000	0	3,220	3,220	0	
	186,078	02/01/24	S SELL	40	1.0000	0	186,078	186,078	0	
	5,657	02/07/24	B BUY	43	1.0000	0	5,657	5,657	0	
	1,992	02/14/24	S SELL	45	1.0000	0	1,992	1,992	0	
	1,035	02/16/24	S SELL	47	1.0000	0	1,035	1,035	0	
	9,669	02/26/24	S SELL	49	1.0000	0	9,669	9,669	0	
	189,322	03/01/24	S SELL	57	1.0000	0	189,322	189,322	0	
	276	03/04/24	B BUY	66	1.0000	0	276	276	0	
	276	03/06/24	S SELL	71	1.0000	0	276	276	0	
	500,000	04/01/24	B BUY	94	1.0000	0	500,000	500,000	0	
	202,957	04/01/24	S SELL	97	1.0000	0	202,957	202,957	0	
	175,474	04/04/24	B BUY	101	1.0000	0	175,474	175,474	0	
	504	04/17/24	B BUY	112	1.0000	0	504	504	0	
	504	04/22/24	S SELL	117	1.0000	0	504	504	0	
	14,678	04/29/24	S SELL	121	1.0000	0	14,678	14,678	0	
	196,274	05/01/24	S SELL	126	1.0000	0	196,274	196,274	0	
	6,762	05/08/24	S SELL	130	1.0000	0	6,762	6,762	0	
	197,997	06/03/24	S SELL	149	1.0000	0	197,997	197,997	0	
	602	06/07/24	B BUY	153	1.0000	0	602	602	0	
	1,059	06/11/24	B BUY	156	1.0000	0	1,059	1,059	0	
	98	06/11/24	S SELL	158	1.0000	0	98	98	0	
	1,059	06/13/24	S SELL	169	1.0000	0	1,059	1,059	0	
-----							-----	-----	-----	
	1,361,791		12	TOTAL BUYS		0	1,361,791	1,361,791	0	
	1,015,750		18	TOTAL SELLS		0	1,015,750	1,015,750	0	
-----							-----	-----	-----	
	2,377,541			SECURITY TOTAL		0	2,377,541	2,377,541	0	
996999009 WVUHS LONG CR-UNITIZED										
BROKER 5200 MISCELLANEOUS										
	1,003,695	01/02/24	B BUY	31	10.0000	0	10,036,948	10,036,948	0	
	0	01/31/24	B BUY	64	.0000	0	1,558	1,558	0	
	0	02/29/24	B BUY	89	.0000	0	4	4	0	
	0	03/31/24	B BUY	109	.0000	0	381	381	0	
BROKER										
	0	03/31/24	S RGAIN	111	.0000	0	0	377	377	
BROKER 5200 MISCELLANEOUS										
	0	04/30/24	S SELL	141	.0000	0	973	973	0	
BROKER										

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				BASED ON MARKET VALUE OF		0	5% VALUE OF	0
IDENTITY OF PARTY INVOLVED				PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
BROKER 5200	0 04/30/24 S RLOSS	143		.0000	0	0	(377)	(377)
	MISCELLANEOUS							
BROKER	0 05/31/24 S SELL	166		.0000	0	10,007	10,007	0
BROKER 5200	0 05/31/24 S RLOSS	168		.0000	0	0	(10,042)	(10,042)
	MISCELLANEOUS							
BROKER	0 06/30/24 B BUY	192		.0000	0	8,330	8,330	0
	0 06/30/24 S RGAIN	195		.0000	0	0	8,244	8,244
-----				-----		-----	-----	-----
	1,003,695	5	TOTAL BUYS		0	10,047,221	10,047,221	0
	0	6	TOTAL SELLS		0	10,980	9,182	(1,798)
-----				-----		-----	-----	-----
	1,003,695		SECURITY TOTAL		0	10,058,201	10,056,403	(1,798)
996998977 WVUHS PERF EQTY-UNITIZED								
BROKER 5200	MISCELLANEOUS							
	1,852,975 01/02/24 B BUY	23		10.0000	0	18,529,750	18,529,750	0
	0 01/31/24 B BUY	60		.0000	0	2,427	2,427	0
	0 02/29/24 B BUY	85		.0000	0	6	6	0
	0 03/31/24 B BUY	103		.0000	0	20,853	20,853	0
	44,509 04/01/24 S SELL	119		11.2337	0	445,647	500,000	54,353
	0 04/30/24 B BUY	133		.0000	0	18,516	18,516	0
BROKER								
BROKER 5200	0 04/30/24 S RGAIN	135		.0000	0	0	19,491	19,491
	MISCELLANEOUS							
BROKER	0 05/31/24 B BUY	160		.0000	0	264,003	264,003	0
BROKER 5200	0 05/31/24 S RGAIN	162		.0000	0	0	264,000	264,000
	MISCELLANEOUS							
BROKER	0 06/30/24 S SELL	185		.0000	0	157,482	157,482	0
	0 06/30/24 S RLOSS	188		.0000	0	0	(178,308)	(178,308)
-----				-----		-----	-----	-----
	1,852,975	6	TOTAL BUYS		0	18,835,555	18,835,555	0
	44,509	5	TOTAL SELLS		0	603,129	762,665	159,536
-----				-----		-----	-----	-----
	1,897,484		SECURITY TOTAL		0	19,438,684	19,598,220	159,536
996998993 WVUHS STRIPS-UNITIZED								
BROKER 5200	MISCELLANEOUS							
	1,003,695 01/02/24 B BUY	25		10.0000	0	10,036,948	10,036,948	0
	0 01/31/24 B BUY	62		.0000	0	1,507	1,507	0
	0 02/29/24 B BUY	87		.0000	0	4	4	0
	0 03/31/24 S SELL	106		.0000	0	9,433	9,433	0
BROKER								
BROKER 5200	0 03/31/24 S RLOSS	108		.0000	0	0	(9,437)	(9,437)
	MISCELLANEOUS							
	0 04/30/24 B BUY	137		.0000	0	4,768	4,768	0

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			BASED ON MARKET VALUE OF		0	5% VALUE OF	0
DESCRIPTION OF ASSET			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN
IDENTITY OF PARTY INVOLVED			SELLING PRICE				OR (LOSS)
BROKER							
	0 04/30/24 S RGAIN	139	.0000	0	0	5,355	5,355
BROKER 5200	MISCELLANEOUS						
	0 05/31/24 S SELL	163	.0000	0	43,473	43,473	0
BROKER							
	0 05/31/24 S RLOSS	165	.0000	0	0	(43,516)	(43,516)
BROKER 5200	MISCELLANEOUS						
	0 06/30/24 B BUY	189	.0000	0	39,859	39,859	0
BROKER							
	0 06/30/24 S RGAIN	191	.0000	0	0	39,772	39,772

	1,003,695	5		0	10,083,086	10,083,086	0
	0	6		0	52,906	45,080	(7,826)

	1,003,695	SECURITY TOTAL		0	10,135,992	10,128,166	(7,826)

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SCHEDULE OF REPORTABLE TRANSACTIONS
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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					
996999009	WVUHS LONG CR-UNITIZED					
1,003,695	01/02/24 BUY 31	10.0000	0	10,036,948	10,036,948	0
	0 01/31/24 BUY 64	.0000	0	1,558	1,558	0
	0 02/29/24 BUY 89	.0000	0	4	4	0
	0 03/31/24 BUY 109	.0000	0	381	381	0
	0 04/30/24 SELL 141	.0000	0	973	973	0
	0 05/31/24 SELL 166	.0000	0	10,007	10,007	0
	0 06/30/24 BUY 192	.0000	0	8,330	8,330	0
996998977	WVUHS PERF EQTY-UNITIZED					
1,852,975	01/02/24 BUY 23	10.0000	0	18,529,750	18,529,750	0
	0 01/31/24 BUY 60	.0000	0	2,427	2,427	0
	0 02/29/24 BUY 85	.0000	0	6	6	0
	0 03/31/24 BUY 103	.0000	0	20,853	20,853	0
44,509	04/01/24 SELL 119	11.2337	0	445,647	500,000	54,353
	0 04/30/24 BUY 133	.0000	0	18,516	18,516	0
	0 05/31/24 BUY 160	.0000	0	264,003	264,003	0
	0 06/30/24 SELL 185	.0000	0	157,482	157,482	0
996998993	WVUHS STRIPS-UNITIZED					
1,003,695	01/02/24 BUY 25	10.0000	0	10,036,948	10,036,948	0
	0 01/31/24 BUY 62	.0000	0	1,507	1,507	0
	0 02/29/24 BUY 87	.0000	0	4	4	0
	0 03/31/24 SELL 106	.0000	0	9,433	9,433	0
	0 04/30/24 BUY 137	.0000	0	4,768	4,768	0
	0 05/31/24 SELL 163	.0000	0	43,473	43,473	0
	0 06/30/24 BUY 189	.0000	0	39,859	39,859	0
3,904,874	BROKER TOTAL		0	39,632,877	39,687,230	54,353

EIN 87 1846814
PLAN NUMBER 001
PLAN YEAR 07/01/2023 TO 06/30/2024

[illegible]

Schedule SB, Line 26A - Schedule of Active Participant Data
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

Form 5500 - Schedule of Active Participation Data										
Valuation Date 07/01/2023										
Attained Age	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.	Avg. No. Comp.
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	9	8	0	0	0	0	0	0
35 to 39	0	0	12	2	4	0	0	0	0	0
40 to 44	0	0	6	8	9	7	0	0	0	0
45 to 49	0	0	4	3	2	3	5	0	0	0
50 to 54	0	0	7	2	3	3	7	7	0	0
55 to 59	0	0	5	1	2	5	3	4	2	0
60 to 64	0	0	6	6	6	4	4	2	3	2
65 to 69	0	0	2	1	1	0	0	1	0	3
70 & up	0	1	0	0	0	0	0	0	0	0

Assumptions prescribed by law

Mortality

Before benefit payment period

IRS Prescribed Mortality - Static Non-annuitant, male and female.

During benefit payment period

IRS Prescribed Mortality - Static Annuitant, male and female.

Assumptions selected by actuary

Asset return

8.00% for the current plan year.

The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense

The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.

Retirement

Active and inactive participants are assumed to retire at the following rates:

Age	Probability of retirement
55	10%
56-60	5%
61	10%
62	20%
63-64	15%
65	60%
66-69	35%
70	100%

Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, CBIZ. This assumption appears reasonable with the plan's design.

Disability

None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.

Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, CBIZ. This assumption appears reasonable with the plan's design.

Marriage 100% married; husbands are 4 years older than wives.
This assumption does not have material impact on the results of this report.
Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, CBIZ. This assumption appears reasonable with the plan's design.

Withdrawal Crocker-Sarason-Straight Table T-8
Selected rates of withdrawal are shown below:

Age	Rate of withdrawal
25	11.62%
40	9.40%
55	1.73%

Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, CBIZ. This assumption appears reasonable with the plan's design.

Form of benefit Participants are assumed to receive their benefits on the normal form at the assumed retirement age.
Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, CBIZ. This assumption appears reasonable with the plan's design.

Methods prescribed by law

Liability measure Funding target is the present value of the benefits accrued on the valuation date.
Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

Methods selected by plan sponsor

Asset method Market value.

Segment rates 24-month average with no weighting to prior law basis. Use rates where June is the last month included in the average.

PBGC premium basis Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date.

Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+
5.26%	5.23%	5.16%

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date. The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.
Mortality base rates	Before benefit payment period Employee amount-weighted, male and female During benefit payment period Retiree amount-weighted, male and female The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor. Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.
Mortality improvement	MP-2021 is the most recent improvement scale published by the SOA in October 2021. In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

Interest rate used to value
liabilities

6.50%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative
expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 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 Garrett County Memorial Hospital	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Garrett County Memorial Hospital (dba Garrett Regional Medical Center)	D Employer Identification Number (EIN) 87-1846814
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	38547932	
b	Actuarial value	2b	38547932	
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	208	23324890	23324890
b	For terminated vested participants	75	6273597	6273597
c	For active participants	176	16391092	16486577
d	Total	459	45989579	46085064
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	53000	
c	Target normal cost	6c	53000	

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	TWC Signature of actuary	04/09/2025 Date
Timothy Curtis Type or print name of actuary		2308869 Most recent enrollment number
Principal Financial Group Firm name		412-394-9339 Telephone number (including area code)
PO Box 9394 Des Moines, IA 50306-9394 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.99</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)		612068
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>5.49</u> %		33603
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		645671
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	83.64 %
15 Adjusted funding target attainment percentage	15	83.64 %
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	80.74 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/20/2023	206542	0			
01/16/2024	206542	0			
04/04/2024	175474	0			
07/02/2024	111055	0			
03/12/2025	111152	0			
Totals ►			18(b)	810765	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	779926

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	53000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7537132	726882	
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	779882	
	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	779882	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	779926	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	44	
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)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, Line 2a - Explanation of Assets
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$905,003 contributions received after the plan year end with a discounted value of \$890,452.

Schedule SB, Line 19 - Discounted Employer Contributions
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

The attached schedule shows the date and amount of individual employer contributions, interest adjusted contribution, year to which the contributions are applied, applicable effective interest rate and amount applied to each quarterly contribution.

Contributions allocated toward minimum required contributions (Line 19c)

Contributions not applied to quarterly contributions are applied to Annual Cost.

Date	Full Amount of Contribution by Employer	Interest Adjusted Amount of Contribution	Plan Year Applied	Effective Interest Rate	1Q Full Amount	1Q Interest Adjusted ¹	1Q Days Late	2Q Full Amount	2Q Interest Adjusted ¹	2Q Days Late	3Q Full Amount	3Q Interest Adjusted ¹	3Q Days Late	4Q Full Amount	4Q Interest Adjusted ¹	4Q Days Late
10/20/2023	\$206,542	\$203,211	2023	5.32 %	\$175,474	\$172,628	5	\$31,068	\$30,583	0						
1/16/2024	\$206,542	\$200,785	2023	5.32 %				\$144,021	\$140,001	1	\$62,521	\$60,784	0			
4/4/2024	\$175,474	\$168,700	2023	5.32 %							\$111,978	\$107,655	0	\$63,496	\$61,045	0
7/2/2024	\$111,055	\$105,431	2023	5.32 %										\$110,851	\$105,237	0
3/12/2025	\$111,152	\$101,799	2023	5.32 %												
TOTAL	\$810,765	\$779,926														

¹ Includes increased rate for late quarterly contribution (calculated using the Effective Interest Rate plus 5% for the number of days late).

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	66.0261	0.0956	6.3113	347.1218
56	64.5833	0.0485	3.1301	175.2869
57	63.3404	0.0485	3.0694	174.9546
58	63.1581	0.0484	3.0579	177.3584
59	65.9802	0.0485	3.1994	188.7623
60	66.6475	0.0478	3.1826	190.9571
61	71.3183	0.0930	6.6330	404.6136
62	71.5142	0.1916	13.7039	849.6427
63	65.6214	0.1386	9.0943	572.9435
64	62.3395	0.1404	8.7520	560.1303
65	56.3937	0.6000	33.8362	2,199.3529
66	25.3661	0.3500	8.8781	585.9570
67	19.3893	0.3500	6.7863	454.6794
68	13.5213	0.3500	4.7324	321.8060
69	8.7260	0.3500	3.0541	210.7320
70	5.6266	1.0000	5.6266	393.8628
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
Total			124.0477	7,881.1613
Average				63.53

Schedule SB, Part V - Summary of Plan Provisions
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 12/09/2022.

Plan eligibility

Age	Attained age 25.
Service	One year of service in which at least 1,000 hours worked.
Class	Any employee, excluding leased employees and employees who are not employed on a permanent basis or who are not scheduled to work 20 or more hours per week. Entry to the plan was frozen on January 1, 2017. No employee will be eligible to participant in the plan after this date.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life with five years certain (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The sum of (a) and (b): a) 1.005% of the participant's average monthly compensation multiplied by number of years of credited service. b) 0.495% of the participant's average monthly compensation in excess of \$833.33 multiplied by number of years of credited service. Benefit accruals for the plan were frozen on June 30, 2022. No additional benefits shall accrue after this date.

Schedule SB, Part V - Summary of Plan Provisions
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

Early retirement benefit

Age	Attained age 55.
Service	Completed ten years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by the factor in the table below for each year that the early retirement date precedes normal retirement date.

Age	Reduction Factor
65	100.00%
64	91.00%
63	82.90%
62	75.60%
61	69.10%
60	63.30%
59	58.00%
58	53.20%
57	48.80%
56	44.90%
55	41.30%

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	As of June 30, 2022: 100% after five years of vesting service. For participants who terminated prior to June 30, 2022: 50% after five years of vesting service, increased by 10% for each year of vesting service after five years up to ten.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Death benefit

Survivor annuity death benefit (a vested benefit)

Eligibility	Unmarried participant fully or partially vested in an accrued benefit and has attained eligibility for early retirement.
Form	Monthly annuity payable to beneficiary commencing on the first day of the month following the date of death and terminating after 20 years of payments or with the death of the beneficiary.
Amount	50% of the participant's accrued benefit.

Definitions

Average
compensation
Optional forms of
benefit payments

The monthly average compensation determined over the highest five calendar years during the final 10 calendar years of employment.

The optional forms of benefit payments are:

- Monthly annuity payable for life, or five years certain and life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, and 100.

The optional form conversion basis is 7.00% interest and the 1983 Group Annuity Mortality table setback five years for the participant and one year for the beneficiary for payments other than lump sums.

Lump sum provisions

Small amount force out (SAFO) – allowed up to \$5,000.

Lump sums in excess of SAFO - aren't allowed.

Conversion – greater of the deferred or immediate rate with early retirement factor based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

Details of shortfall charges

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
07/01/2023	\$(709,139)	15	\$(64,943)
07/01/2022	8,246,271	14	791,825
Total	\$7,537,132		\$726,882

Last year's total shortfall annual charge was \$791,825, according to information provided by the prior actuary, CBIZ.

The total annual charge used in calculating your annual cost can't be less than zero.

Schedule SB, Line 25 – Change in Method
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

A change in funding method has occurred since last year due to a change in the enrolled actuary and the business organization providing actuarial services to the plan. This change meets the automatic approval requirements under Rev Proc 2017-56.

Schedule SB, Line 24 – Change in Actuarial Assumptions
Retirement Plan for Employees of Garrett County Memorial Hospital
EIN 87-1846814 Plan No. 001

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year is 8.00%.