

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MARK TWAIN BEHAVIORAL HEALTH EMPLOYEES TAX DEFERRED</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARK TWAIN ASSOCIATION FOR MENTAL HEALTH, INC.</u> <u>MARK TWAIN HEALTH</u> <u>MICHAEL CANTRELL</u> <u>917 BROADWAY</u> <u>917 BROADWAY</u> <u>HANNIBAL, MO 63401-4200</u> <u>HANNIBAL, MO 63401-4200</u></p>	<p>1c Effective date of plan <u>01/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>43-1020989</u></p> <p>2c Plan Sponsor's telephone number <u>573-221-2120</u></p> <p>2d Business code (see instructions) <u>621420</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	MICHAEL CANTRELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/04/2025	MICHAEL CANTRELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	274
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)	233
	6a(2)	221
	6b	
	6c	82
	6d	303
	6e	
	6f	303
	6g(1)	274
	6g(2)	303
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:
2L 2E 2F 2G 3D

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

R. PARKER

621 BROADWAY
HANNIBAL, MO 63401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
32220			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1854871
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1834154
c	Additions: (1) Contributions deposited during the year	7c(1) 126768
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 53194
	(4) Transferred from separate account	7c(4) 79144
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS	7c(5) 11899
	(6) Total additions	7c(6) 271005
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2105159
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 330806
	(2) Administration charge made by carrier.....	7e(2) 461
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶ WITHDRAWAL CHARGES AND LOAN SERVICE FEE	7e(4) 811
(5) Total deductions	7e(5) 332078	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1773081

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MARK TWAIN BEHAVIORAL HEALTH EMPLOYEES TAX DEFERRED	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARK TWAIN ASSOCIATION FOR MENTAL HEALTH, INC.	D Employer Identification Number (EIN) 43-1020989	

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

J. GIBBS	4341 AVCER GROVE DRIVE SUITE 400C SPRINGFIELD, IL 62711
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

R. BEATY	621 BROADWAY HANNIBAL, MO 63401
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

R. PARKER	621 BROADWAY HANNIBAL, MO 63401
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AXA EQUITABLE LIFE INSURANCE CO	PO BOX 4956 SYRACUSE, NY 13221
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

R. BEATY

621 BROADWAY
1ST FLOOR
HANNIBAL, MO 63401

(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?
55	AGENT OR BROKER	8961	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

R. PARKER

621 BROADWAY
HANNIBAL, MO 63401

(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?
55	AGENT OR BROKER	32220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AXA EQUITABLE LIFE INSURANCE CO

PO BOX 4956
SYRACUSE, NY 13221

(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 25 59 60 62 63 67	RECORDKEEPER		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	157008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MARK TWAIN BEHAVIORAL HEALTH EMPLOYEES TAX DEFERRED	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARK TWAIN ASSOCIATION FOR MENTAL HEALTH, INC.	D Employer Identification Number (EIN) 43-1020989

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	16007
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6615997
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1834153
(15) Other.....	1c(15)	37650

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	8466157	9880708
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8466157	9880708

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)	644813	
(B) Participants.....	2a(1)(B)	581490	
(C) Others (including rollovers).....	2a(1)(C)	36718	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1263021
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)	2891	
(F) Other.....	2b(1)(F)	53358	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		56249
(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)		
(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)		927597
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2246867

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	818381	
(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)		818381
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		6757
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	5167	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	2011	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7178
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		832316

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1414551
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: **WADE STABLES, P.C.**

(2) EIN: **43-1498457**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**Mark Twain Behavioral Health
Employee's Tax Deferred Plan**

Plan #001

Plan Sponsor EIN 43-1020989

Financial Statements

For the Years Ended December 31, 2024 and 2023

Mark Twain Behavioral Health Employee's Tax Deferred Plan
Plan #001
Plan Sponsor EIN 43-1020989
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December 31, 2024 and 2023

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Independent Auditors' Report

To the Administrative Committee
Mark Twain Behavioral Health Employee's Tax Deferred Plan

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

We have performed audits of the accompanying financial statements of Mark Twain Behavioral Health Employee's Tax Deferred Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note C 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mark Twain Behavioral Health Employee's Tax Deferred Plan's ability to continue as a going concern for one year after the date 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mark Twain Behavioral Health Employee's Tax Deferred 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 Mark Twain Behavioral Health Employee's Tax Deferred 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 Schedule Required by ERISA

The supplemental schedule of assets held at end of year is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Wade Stables P.C.
Wade Stables P.C.
Certified Public Accountants

Hannibal, Missouri
July 24, 2025

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value	\$ 7,988,187	\$ 6,615,997
Investments at contract value	<u>1,854,871</u>	<u>1,834,153</u>
	\$ 9,843,058	\$ 8,450,150
Receivables:		
Notes receivable from participants	<u>37,650</u>	<u>16,007</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,880,708</u></u>	<u><u>\$ 8,466,157</u></u>

See accompanying notes to the financial statements.

Mark Twain Behavioral Health Employee's Tax Deferred Plan**Plan #001****Plan Sponsor EIN 43-1020989**

Statements of Changes in Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
INVESTMENT INCOME:		
Net appreciation (depreciation) in fair value of investments	\$ 927,597	\$ 996,464
Interest	53,358	53,772
	<u>\$ 980,955</u>	<u>\$ 1,050,236</u>
Interest income on notes receivable from participants	\$ 2,891	\$ 1,001
CONTRIBUTIONS:		
Employer contributions	\$ 644,813	\$ 600,454
Participant contributions	581,490	473,353
Rollover contributions	36,718	74,780
	<u>\$ 1,263,021</u>	<u>\$ 1,148,587</u>
TOTAL ADDITIONS	<u>\$ 2,246,867</u>	<u>\$ 2,199,824</u>
DEDUCTIONS		
Benefits paid to participants	\$ 818,381	\$ 638,243
Deemed distributions	6,757	1,683
Administrative expenses	7,178	6,232
TOTAL DEDUCTIONS	<u>\$ 832,316</u>	<u>\$ 646,158</u>
Net Increase (Decrease)	\$ 1,414,551	\$ 1,553,666
Net assets available for benefits at beginning of year	<u>8,466,157</u>	<u>6,912,491</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u><u>\$ 9,880,708</u></u>	<u><u>\$ 8,466,157</u></u>

See accompanying notes to the financial statements.

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

A. Description of Plan

The following description of the Mark Twain Behavioral Health Employee's Tax Deferred Plan ("Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by Mark Twain Association for Mental Health, Inc. (the Organization), effective January 1, 1977, and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the requirements of Section 403(b) of the Internal Revenue code. The Organization is the sponsor and administrator of the Plan.

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which included SECURE Act 2.0. SECURE Act 2.0 contains over 90 new retirement provisions with varying effective dates through 2027. Since SECURE Act 2.0 provisions include both required and optional elements, the Plan administrator will determine the optional provisions to elect and amend the Plan document accordingly. Most of the significant provisions became effective in 2024 and thereafter. Accordingly, there has been no material impact on the Plan's 2024 financial statements.

Eligibility

All permissible employees of the Organization, as defined in accordance with the universal availability standards, are eligible to enroll on their date of hire. For eligible employees to receive nonelective contributions, the employee must be age 21 or older and have completed 1,000 hours of service in a 12-month period. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute up to 100% of pretax annual compensation, as defined by the Plan. Participants who have attained the age of 50 may also make catch-up contributions to the Plan. Special IRC Section 403(b) catch-up contributions are permitted as well, if a participant has 15 years of service with the same employer, as defined. The 15 years of service catch-up enables the limit on elective deferrals to a participant's account to be increased by up to \$3,000 in any year up to a maximum of \$15,000. In no event may a participant's contributions exceed any statutory limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Organization may make percentage nonelective contributions as outlined by the Plan document. To be eligible for nonelective contributions, a participant must be an eligible employee, as defined, and be employed on the last day of the year. The following employees are not eligible to receive nonelective contributions: employee covered by a collective bargaining agreement, leased employee, non-resident alien with no U.S. sourced income, Medical Records Employee, or Nurse Care Manager II. During 2024 and 2023, the Organization made a nonelective contribution of 5% of eligible compensation. Nonelective contributions are allocated at the end of the Plan year according to the Plan document, however, the Organization makes the nonelective contribution with each payroll. All contributions are subject to maximum amounts as permitted by the IRS.

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

A. Description of Plan (Concluded)

Rollover Contributions

At the discretion of the Plan administrator, employees may be permitted to deposit into the Plan distributions employees have received from other plans. Rollovers to the Plan from other qualified plans were \$36,718 and \$74,780 for the years ended December 31, 2024 and 2023, respectively. Rollovers will be placed in a separate account called a "participant's rollover account". Employees are 100% vested in their "rollover account".

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Organization's nonelective contribution, Plan earnings, and charged with an allocation of investment gains or losses, withdrawals, and administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments

Upon enrollment in the Plan, participants direct the investment of their contributions and Organization contributions into various investment options offered by the Plan.

Vesting

Participants are always immediately 100% vested in their elective and nonelective contributions plus actual earning thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through monthly electronic fund transfers from the participant's personal bank account.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant can elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or various forms of annuities, as provided in the Plan document. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeitures

Since participants are 100% vested in employee and employer contributions, there are no forfeitures. Forfeitures can be used to restore forfeitures, reduce employer contributions, or to pay Plan expenses. Forfeitures cannot be used as elective deferrals. The disposition of forfeitures from a participant's account shall be made no later than the end of the Plan year following the Plan year during which the forfeiture occurred.

**Mark Twain Behavioral Health Employee's Tax Deferred Plan
Plan #001**

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

B. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except that benefits paid to Plan participants are recorded on a cash basis.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note D for discussion of fair value measurements.

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

Contributions

Contributions from employees are recorded as they are withheld from the participant's wages.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit loss has been recorded as of December 31, 2024 and 2023.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan sponsor may absorb some of the expenses related to the operation of the Plan.

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

C. Information Prepared and Certified by Custodian (Unaudited)

The Plan management 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. Accordingly, as permitted under such election, the Plan management instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Equitable, custodian of the Plan, except for comparing such information certified by the custodian with information included in the Plan's financial statements and supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year).

Total investments, as shown in the accompanying statements of net assets available for benefits, were \$9,880,708 and \$8,466,157 at December 31, 2024 and 2023, respectively.

Net investment earnings (losses) as shown in the accompanying statements of changes in net assets available for benefits amounted to \$927,597 and \$996,464 for the years ending December 31, 2024 and 2023, respectively.

Interest income reported by the custodian totaled \$53,358 and \$53,772 for the years ending December 31, 2024 and 2023, respectively.

D. 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 Fair Value Measurements

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

Level 2 Fair Value Measurements

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

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

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

Level 3 Fair Value Measurements

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

**Mark Twain Behavioral Health Employee's Tax Deferred Plan
Plan #001**

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

D. Fair Value Measurements (Concluded)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Pooled separate accounts with underlying mutual fund investments are valued based on the observable net asset value (NAV) of the underlying investment. There are no restrictions on the redemption of these investments. There are no unfunded commitments. Redemption may be daily.

The following table below presents the balances of assets measured at fair value on a recurring basis by level within the hierarchy.

Investment Category	Fair Value Measurements at Reporting Date			
	Total	Level 1	Level 2	Level 3
December 31, 2024:				
Pooled Separate Accounts	\$ 7,988,187	\$ 7,988,187	\$ -	\$ -
Investments at Fair Value	\$ 7,988,187	\$ 7,988,187	\$ -	\$ -
Guaranteed Interest Option	1,854,871			
Total Investments	<u>\$ 9,843,058</u>			
December 31, 2023:				
Pooled Separate Accounts	\$ 6,615,997	\$ 6,615,997	\$ -	\$ -
Investments at Fair Value	\$ 6,615,997	\$ 6,615,997	\$ -	\$ -
Guaranteed Interest Option	1,834,153			
Total Investments	<u>\$ 8,450,150</u>			

E. Investment Contract with Insurance Company

The Plan entered an annuity contract with Equitable. There are several interest rates in effect simultaneously: 1) Lifetime minimum guaranteed interest rate; 2) Annual minimum guaranteed interest rate for the calendar year; and 3) Current guaranteed interest rate. There are two components of the current guaranteed interest rate – new money interest rate and pooled interest rate. Contributions invested in the guaranteed interest option (GIO) for the first time receive a new money interest rate determined monthly. Contributions invested longer than 13 months then earn a pooled interest rate, determined monthly, for as long as the amount remains in the GIO. Contributions to the GIO become part of Equitable's general account. The general account supports all of Equitable's policy and contract guarantees, including those that apply to the GIO. Guarantees are based on the claims-paying ability of Equitable. The GIO is not a variable investment option but is subject to fluctuation in value and market risk, including loss of principal.

The GIO value equals the contributions and any transfers into the option plus interest, less transfers or withdrawals out of the option, withdrawal charges and annual administrative charges. Withdrawals are subject to normal income tax treatment. Withdrawals may be subject to a withdrawal charge of up to 6%.

Mark Twain Behavioral Health Employee's Tax Deferred Plan
Plan #001

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

F. Investment Options

Participants have a choice of investments to elect to contribute to. The allocation can be changed by participants at any time by returning an investment election form to the Plan administrator. Numerous investment options through annuity contracts issued by Equitable are available.

G. Party-In-Interest Transactions

Certain Plan investments are managed by Equitable, the trustee and custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund of \$157,495 and \$131,204 for the years ended December 31, 2024 and 2023, respectively. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Organization. These transactions qualify as party-in-interest transactions.

H. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Organization may determine.

I. Income Tax Status

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The Plan administrator and the Plan's tax counsel believe that terms of the Plan have been prepared to conform to the listing of 403(b) plans that have been pre-approved by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan obtained its latest advisory letter on March 31, 2017, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the advisory letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified. No provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

J. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

K. Reconciliation of Financial Statements to Form 5500.

There were no reconciling items.

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

L. Subsequent Events

For the year ended December 31, 2024, the Organization evaluated subsequent events for potential recognitions and disclosure through July 24, 2025, the date of financial statement issuance. The Plan administrator has not identified any items requiring recognition or disclosure in the financial statements.

Supplemental Schedule

Mark Twain Behavioral Health Employee's Tax Deferred Plan**Plan #001****Plan Sponsor EIN 43-1020989**

Schedule of Assets Held at End of Year

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

Plan Number 001

Plan Year 01/01/2024 to 12/31/2024

(A)	(B) Identity of Issuer, Borrower, Lessor or Similar Party	(C) Description of Investment Including Par or Maturity Value Rate of Interest and Maturity Date	(D) Cost	(E) Current Value
*	AXA Equitable Life Insurance Company	GIA (Including Frozen Reserve)	\$ -	\$ 1,854,871
*	AXA Equitable Life Insurance Company	EQ/Large Cap Growth Index	-	250,882
*	AXA Equitable Life Insurance Company	AXA Large Cap Val Managed Vol	-	79,543
*	AXA Equitable Life Insurance Company	EQ/JPMorgan Val Opportunities	-	147,530
*	AXA Equitable Life Insurance Company	EQ/Morgan Stanley Mid Cap Gr	-	36,853
*	AXA Equitable Life Insurance Company	EQ/Gamco Small Company Value	-	184,613
*	AXA Equitable Life Insurance Company	EQ/Equity 500 Index	-	939,921
*	AXA Equitable Life Insurance Company	AXA Mid Cap Val Managed Vol	-	25,299
*	AXA Equitable Life Insurance Company	AXA Glb Eqty Managed Vol	-	15,801
*	AXA Equitable Life Insurance Company	Multimanager Aggressive Equity	-	50,411
*	AXA Equitable Life Insurance Company	EQ/Com Stck Index	-	372,641
*	AXA Equitable Life Insurance Company	AXA Moderate Allocation	-	906,025
*	AXA Equitable Life Insurance Company	AXA Lg Cap Grw Managed Vol	-	62,489
*	AXA Equitable Life Insurance Company	AXA Moderate-Plus Allocation	-	1,570,494
*	AXA Equitable Life Insurance Company	EQ/JPMorgan Growth Stock	-	5,602
*	AXA Equitable Life Insurance Company	Charter Multi-Sector Bond	-	17,709
*	AXA Equitable Life Insurance Company	Multimanager Core Bond	-	11,230
*	AXA Equitable Life Insurance Company	EQ/Lazard Emerging Mrkts Eqty	-	4,263
*	AXA Equitable Life Insurance Company	EQ/MFS International Value	-	3,895
*	AXA Equitable Life Insurance Company	EQ/MFS Utilities Series	-	8,128
*	AXA Equitable Life Insurance Company	EQ/International Equity Index	-	28,813
*	AXA Equitable Life Insurance Company	AXA/AB Small Cap Growth	-	140,465
*	AXA Equitable Life Insurance Company	Multimanager Technology	-	315,009
*	AXA Equitable Life Insurance Company	AXA Aggressive Allocation	-	774,235
*	AXA Equitable Life Insurance Company	EQ/Clearbridge Lg Cap Growth Esg	-	13,570
*	AXA Equitable Life Insurance Company	EQ/MFS Interntional Growth	-	26,368
*	AXA Equitable Life Insurance Company	EQ/Quality Bond Plus	-	12,733
*	AXA Equitable Life Insurance Company	Macquarie VIP High Inc Series	-	66,489
*	AXA Equitable Life Insurance Company	EQ/MFS Mid Cap Focused Growth	-	43,108

Mark Twain Behavioral Health Employee's Tax Deferred Plan**Plan #001****Plan Sponsor EIN 43-1020989**

Schedule of Assets Held at End of Year (Continued)

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

Plan Number 001

Plan Year 01/01/2024 to 12/31/2024

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*	AXA Equitable Life Insurance Company	EQ/American Centry Mid Cap Val	-	25,672
*	AXA Equitable Life Insurance Company	EQ/Capital Guardian Research	-	9,780
*	AXA Equitable Life Insurance Company	EQ/Money Market	-	3,155
*	AXA Equitable Life Insurance Company	EQ/Small Company Index	-	51,418
*	AXA Equitable Life Insurance Company	EQ/Morgan Stanley Sml Cap Grw	-	10,428
*	AXA Equitable Life Insurance Company	EQ/Mid Cap Index	-	125,401
*	AXA Equitable Life Insurance Company	1290 VT Smartbeta Equity Esg	-	127,303
*	AXA Equitable Life Insurance Company	AXA Int Val Managed Vol	-	6,132
*	AXA Equitable Life Insurance Company	AXA Conserv Allocation	-	35,040
*	AXA Equitable Life Insurance Company	AXA Conserv-Plus Allocation	-	47,665
*	AXA Equitable Life Insurance Company	AXA/Fr Small Cap Val Managed Vol	-	21,783
*	AXA Equitable Life Insurance Company	EQ/Calvert Socially Resp	-	1,688
*	AXA Equitable Life Insurance Company	AXA Balanced Strategy	-	14,479
*	AXA Equitable Life Insurance Company	Target 2045 Allocation	-	600,113
*	AXA Equitable Life Insurance Company	EQ/MFS Technology	-	84,091
*	AXA Equitable Life Insurance Company	AXA 500 Managed Vol	-	27,741
*	AXA Equitable Life Insurance Company	EQ/Emerging Markets Eqty Plus	-	6,655
*	AXA Equitable Life Insurance Company	Target 2035 Allocation	-	31,471
*	AXA Equitable Life Insurance Company	Target 2055 Allocation	-	465,608
*	AXA Equitable Life Insurance Company	EQ/Oppenheimer Global	-	5,790
*	AXA Equitable Life Insurance Company	HLD Account S&P 500 Index 1Yr-10%	-	129
*	AXA Equitable Life Insurance Company	SIO - S&P 500 Index 1Yr-10%	-	5,274
*	AXA Equitable Life Insurance Company	EQ/High Yield Bond	-	15,834
*	AXA Equitable Life Insurance Company	EQ/Fidelity Instnl AM LRG Cap	-	11,645
*	AXA Equitable Life Insurance Company	EQ/Invesco Comstock	-	4,161
*	AXA Equitable Life Insurance Company	AXA/Horizon Small Cap Value	-	4,681
*	AXA Equitable Life Insurance Company	AXA Moderate Growth Strategy	-	64,396
*	AXA Equitable Life Insurance Company	HLD Account - Russell 2000 1 Yr-10%	-	6
*	AXA Equitable Life Insurance Company	SIO - Russell 2000 1 Yr-10%	-	689
*	AXA Equitable Life Insurance Company	HLD Account - MSCI EAFE 1 Yr-10%	-	8

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Schedule of Assets Held at End of Year (Concluded)

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

Plan Number 001

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*	AXA Equitable Life Insurance Company	EQ/Clearbridge Sel Eqy Man Vol	-	3,370
*	AXA Equitable Life Insurance Company	Fidelity VIP Mid Cap	-	26,844
*	AXA Equitable Life Insurance Company	AXA Conservative Strategy	-	8,660
*	AXA Equitable Life Insurance Company	AXA Conservative Growth Strategy	-	4,088
*	AXA Equitable Life Insurance Company	American Funds Insrnce Srs Bnd	-	1,854
*	AXA Equitable Life Insurance Company	Target 2025 Allocation	-	18,669
*	AXA Equitable Life Insurance Company	EQ/Wellington Energy	-	207
*	AXA Equitable Life Insurance Company	EQ/Aggressive Growth Strategy	-	207
*	AXA Equitable Life Insurance Company	Fidelity VIP Investment Grade Bond	-	1,050
	Participant Loans	4.25% - 8.75%	-	37,650
	Total Assets		<u>\$ -</u>	<u>\$ 9,880,708</u>
*	Party-in-interest as defined by ERISA.			

Supplemental Schedule

Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Schedule of Assets Held at End of Year

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

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Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Schedule of Assets Held at End of Year (Continued)

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

Plan Number 001

Plan Year 01/01/2024 to 12/31/2024

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Mark Twain Behavioral Health Employee's Tax Deferred Plan

Plan #001

Plan Sponsor EIN 43-1020989

Schedule of Assets Held at End of Year (Concluded)

For the Year Ended December 31, 2024

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

Mark Twain Behavioral Health Employees Tax Deferred Plan

EIN 43-1020989

Plan Number 001

Plan Year 01/01/2024 to 12/31/2024

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*	AXA Equitable Life Insurance Company	AXA Conservative Strategy	-	8,660
*	AXA Equitable Life Insurance Company	AXA Conservative Growth Strategy	-	4,088
*	AXA Equitable Life Insurance Company	American Funds Insrnce Srs Bnd	-	1,854
*	AXA Equitable Life Insurance Company	Target 2025 Allocation	-	18,669
*	AXA Equitable Life Insurance Company	EQ/Wellington Energy	-	207
*	AXA Equitable Life Insurance Company	EQ/Aggressive Growth Strategy	-	207
*	AXA Equitable Life Insurance Company	Fidelity VIP Investment Grade Bond	-	1,050
	Participant Loans	4.25% - 8.75%	-	37,650
	Total Assets		<u>\$ -</u>	<u>\$ 9,880,708</u>
*	Party-in-interest as defined by ERISA.			