

**Form 5500-SF**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan**

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110  
1210-0089

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

- A** This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ..... ▶
- 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**

<b>1a</b> Name of plan <u>THE RETIREMENT PLAN OF PUTNAM COUNTY BANK</u>		<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
		<b>1c</b> Effective date of plan <u>01/01/1954</u>
<b>2a</b> 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>PUTNAM COUNTY BANK</u>  <u>2761 MAIN STREET</u> <u>HURRICANE, WV 25526</u>		<b>2b</b> Employer Identification Number (EIN) <u>55-0662270</u>
		<b>2c</b> Sponsor's telephone number <u>304-562-9931</u>
		<b>2d</b> Business code (see instructions) <u>522110</u>
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor.  <u>PENSION COMMITTEE</u> <u>LEIGH LEWIS</u>  <u>422 CHARLESTON DR. SUITE A</u> <u>RIPLEY, WV 25271</u>		<b>3b</b> Administrator's EIN <u>25-1541083</u>
		<b>3c</b> Administrator's telephone number <u>888-366-3876</u>
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN
<b>5a</b> Total number of participants at the beginning of the plan year .....	<b>5a</b>	<u>91</u>
<b>b</b> Total number of participants at the end of the plan year.....	<b>5b</b>	<u>0</u>
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>5c(1)</b>	
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>5c(2)</b>	
<b>d(1)</b> Total number of active participants at the beginning of the plan year.....	<b>5d(1)</b>	<u>24</u>
<b>d(2)</b> Total number of active participants at the end of the plan year.....	<b>5d(2)</b>	<u>0</u>
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>5e</b>	<u>0</u>

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/12/2025</u>	<u>LEIGH LEWIS</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/07/2025</u>	<u>ALLISON JONES</u>
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.).....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 543455. (See instructions.)

<b>Part III Financial Information</b>			
<b>7</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>7</b>	Plan Assets and Liabilities		
<b>a</b>	Total plan assets .....	<b>7a</b> 6349643	0
<b>b</b>	Total plan liabilities .....	<b>7b</b>	0
<b>c</b>	Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b> 6349643	0
<b>8</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b>	Contributions received or receivable from:		
	(1) Employers .....	<b>8a(1)</b> 294106	
	(2) Participants.....	<b>8a(2)</b>	
	(3) Others (including rollovers) .....	<b>8a(3)</b>	
<b>b</b>	Other income (loss).....	<b>8b</b> 968831	
<b>c</b>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	<b>8c</b>	1262937
<b>d</b>	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	<b>8d</b> 7509510	
<b>e</b>	Certain deemed and/or corrective distributions (see instructions) .	<b>8e</b>	
<b>f</b>	Administrative service providers (salaries, fees, commissions) .....	<b>8f</b> 83062	
<b>g</b>	Other expenses .....	<b>8g</b> 20008	
<b>h</b>	Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>	7612580
<b>i</b>	Net income (loss) (subtract line 8h from line 8c).....	<b>8i</b>	-6349643
<b>j</b>	Transfers to (from) the plan (see instructions) .....	<b>8j</b>	

<b>Part IV Plan Characteristics</b>	
<b>9a</b>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1I
<b>b</b>	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

<b>Part V Compliance Questions</b>				
<b>10</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b>	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>b</b>	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....		X	
<b>c</b>	Was the plan covered by a fidelity bond? .....	X		500000
<b>d</b>	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>e</b>	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....		X	
<b>f</b>	Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>g</b>	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....		X	
<b>h</b>	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>i</b>	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes  No  
 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

**a** 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 letter ruling granting the waiver. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a** 0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

<b>A</b> Name of plan <u>THE RETIREMENT PLAN OF PUTNAM COUNTY BANK</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PUTNAM COUNTY BANK</u>	<b>D</b> Employer Identification Number (EIN) <u>55-0662270</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I</b>	<b>Basic Information</b>		
<b>1</b>	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>6320834</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>6912442</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>42</u>	<u>3445965</u>
	<b>b</b> For terminated vested participants .....	<u>24</u>	<u>1661147</u>
	<b>c</b> For active participants .....	<u>24</u>	<u>1915983</u>
	<b>d</b> Total .....	<u>90</u>	<u>7023095</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.24 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>14576</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>14576</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>05/07/2025</u>
	<u>ADAM N. RUSSO, EA, ASA</u>	Date
	Type or print name of actuary	<u>23-08650</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>724-934-2790</u>
	<u>6 PPG PLACE</u> <u>SUITE 200</u> <u>PITTSBURGH, PA 15222</u>	Telephone number (including area code)
	Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>4.00</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		826652
	<b>b(1)</b> 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>5.41</u> % .....		44722
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		871374
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.42 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	98.42 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	87.10 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
02/15/2024	37000	0					
05/03/2024	37000	0					
11/01/2024	172189	0					
11/29/2024	47917	0					
			<b>Totals ▶</b>	<b>18(b)</b>	294106	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 281488	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> 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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	14576	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	110661	15774	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	30350	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	30350	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	281488	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	251138	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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**Form 5500-SF**

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Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110  
1210-0089

**2023**

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▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

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

**C** Check box if filing under:  Form 5558  automatic extension  DFVC program  
 special extension (enter description)

**D** If the plan is a collectively-bargained plan, check here

**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**

<b>1a</b> Name of plan The Retirement Plan of Putnam County Bank	<b>1b</b> Three-digit plan number (PN) ▶ 001
<b>2a</b> 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) Putnam County Bank  2761 Main Street  US Hurricane WV 25526	<b>1c</b> Effective date of plan 01/01/1954
<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor Pension Committee Leigh Lewis 422 Charleston Dr. Suite A US Ripley WV 25271	<b>2b</b> Employer Identification Number (EIN) 55-0662270
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>2c</b> Sponsor's telephone number (304) 562-9931
<b>5a</b> Total number of participants at the beginning of the plan year	<b>2d</b> Business code (see instructions) 522110
<b>b</b> Total number of participants at the end of the plan year	<b>3b</b> Administrator's EIN 25-1541083
<b>c(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>3c</b> Administrator's telephone number (888) 366-3876
<b>c(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>4b</b> EIN
<b>d(1)</b> Total number of active participants at the beginning of the plan year	<b>4d</b> PN
<b>d(2)</b> Total number of active participants at the end of the plan year	<b>5a</b> 91
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>5b</b> 0
	<b>5c(1)</b>
	<b>5c(2)</b>
	<b>5d(1)</b> 24
	<b>5d(2)</b> 0
	<b>5e</b> 0

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

<b>SIGN HERE</b> <i>Leigh A. Lewis</i>	<i>8/12/23</i>	Leigh Lewis
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> <i>Allison C. Jones</i>	<i>8-7-23</i>	Allison Jones
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the instructions for Form 5500-SF.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  Yes  No  
 If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year 0543455. (See instructions.)

**Part III Financial Information**

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
<b>a</b> Total plan assets	7a	6,349,643	0
<b>b</b> Total plan liabilities	7b		0
<b>c</b> Net plan assets (subtract line 7b from line 7a)	7c	6,349,643	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable from:			
(1) Employers	8a(1)	294,106	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
<b>b</b> Other income (loss)	8b	968,831	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,262,937
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,509,510	
<b>e</b> Certain deemed and/or corrective distributions (see instructions)	8e		
<b>f</b> Administrative service providers (salaries, fees, commissions)	8f	83,062	
<b>g</b> Other expenses	8g	20,008	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		7,612,580
<b>i</b> Net income (loss) (subtract line 8h from line 8c)	8i		(6,349,643)
<b>j</b> Transfers to (from) the plan (see instructions)	8j		

**Part IV Plan Characteristics**

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1A 1I
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**Part V Compliance Questions**

10 During the plan year:		Yes	No	Amount
<b>a</b> 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)	10a		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
<b>c</b> Was the plan covered by a fidelity bond?	10c	X		500,000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
<b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan?	10f		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
<b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below  Yes  No

**a.** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 11a   0

**b** PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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: \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver Month   Day   Year    
 If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

**b** Enter the minimum required contribution for this plan year. 12b  

**c** Enter the amount contributed by the employer to the plan for the plan year 12c  

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) 12d  

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a   0

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_

## ALLEGHENY GROUP RETIREMENT PLAN

### Development of Shortfall Amortization Charge

1.	1st Segment Rate		4.75%
	2nd Segment Rate		5.00%
2.	Funding Target	\$	7,023,103
3.	Adjusted Plan Assets		
	(a) Actuarial assets	\$	6,912,442
	(b) Funding standard carryover balance		0
	(c) Prefunding balance		0
	(d) Adjusted assets: (a)-(b)-(c), not less than \$0	\$	6,912,442
4.	Funding Shortfall: (2)-(3)(d), not less than \$0	\$	110,661
5.	Current Shortfall Amortization Installments		
	(a) Annual installments		
	(i) 14 years remaining	\$	49,823
	(ii) 13 years remaining		35,169
	(iii) 12 years remaining		0
	(iv) 11 years remaining		0
	(v) 10 years remaining		0
	(vi) 9 years remaining		0
	(vii) 8 years remaining		0
	(viii) 7 years remaining		0
	(ix) 6 years remaining		0
	(x) 5 years remaining		0
	(xi) 4 years remaining		0
	(xii) 3 years remaining		0
	(xiii) 2 years remaining		0
	(xiv) 1 year remaining		0
	(b) Total annual installments	\$	84,992
	(c) Present value of annual installments		
	(i) 14 years remaining	\$	518,870
	(ii) 13 years remaining		347,608
	(iii) 12 years remaining		0
	(iv) 11 years remaining		0
	(v) 10 years remaining		0
	(vi) 9 years remaining		0
	(vii) 8 years remaining		0
	(viii) 7 years remaining		0
	(ix) 6 years remaining		0
	(x) 5 years remaining		0
	(xi) 4 years remaining		0
	(xii) 3 years remaining		0
	(xiii) 2 years remaining		0
	(xiv) 1 year remaining		0
	(d) Total present value of annual installments	\$	866,478
6.	Exemption From New Shortfall Amortization Base		
	(a) Shortfall funding target:	\$	7,023,103
	(b) Prefunding balance if used to reduce the MRC, else \$0	\$	0
	(c) Exempt?: [(3)(a)-(6)(b)]>=(6)(a)		No
7.	Shortfall Amortization Base		
	(a) Adjusted funding shortfall: (6)(a)-(3)(d), not less than \$0	\$	110,661
	(b) New current year base: (7)(a)-(5)(d), or \$0 if exempt		-755,817
	(c) New 15-year installment amount	\$	-69,218
8.	Shortfall Amortization Charge: (5)(b)+(7)(c), not less than \$0	\$	15,774

Plan Name: Putnam County Bank Defined Benefit Pension  
Plan EIN: 55-0662270  
Plan Number: 001

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### **Schedule SB Line 22 - Description of Weighted Average Retirement Age**

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See Schedule SB, Part V attachment (Table 1) for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

The weighted average retirement age was 64.

# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Principal Plan Provisions

1. Effective Date of the Plan January 1, 1954
2. Plan year Ends October 31
3. Fiscal year Ends December 31
4. Eligibility for Participation Age 21 and one year of service. The Plan was closed to new participants as of October 31, 2012.
5. Normal Retirement Date First day of the month coinciding with or next following attainment of age 65.
6. Accrued Benefit

The past and future Service benefits accrued to 10/31/85 plus 1.5% of the first \$9,600 of W-2 earnings for calendar year ending in each such plan year plus 2.0% of W-2 earnings in excess of \$9,600 for each year of participating Service. After 35 years of participating Service, the benefit shall be limited to 1.5% of W-2 Earnings.

All future benefit accruals are frozen as of October 31, 2012.
7. Normal Retirement Benefit A life annuity, payable in monthly installments. If the participant dies before the sum of the retirement income payments received equals the accumulated value of any employee contributions on the date of retirement, a named beneficiary shall receive in one lump sum the difference between the accumulated contributions at retirement and the total of the retirement income payments made to the participant.
8. Early Retirement Benefit Early retirement benefits are available to active participants who retire between age 60 and normal retirement age. The monthly annuity payable at early retirement age is equal to the Actuarial equivalent of the accrued benefit.

# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Principal Plan Provisions

### 9. Termination Benefit

A participant becomes vested in his accrued benefit after five years of Service. Upon termination, a participant is eligible to receive his accrued benefit in the normal form of payment, commencing on his Normal Retirement Date. In lieu of this, a participant may instead elect to receive an Actuarial equivalent benefit, commencing at any time after age 60.

### 10. Death Benefit

For participants who die prior to the attainment of age 60 or age 55 and the completion of 15 years of service, the benefit due to a survivor shall be the amount computed as if the Participant had separated from service on the date of death, survived to his early retirement date, commenced receiving payment of a joint and 50% survivor annuity, then died on the day after his early retirement date.

For participants who die after the attainment of age 60 or age 55 and the completion of 15 years of service, the benefit due to a survivor shall be equal to the accrued benefit, reduced for early commencement date.

If the participant has prior employee contributions and the beneficiary dies before the sum of the retirement income payments received equals the accumulated value of any employee contributions on the date of retirement, a beneficiary or trust shall receive in one lump sum the difference between the accumulated contributions at retirement and the total of the retirement income payments made to the participant and beneficiary.

### 11. Disability Benefit

A participant who has completed ten years of Service and is determined to be disabled before his Normal Retirement Date may retire and receive a Disability Retirement Benefit calculated as his Accrued Benefit on date of Disability, reduced for commencement prior to Normal Retirement Date.

### 12. Optional Forms of Payment

Life Annuity, Life Annuity with 10 Years Guaranteed, Joint & 100% Survivorship Annuity, Joint & 75% Survivorship Annuity, Joint & 50% Survivorship Annuity, 5, 10 or 15 Year Period Certain and Life Annuity and Lump Sums less than \$10,000.

## PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

### Summary of Principal Plan Provisions

#### 13. Definitions

##### a. Vesting Service

One year of vesting service is credited for each Plan Year in which a participant works at least 1,000 hours.

##### b. Benefit Service

Same as Vesting Service, except in the year of hire and termination or retirement, a Participant is given a month of Service for each month in which he works at least 1 hour.

# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Actuarial Assumptions and Methods

### 1. Data

- |                   |  |
|-------------------|--|
| a. Valuation Date | November 1, 2023   |
| b. Employee Data  | Employee data was supplied by the Bank and Plan Administrator as of November 1, 2023                     |
| c. Asset Data     | Asset information was provided by Graystone Consulting and the Plan Administrator as of October 31, 2023 |

### 2. Non-Prescribed Assumptions and Methods

Each significant non-prescribed assumption used in this report represents a combination of best estimates of future expectations and

- |                                    |   |
|------------------------------------|---|
| a. Salary Increases                | N/A   |
| b. Rates of Withdrawal             |   |
| Retirement Age                     |   |
| i. Active Participants             | See Table 1   |
| ii. Terminated Vested Participants | See Table 1   |
| Employee Termination               | See Table 2   |
| Disability                         | None  |
| c. Expenses                        | Prior year's administrative expenses plus anticipated PBGC premiums for the current year.   |
| d. Marriage                        | 80% of all participants are assumed to be married, and males are assumed to be three years older than their spouses   |
| e. Asset Valuation Method          | <p>A three-year average of fair market value of assets on the valuation date and the adjusted fair market value of assets determined as of the two most recent valuation dates, with the actuarial value of assets subject to a minimum of 90% and a maximum of 110% of market value.</p> <p>A characteristic of this method is that the value of plan assets is understated in comparison to the market value of assets for sustained periods in which market returns exceed the third segment rate.</p>   |
| f. Actuarial Models                | <p>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model are checked for accuracy and reviewed for reasonableness.</p> |

# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Actuarial Assumptions and Methods

### 3. Prescribed Assumptions and Methods Set by Law

The use of the following prescribed assumptions are required by the provisions of the Pension Protection Act of 2006, IRC Section 430, and various subsequent legislation, most recently the the American Rescue Plan Act ("ARPA"). No representation to the validity of these assumptions should be inferred beyond their stated purpose. Determinations for purposes other than those stated above may be significantly different from the results illustrated in this report. For example, the determination of the plan's termination funded status may required different assumptions and methods and the results may differ significantly from those based on prescribed assumptions.

#### a. Rate of Investment Return

Minimum Funding	4.75% per year, for the first five years 5.00% per year, for the following fifteen years 5.74% per year, thereafter
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Maximum Funding	3.22% per year, for the first five years 4.22% per year, for the following fifteen years 4.34% per year, thereafter
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PBGC Premium (Alternative Filing Method)	5.77% per year, for the first five years 6.14% per year, for the following fifteen years 6.19% per year, thereafter
--	---

#### b. Rates of Withdrawal

Healthy and Disabled Mortality for Funding	Mortality as provided in Notice 2022-22, male and female, as prescribed by IRC 430.
--	---

#### c. Actuarial Cost Method

Traditional Unit Credit Cost Method as described in IRC Section 430 and mandated by the Pension Protection Act of 2006.

### 4. Prescribed Assumptions and Methods Set by Plan Sponsor

#### a. Investment Return

Funding	See ASC 715-30 Valuation Report for support 5.50% (In the event that the expected return on assets is greater than the prior year's third segment rate, it is limited to the prior year's third segment rate)
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# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Actuarial Assumptions and Methods

### 5. Changes in Actuarial Assumptions or Cost Methods

The mortality table was updated per IRS Notice 2022-22.

The funding interest rates were updated as required under ARPA.

The expected rate of return was updated from 6.75% to 5.50%.

# PUTNAM COUNTY BANK DEFINED BENEFIT PENSION PLAN

## Summary of Actuarial Assumptions and Methods

### Supporting Tables

**Table 1**  
**Retirement Rates**

Age	Rate
60	10%
61	5%
62	20%
63	10%
64	10%
65+	100%

**Table 2**  
**Termination Rates**

Age	Male	Female
25	8.50%	13.85%
30	6.95%	10.73%
35	5.40%	7.62%
40	3.85%	4.50%
45	2.97%	3.60%
50	2.08%	2.70%
55	1.20%	1.80%
60	0.60%	0.90%
65	0.00%	0.00%

## Putnam County Bank Defined Benefit Pension Plan

### Active Participants by Age & Service

Attained Age	Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	2	1	0	0	0	0	0	0	0	3
40 to 44	0	0	5	0	0	0	0	0	0	0	5
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	2	1	0	0	0	0	0	3
55 to 59	0	0	1	1	1	0	1	0	0	0	4
60 to 64	0	2	0	0	1	0	1	1	0	0	5
65 to 69	0	0	2	1	0	0	1	0	0	0	4
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	4	9	4	3	0	3	1	0	0	24

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small> <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

▶ **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.

<b>A</b> Name of plan Putnam County Bank Defined Benefit Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PUTNAM COUNTY BANK	<b>D</b> Employer Identification Number (EIN) 55-0662270	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>11</u>	Day <u>01</u>	Year <u>2023</u>
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>		6,320,834
<b>b</b> Actuarial value.....	<b>2b</b>		6,912,442
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	42	3,445,965	3,445,965
<b>b</b> For terminated vested participants.....	24	1,661,147	1,661,147
<b>c</b> For active participants.....	24	1,915,983	1,915,991
<b>d</b> Total.....	90	7,023,095	7,023,103
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</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.....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>		5.24%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>		0
<b>b</b> Expected plan-related expenses.....	<b>6b</b>		14,576
<b>c</b> Target normal cost.....	<b>6c</b>		14,576

**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.

<b>SIGN HERE</b>	 Signature of actuary	<u>5/7/2025</u> Date
	ADAM N. RUSSO, EA, ASA Type or print name of actuary	<u>2308650</u> Most recent enrollment number
	USI CONSULTING GROUP Firm name	<u>724-934-2790</u> Telephone number (including area code)
	6 PPG PLACE SUITE 200 PITTSBURGH PA 15222 Address of the firm	

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



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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	14,576	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	110,661	15,774	
<b>b</b> Waiver amortization installment.....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	30,350	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	30,350	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	281,488	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	251,138	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

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