

<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: 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>▶ 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: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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>CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN</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>CITIZENS BANK OF WEST VIRGINIA</u></p> <p><u>PO BOX 1519</u> <u>ELKINS, WV 26241</u></p>	<p>1c Effective date of plan <u>07/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>55-0143730</u></p> <p>2c Plan Sponsor's telephone number <u>304-636-4095</u></p> <p>2d Business code (see instructions) <u>522110</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.	08/12/2025	LEIGH A. LEWIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2025	NATHANIEL BONNELL
	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 type="checkbox"/> Same as Plan Sponsor PENSION COMMITTEE LEIGH LEWIS 422 CHARLESTON DRIVE SUITE A RIPLEY, WV 25271	3b Administrator's EIN 25-1541083 3c Administrator's telephone number 888-366-3876
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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
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5 Total number of participants at the beginning of the plan year	5	122
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="width:10%;"></td> <td style="width:80%; text-align: right;">30</td> </tr> <tr> <td>6a(2)</td> <td></td> <td style="text-align: right;">28</td> </tr> <tr> <td>6b</td> <td></td> <td style="text-align: right;">61</td> </tr> <tr> <td>6c</td> <td></td> <td style="text-align: right;">8</td> </tr> <tr> <td>6d</td> <td></td> <td style="text-align: right;">97</td> </tr> <tr> <td>6e</td> <td></td> <td></td> </tr> <tr> <td>6f</td> <td></td> <td style="text-align: right;">97</td> </tr> <tr> <td>6g(1)</td> <td></td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> <td></td> </tr> <tr> <td>6h</td> <td></td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)		30	6a(2)		28	6b		61	6c		8	6d		97	6e			6f		97	6g(1)			6g(2)			6h		0
6a(1)		30																													
6a(2)		28																													
6b		61																													
6c		8																													
6d		97																													
6e																															
6f		97																													
6g(1)																															
6g(2)																															
6h		0																													
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																															

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CITIZENS BANK OF WEST VIRGINIA</u>	D Employer Identification Number (EIN) <u>55-0143730</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>5284724</u>
b Actuarial value	2b		<u>5796439</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>57</u>	<u>4513637</u>	<u>4513637</u>
b For terminated vested participants	<u>35</u>	<u>829045</u>	<u>829045</u>
c For active participants	<u>30</u>	<u>1110579</u>	<u>1144514</u>
d Total	<u>122</u>	<u>6453261</u>	<u>6487196</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.23 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>77659</u>
c Target normal cost	6c		<u>77659</u>

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

SIGN HERE			
	Signature of actuary	<u>07/07/2025</u>	Date
	<u>ADAM N. RUSSO, EA, ASA, MAAA</u>	<u>23-08650</u>	Most recent enrollment number
	<u>USI CONSULTING GROUP</u>	<u>724-934-2790</u>	Telephone number (including area code)
	<u>6 PPG PLACE SUITE 200 PITTSBURGH, PA 15222</u>		
	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 II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.73</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		37854
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		2044
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		39898
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	89.35 %
15	Adjusted funding target attainment percentage	15	89.35 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.80 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/19/2023	144700	0					
			Totals ▶	18(b)	144700	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 143736	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	77659	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	690757	65837	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	143496	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	143496	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	143736	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	240	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)	
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CITIZENS BANK OF WEST VIRGINIA	D Employer Identification Number (EIN) 55-0143730	

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

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

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

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

MORGAN STANLEY

PO BOX 671
CHARLESTON, WV 25323

26-4310844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	12142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

USI CONSULTING GROUP

6 PPG PLACE
SUITE 200
PITTSBURGH, PA 15222

06-1053228

(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?
11	NONE	18206	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

METRO BENEFITS, INC.

8150 PERRY HIGHWAY
SUITE 311
PITTSBURGH, PA 15237-5232

25-1541083

(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?
14	NONE	11622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CITIZENS BANK OF WEST VIRGINIA</u>	D Employer Identification Number (EIN) <u>55-0143730</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ALLEGHENY GROUP RETIREMENT PLAN</u>	
b Name of sponsor of entity listed in (a):	<u>ALLEGHENY GROUP RETIREMENT PLAN</u>	
c EIN-PN <u>03-0498165-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5566505</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024	
A Name of plan CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CITIZENS BANK OF WEST VIRGINIA	D Employer Identification Number (EIN) 55-0143730

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)	0	
(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)	1040683	241710
(2) U.S. Government securities	1c(2)	653210	737330
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	259113	407960
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2123027	2702490
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	848876	1001643
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	359816	475372

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	5284725	5566505
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5284725	5566505

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)	144700	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		144700
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	41694	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41694
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	103292	
(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)		103292
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	368208	
(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)		368208
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	558305	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		558305

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1216199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	818793	
(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)		818793
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	11622	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	4200	
(5) Investment advisory and investment management fees.....	2i(5)	26191	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)	18206	
(8) Legal fees.....	2i(8)	4949	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	50458	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		115626
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		934419

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		281780
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: GRAY, GRIFFITH & MAYS, A.C.

(2) EIN: 55-0621482

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.)			
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 541504.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>CITIZENS BANK OF WEST VIRGINIA DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CITIZENS BANK OF WEST VIRGINIA</u>	D Employer Identification Number (EIN) <u>55-0143730</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1467904</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	25

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Audited Financial statements

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF
CITIZENS BANK OF WEST VIRGINIA**

For the Years Ended
October 31, 2024 and 2023

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

Audited Financial Statements
October 31, 2024 and 2023

TABLE OF CONTENTS

	<u>Pages</u>
Independent Auditor's Report	1 – 3
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8 – 16
Supplementary Information – Supplemental Schedule Require by ERISA	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17



707 Virginia Street E. • Suite 400 • Charleston, WV 25301 • Phone: 304.345.9400 • Fax: 304.345.7258
www.ggmcpa.net • Email: ggm@ggmcpa.net

INDEPENDENT AUDITOR'S REPORT

The Pension Committee
The Allegheny Group Retirement Plan
for Employees of Citizens Bank
of West Virginia
Ripley, West Virginia

Opinion

We have audited the accompanying financial statements of The Allegheny Group Retirement Plan for Employees of Citizens Bank of West Virginia, which comprise the statements of net assets available for benefits and statements of accumulated plan benefits as of October 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and statements of changes in accumulated plan benefits for the years then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial status of The Allegheny Group Retirement Plan for Employees of Citizens Bank of West Virginia as of October 31, 2024 and 2023, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Plan 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; this includes 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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Supplementary Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedules are required by ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Gray, Griffith & Mays, a.c.

August 11, 2025
Charleston, West Virginia

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA**

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments, at fair value:		
Interest-bearing cash	\$ 241,710	\$ 1,040,683
U.S. government securities	737,330	653,210
Corporate fixed income	407,960	259,113
Common stocks	2,702,490	2,123,026
Mutual funds and ETFs	1,001,643	848,876
Hedge funds	<u>475,372</u>	<u>359,816</u>
	5,566,505	5,284,724
Total assets	<u>\$ 5,566,505</u>	<u>\$ 5,284,724</u>
<u>NET ASSETS</u>		
Net assets available for benefits	<u>\$ 5,566,505</u>	<u>\$ 5,284,724</u>

The accompanying notes are an integral part of these financial statements.

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income (loss):		
Investment income (loss)	\$ 1,071,500	\$ 373,004
Less investment expenses	<u>(26,191)</u>	<u>(26,463)</u>
	1,045,309	346,541
Employer contributions	<u>144,700</u>	<u>165,000</u>
Total additions	<u>1,190,009</u>	<u>511,541</u>
Deductions from net assets attributed to:		
Benefit payments	818,793	444,530
PBGC premium	45,772	48,032
Administrative expenses	<u>43,663</u>	<u>31,888</u>
Total deductions	<u>908,228</u>	<u>524,450</u>
Net increase (decrease)	281,781	(12,909)
Net assets available for benefits:		
Beginning of year	<u>5,284,724</u>	<u>5,297,633</u>
End of year	<u>\$ 5,566,505</u>	<u>\$ 5,284,724</u>

The accompanying notes are an integral part of these financial statements.

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA**

STATEMENT OF ACCUMULATED PLAN BENEFITS
October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 4,326,410	\$ 4,186,260
Other participants	<u>1,329,254</u>	<u>1,784,036</u>
Total vested benefits	5,655,664	5,970,296
Nonvested benefits	<u>24,908</u>	<u>30,287</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,680,572</u>	<u>\$ 6,000,583</u>

The accompanying notes are an integral part of these financial statements.

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the Years Ended October 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$6,000,583</u>	<u>\$5,970,947</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	40,990	129,051
Benefits paid	(818,793)	(444,530)
Change in actuarial assumption	122,044	-
Change in discount period	<u>335,829</u>	<u>345,115</u>
Net increase (decrease)	<u>(319,930)</u>	<u>29,636</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$5,680,653</u>	<u>\$6,000,583</u>

The accompanying notes are an integral part of these financial statements.

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

1 – DESCRIPTION OF PLAN

The following brief description of The Allegheny Group Retirement Plan for Employees of Citizens Bank of West Virginia is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Citizens Bank of West Virginia that have attained the age of 21 and completed one year of service. Employees do not contribute to the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by a Pension Committee (Committee) made up of representatives from participating member banks. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment strategy and performance and reports to the Plan's participating banks.

Pension Benefits

Employees are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1% of the first \$9,600 of average final compensation, which is defined as the average of the five consecutive full calendar years of service out of the last ten consecutive full calendar years of service, which will give the highest average, plus 1.5% of such average in excess of \$9,600, all multiplied by years of service, not to exceed 25 years. Early retirement, age 60 or older, benefits are the same as previously discussed reduced by 4% for each year by which the commencement date precedes age 65, unless age 62 with 30 years of service. If the employee has a spouse, the standard benefit is automatically converted to a reduced joint and 50% survivor option unless such conversion is rejected.

Death Benefits

If age 60, or 55 with 15 years of service, an amount which is the actuarial equivalent of the accrued benefits, is payable. If not eligible for this death benefit and if vested, then the vested amount is payable.

Disability Benefits

A participant who has completed 10 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.

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Vesting and Termination Benefit

A participant becomes vested in his accrued benefit after five years of service. A year of service is credited after 1,000 hours worked within the plan year. 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 55.

Basis of Accounting

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

Fair Value Measurements

The Plan's investments are reported at fair value. Accounting Standards Codification 820-10 "Fair Value Measurement" establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described as follows:

Level 1

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

Level 2

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

Level 3

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

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the plan are based on employees' average annual compensation for the five highest consecutive years of employment. The accumulated plan benefits for active employees are based on their average annual compensation for the five highest consecutive years of employment through the date as of which the benefit information (the valuation date) is presented. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

All actuarial assumptions and conclusions used in the computation of accumulated plan benefits and changes in accumulated plan benefits are those of the Plan's actuary. The significant assumptions used in valuations are as follows:

	<u>2024</u>	<u>2023</u>
Valuation Date	November 1, 2024	November 1, 2023
Expected Long-Term Rate of Return ASC 960	5.75%	5.75%
Healthy and disabled mortality tables used:	PRI-2012 Total Dataset Amount-Weighted Fully Generational Mortality Table with Scale MP-2021 mortality improvement	PRI-2012 Total Dataset Amount-Weighted Fully Generational Mortality Table with Scale MP-2021 mortality improvement
Current Liability Interest Rate	5.75%	6.00%
Benefit and Compensation Limit Increases	N/A	N/A
Expenses included in service cost	Prior year's administrative expenses plus anticipated PBGC premiums for the current year	Prior year's administrative expenses plus anticipated PBGC premiums for the current year

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS
October 31, 2024 and 2023

	2024	2023
Salary increases	N/A	N/A
Disability	None	None
Marriage	80% of all participants are assumed to be married, and males are assumed to be three years older than their spouses	80% of all participants are assumed to be married, and males are assumed to be three years older than their spouses
Retirement age for:		
Terminated vested participants:	Age 65	Age 65
Active participants		
	<u>Age</u>	<u>Rate</u>
	60	10%
	61	5%
	62	30%
	63	15%
	64	15%
	65+	100%

Termination Rates

	Male						
	<u>Age</u>	2024 Rate			2023 Rate		
		0-1	2-3	4+	0-1	2-3	4+
25	20%	15%	8.50%	20%	15%	8.50%	
30	20%	15%	6.75%	20%	15%	6.75%	
35	20%	15%	5.25%	20%	15%	5.25%	
40	20%	15%	3.85%	20%	15%	3.85%	
45	20%	15%	3.05%	20%	15%	3.05%	
50	20%	15%	2.30%	20%	15%	2.30%	
55	20%	15%	1.20%	20%	15%	1.20%	
60	20%	15%	0.00%	20%	15%	0.00%	
65	20%	15%	0.00%	20%	15%	0.00%	

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

Age	Female					
	2024 Rate			2023 Rate		
	0-1	2-3	4+	0-1	2-3	4+
25	20%	15%	13.85%	20%	15%	13.85%
30	20%	15%	9.90%	20%	15%	9.90%
35	20%	15%	6.40%	20%	15%	6.40%
40	20%	15%	4.50%	20%	15%	4.50%
45	20%	15%	3.75%	20%	15%	3.75%
50	20%	15%	3.00%	20%	15%	3.00%
55	20%	15%	1.80%	20%	15%	1.80%
60	20%	15%	0.00%	20%	15%	0.00%
65	20%	15%	0.00%	20%	15%	0.00%

Changes in actuarial assumptions

The Discount Rate was increased from 5.01% to 5.59% this year to reflect the change in the FTSE Above Median Pension Discount Curve.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates. Significant estimates used in these financial statements are investment fair value and those used by the actuary as discussed in other notes to these financial statements.

3 – FUNDING POLICY

The Bank's funding policy is to make annual contributions to the Plan consistent with the maximum contributions allowable as a deduction by the Internal Revenue Service, which will meet or exceed the annual ERISA minimum funding requirement.

Although they have not expressed any intention to do so, the Bank has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

4 – PLAN TERMINATION

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

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

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Effective December 31, 2014, the Plan Sponsor has elected to freeze the plan. Consequently, there will be no new entrants to the plan, nor any additional accrual of benefits. The funding policy will remain in effect to preserve the vested benefits of the participants.

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

5 – INVESTMENTS

The Plan's investments are held in a multiple-employer pension fund established for the investment of assets of the Plan and other participating Allegheny Group Retirement Plan, member banks. Investment income and administrative expenses relating to the Investment Trust are allocated to the individual plans based upon average monthly balances invested by each plan. The Plan's interest in the net assets of the Investment Trust was 12.34% and 11.39% at October 31, 2024 and 2023, respectively. The following table presents the fair values of those investments in the total trust at October 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Trust Total	Plan's Interest
Common stocks	\$ 12,537,552	\$ -	\$ 12,537,552	\$ 2,702,490
Interest-bearing cash	1,328,006	-	1,328,006	241,710
Mutual funds and ETFs	4,646,881	-	4,646,881	1,001,643
Corporate fixed income	-	20,254,214	20,254,214	407,960
U.S. government securities	-	4,152,743	4,152,743	737,330
Total assets in the fair value hierarchy	18,512,439	24,406,957	42,919,396	5,091,133
Investments measured at NAV				
Hedge funds	-	-	2,205,372	475,372
Trust investments	<u>\$ 18,512,439</u>	<u>\$ 24,406,957</u>	<u>\$ 45,124,768</u>	<u>\$ 5,566,505</u>
	2023			
	Level 1	Level 2	Trust Total	Plan's Interest
Common stocks	\$ 11,626,227	\$ -	\$ 11,626,227	\$ 2,123,026
Interest-bearing cash	6,048,557	-	6,048,557	1,040,683
Mutual funds and ETFs	4,648,657	-	4,648,657	848,876
Corporate fixed income	-	17,277,398	17,277,398	259,113
U.S. government securities	-	4,810,074	4,810,074	653,210
Total assets in the fair value hierarchy	22,323,441	22,087,472	44,410,913	4,924,908
Investments measured at NAV				
Hedge funds	-	-	1,970,445	359,816
Trust investments	<u>\$ 22,323,441</u>	<u>\$ 22,087,472</u>	<u>\$ 46,381,358</u>	<u>\$ 5,284,724</u>

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS
October 31, 2024 and 2023

Investment income allocated from the Investment Trust for the years ended October 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Net realized gain on investments	\$ 368,208	\$ 69,799
Net unrealized appreciation of investments	<u>558,306</u>	<u>170,136</u>
	926,514	239,935
Interest	41,694	30,413
Dividends	<u>103,292</u>	<u>102,656</u>
	<u>\$ 1,071,500</u>	<u>\$ 373,004</u>

6 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan Administrator by letter dated June 3, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Plan's forms 5500 are subject to examination, generally for three years after the filing date.

7 – 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

THE ALLEGHENY GROUP RETIREMENT PLAN FOR EMPLOYEES OF CITIZENS BANK OF WEST VIRGINIA

NOTES TO FINANCIAL STATEMENTS

October 31, 2024 and 2023

8 – PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor, and certain others. During the years ended October 31, 2024 and 2023, transactions with parties-in-interest primarily included certain administrative functions performed by officers or employees of the Plan Sponsor at no cost to the Plan.

9 – SUBSEQUENT EVENTS

The Plan's management has evaluated events and transactions occurring after October 31, 2024 through the date of the Auditors' Report, which is the date the financial statements were available to be issued. No significant events were noted requiring adjustment to or disclosure in the Financial Statements.

**THE ALLEGHENY GROUP RETIREMENT PLAN
FOR EMPLOYEES OF
CITIZENS BANK OF WEST VIRGINIA**

EIN: 55-0143730

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

October 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment include maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Morgan Stanley	Allegheny Group Retirement Plan Trust	**	<u>\$5,566,505</u>

** Historical cost information is not required to be presented.

Plan Name: The Allegheny Group Retirement Plan – Citizens Bank of West Virginia
EIN: 55-0143730
Plan Number: 001

Schedule SB Line 22 - Description of Weighted Average Retirement Age

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.

ALLEGHENY GROUP RETIREMENT PLAN

Summary of Principal Plan Provisions

1. Effective Date of the Plan July 1, 1959
2. Plan year Ends October 31
3. Fiscal year Ends December 31
4. Eligibility for Participation Age 21 and one year of service. Participation is frozen to new entrants as of December 31, 2014.
5. Normal Retirement Date First day of the month coinciding with or next following attainment of age 65
6. Accrued Benefit

1.0% of the first \$9,600 of Average Final Compensation plus 1.5% of Average Final Compensation in excess of \$9,600, multiplied by the number of years of credited service, not to exceed 25. The minimum Accrued Benefit shall be \$200 per year of credit service.

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit as calculated above, using Average Final Compensation and Service as of the Normal Retirement Date, and multiplied by a ratio equal to the participant's current service as of the date of benefit determination, divided by total Service at Normal Retirement Date.

All benefit accruals shall cease as of December 31, 2014.
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 accrued benefit, reduced by 4% per year prior to Normal Retirement Date, with no reduction for retirement after age 62 with 30 or more years of service.

ALLEGHENY GROUP RETIREMENT 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 55.

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

ALLEGHENY GROUP RETIREMENT PLAN

Summary of Principal Plan Provisions

13. Definitions

- | | |
|-------------------------------|---|
| a. Average Final Compensation | Average of the five consecutive full calendar years of Service out of the last ten consecutive full calendar years of Service, which will give the highest average |
| b. Vesting Service | One year of vesting service is credited for each Plan Year in which a participant works at least 1,000 hours. |
| c. 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 |

ALLEGHENY GROUP RETIREMENT 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 observed past experience

- a. Salary Increases N/A
- b. Rates of Withdrawal
 - Retirement Age
 - i. Active Participants See Table 1
 - ii. Terminated Vested Participants Age 65
 - 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

Asset gains or losses are determined each year by calculating the difference between the expected market value (based on the lesser of the assumed rate of return or the prior year's third segment rate) and the actual market value of the assets on the valuation date. These gains or losses are then recognized over a 3-year period at 33.33% per year, with the actuarial value of assets subject to a minimum of 90% and a maximum of 110% of market value.

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.
- f. Actuarial Models

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.

ALLEGHENY GROUP RETIREMENT 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
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
PBGC Premium (Standard Filing Method) and LDRM	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.
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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 6.00% (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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ASC 960	6.00%
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Rationale: The ASC 960 Discount rate was set equal to the expected return on investments.

b. ASC 960 Mortality Table

PRI-2012 Total Dataset Amount-Weighted Fully Generational Mortality Table with Scale MP-2021 mortality improvement with separate rates for employees, deferred vested participants, retirees, and contingent survivors.

Rationale: Uses the most current base mortality tables established by the Society of Actuaries and the most recent Projection Scale

ALLEGHENY GROUP RETIREMENT 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.

ALLEGHENY GROUP RETIREMENT PLAN

Summary of Actuarial Assumptions and Methods

Supporting Tables

Table 1
Retirement Rates

Age	Rate
60	10%
61	5%
62	30%
63	15%
64	15%
65+	100%

Table 2
Termination Rates

Male			
Years of Service			
Age	0-1	2-3	4+
25	20.00%	15.00%	8.50%
30	20.00%	15.00%	6.75%
35	20.00%	15.00%	5.25%
40	20.00%	15.00%	3.85%
45	20.00%	15.00%	3.05%
50	20.00%	15.00%	2.30%
55	20.00%	15.00%	1.20%
60	20.00%	15.00%	0.00%
65	20.00%	15.00%	0.00%

Female			
Years of Service			
Age	0-1	2-3	4+
25	20.00%	15.00%	13.85%
30	20.00%	15.00%	9.90%
35	20.00%	15.00%	6.40%
40	20.00%	15.00%	4.50%
45	20.00%	15.00%	3.75%
50	20.00%	15.00%	3.00%
55	20.00%	15.00%	1.80%
60	20.00%	15.00%	0.00%
65	20.00%	15.00%	0.00%

ALLEGHENY GROUP RETIREMENT PLAN

Development of Shortfall Amortization Charge

1. 1st Segment Rate		4.75%
2nd Segment Rate		5.00%
2. Funding Target	\$	6,487,196
3. Adjusted Plan Assets		
(a) Actuarial assets	\$	5,796,439
(b) Funding standard carryover balance		0
(c) Prefunding balance		0
(d) Adjusted assets: (a)-(b)-(c), not less than \$0	\$	5,796,439
4. Funding Shortfall: (2)-(3)(d), not less than \$0	\$	690,757
5. Current Shortfall Amortization Installments		
(a) Annual installments		
(i) 14 years remaining	\$	41,424
(ii) 13 years remaining		6,973
(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	\$	48,397
(c) Present value of annual installments		
(i) 14 years remaining	\$	431,400
(ii) 13 years remaining		68,921
(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	\$	500,321
6. Exemption From New Shortfall Amortization Base		
(a) Shortfall funding target:	\$	6,487,196
(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	\$	690,757
(b) New current year base: (7)(a)-(5)(d), or \$0 if exempt		190,436
(c) New 15-year installment amount	\$	17,440
8. Shortfall Amortization Charge: (5)(b)+(7)(c), not less than \$0	\$	65,837

ALLEGHENY GROUP RETIREMENT 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	0	3	0	0	0	0	0	0	0	3
40 to 44	0	1	2	2	0	0	0	0	0	0	5
45 to 49	0	0	1	1	2	0	0	0	0	0	4
50 to 54	0	1	2	1	0	1	0	0	0	0	5
55 to 59	0	2	1	2	1	1	0	0	0	0	7
60 to 64	0	0	2	0	1	0	0	2	0	0	5
65 to 69	0	1	0	0	0	0	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	5	11	6	4	2	0	2	0	0	30

SCHEDULE SB (Form 5500) <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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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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.**

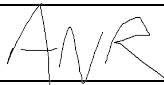
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Citizens Bank of West Virginia Defined Benefit Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Citizens Bank of West Virginia	D Employer Identification Number (EIN) 55-0143730	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>11</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	5,284,724
b Actuarial value		2b	5,796,439
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	57	4,513,637	4,513,637
b For terminated vested participants.....	35	829,045	829,045
c For active participants.....	30	1,110,579	1,144,514
d Total	122	6,453,261	6,487,196
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.23%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses		6b	77,659
c Target normal cost.....		6c	77,659

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>7/7/2025</u> Date
	Adam N. Russo, EA, ASA, MAAA Type or print name of actuary	2308650 Most recent enrollment number
	USI Consulting Group Firm name	724-934-2790 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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	77,659	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	690,757	65,837	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	143,496	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	143,496	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	143,736	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	240	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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