

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1961
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) ST. CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH, PA 15243-1873
2b	Employer Identification Number (EIN) 25-1010303
2c	Plan Sponsor's telephone number 412-942-4000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	ANDREA L. KALINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2025	ANDREA L. KALINA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor SR. VP EXTERNAL RELATIONS & CHRO C/O ST. CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH, PA 15243-1873	3b Administrator's EIN 25-1897200
	3c Administrator's telephone number 412-942-4000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN
5 Total number of participants at the beginning of the plan year	5 3628
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1700
	6a(2) 1429
	6b 1040
	6c 838
	6d 3307
	6e 66
	6f 3373
	6g(1)
	6g(2)
6h 135	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H	

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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 ST. CLAIR HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ST. CLAIR HOSPITAL	D Employer Identification Number (EIN) 25-1010303
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	190264530	
b	Actuarial value	2b	207532595	
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	1097	105272240	105272240
b	For terminated vested participants	836	31521215	31521215
c	For active participants	1700	52828111	53592344
d	Total	3633	189621566	190385799
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.07 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	4373435	
b	Expected plan-related expenses	6b	895000	
c	Target normal cost	6c	5268435	

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 THOMAS A. DEFILIPPO, FSA, EA Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name ONE PPG PLACE, SUITE 1000 PITTSBURGH, PA 15222 Address of the firm	09/05/2025 Date 23-06419 Most recent enrollment number 412-402-4500 Telephone number (including area code)
--------------------------	---	--

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)		44034778
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		6740111
9 Amount remaining (line 7 minus line 8)		37294667
10 Interest on line 9 using prior year's actual return of <u>8.92</u> %		3326684
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
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>5.19</u> %		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	40621351

Part III Funding Percentages

14 Funding target attainment percentage	14	87.67 %
15 Adjusted funding target attainment percentage	15	109.00 %
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	87.83 %
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
06/26/2025	6000000	0			
09/03/2025	3500000	0			
Totals ►			18(b)	9500000	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	8797016

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21	Discount rate:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a Segment rates:</td> <td style="width:33%;">1st segment: 4.75 %</td> <td style="width:33%;">2nd segment: 4.87 %</td> <td style="width:33%;">3rd segment: 5.59 %</td> <td style="width:33%;">☐ N/A, full yield curve used</td> </tr> </table>	a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used		
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used					
	b Applicable month (enter code)	21b	4						
22	Weighted average retirement age	22	63						
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute								

Part VI	Miscellaneous Items
----------------	----------------------------

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

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

28	Unpaid minimum required contributions for all prior years	28	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	5268435
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	23474555	2233380
	b Waiver amortization installment		
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	7501815
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement		6523025
36	Additional cash requirement (line 34 minus line 35)	36	978790
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	8797016
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	7818226
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	6523025
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	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. CLAIR HOSPITAL	D Employer Identification Number (EIN) 25-1010303	

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
--

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

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

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

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

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

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

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

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

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

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

(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)

LEGAL AND GENERAL INV. MGT. AMERICA

35-7085469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	316931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

(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	271029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	94333	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

CLEARSTEAD ADVISORS, LLC

34-1597728

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	30925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGINCOURT CAPITAL MANAGEMENT

54-1947440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	27769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY CAPITAL MANAGEMENT, INC.

13-2700161

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	22897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FORVIS MAZARS, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. ROWE PRICE

52-1309931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ST. CLAIR HOSPITAL	D Employer Identification Number (EIN) 25-1010303	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STRUCTURED RSRCH			
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY			
c EIN-PN 52-1309931-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5011097	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CREDIT CIT FUND			
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY OF DELAWARE			
c EIN-PN 35-7085469-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83711043	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. CLAIR HOSPITAL		D Employer Identification Number (EIN) 25-1010303

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		9500000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	419825	417340
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2655610	3618324
(2) U.S. Government securities	1c(2)	31075543	27851948
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	107441	0
(B) All other	1c(3)(B)	4863957	4292157
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3159587	2269969
(5) Partnership/joint venture interests	1c(5)	2827882	2699096
(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)	95579052	88722140
(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)	49795575	50509102
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	190484472	189880076
Liabilities			
g Benefit claims payable	1g	869882	891472
h Operating payables	1h	282855	406266
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1152737	1297738
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	189331735	188582338

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)	9500000	
(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)		9500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	39183	
(B) U.S. Government securities	2b(1)(B)	1113291	
(C) Corporate debt instruments	2b(1)(C)	182686	
(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)		1335160
(2) Dividends: (A) Preferred stock			
(B) Common stock	2b(2)(B)	40283	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1748016	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds			
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29638117	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate			
(B) Other	2b(5)(B)	856326	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		214119
(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)		2176251
c Other income	2c		31526
d Total income. Add all income amounts in column (b) and enter total	2d		14916144

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14519365	
(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)		14519365
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18325	
(5) Investment advisory and investment management fees	2i(5)	398971	
(6) Bank or trust company trustee/custodial fees	2i(6)	94333	
(7) Actuarial fees	2i(7)	271029	
(8) Legal fees	2i(8)	30925	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	332593	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1146176
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15665541

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-749397
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: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		2699096
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548265.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. CLAIR HOSPITAL				D Employer Identification Number (EIN) 25-1010303	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-3046063					
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	96
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☒ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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: 14.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 66.0 %

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_____.



St. Clair Hospital Retirement Plan

EIN 25-1010303 PN 001

Independent Auditor's Report and Financial Statements

December 31, 2024 and 2023



St. Clair Hospital Retirement Plan
Contents
December 31, 2024 and 2023

Contents

Independent Auditor's Report..... 1

Financial Statements

 Statements of Net Assets Available for Benefits..... 5

 Statements of Changes in Net Assets Available for Benefits 6

 Notes to Financial Statements 7

Supplemental Schedules

 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 18

 Schedule H, Line 4j – Schedule of Reportable Transactions..... 39

Independent Auditor's Report

Audit and Compliance Committee of St. Clair Hospital
St. Clair Hospital Retirement Plan
Pittsburgh, Pennsylvania

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

We have performed audits of the financial statements of St. Clair Hospital Retirement Plan (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

Pittsburgh, Pennsylvania

September 23, 2025

Federal Employer Identification Number: 44-0160260

St. Clair Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value		
Cash and cash equivalents	\$ 3,618,324	\$ 2,655,610
Mutual funds	50,509,102	49,795,575
Collective investment trusts	88,722,140	95,579,052
Common stocks	2,269,969	3,159,587
Corporate debt instruments	4,292,157	4,971,398
U.S. Government securities	27,851,948	31,075,543
Limited partnership / private equities	2,699,096	2,827,882
	<u>179,962,736</u>	<u>190,064,647</u>
Receivables		
Accrued interest and dividends	417,340	419,825
Employer contributions	9,500,000	-
	<u>9,917,340</u>	<u>419,825</u>
Total assets	<u>\$ 189,880,075</u>	<u>\$ 190,484,472</u>
LIABILITIES		
Due to beneficiaries	9,590	\$ 7,785
Accrued expenses	227,642	177,145
Due to broker for securities purchased	178,623	105,710
	<u>415,855</u>	<u>290,640</u>
Total liabilities	<u>415,855</u>	<u>290,640</u>
Net Assets Available for Benefits	<u>\$ 189,464,220</u>	<u>\$ 190,193,832</u>

St. Clair Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
Investment Income		
Net appreciation in fair value of investments	\$ 1,997,825	\$ 14,020,473
Interest and dividends	3,418,319	2,534,514
Net investment income	5,416,144	16,554,987
Employer contributions	9,500,000	-
Total additions	14,916,144	16,554,987
Deductions		
Benefits paid to participants	14,499,580	14,754,415
Pension Benefit Guarantee Corporation premiums	332,593	309,024
Administrative expenses	813,583	653,003
Total deductions	15,645,756	15,716,442
Net (Decrease) Increase in Net Assets	(729,612)	838,545
Net Assets Available for Benefits, Beginning of Year	190,193,832	189,355,287
Net Assets Available for Benefits, End of Year	\$ 189,464,220	\$ 190,193,832

Note 1. Description of the Plan

General

The following description of the St. Clair Hospital Retirement Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a noncontributory defined benefit plan that covers substantially all employees of St. Clair Hospital (Hospital or Company) and, effective January 1, 2024, St. Clair Medical Services, Inc. who have completed 800 hours of service or more in a year as defined by the Plan document. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Northern Trust Company is the trustee of the Plan.

The Plan is administered by St. Clair Health Corporation's (the parent of the Hospital) Retirement & Investment Sub-Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Pension Benefits

Under the Plan's final average earnings formula, employees with five or more years of service who terminated prior to January 1, 2010 are entitled to annual pension benefits beginning at normal retirement age (65). Such benefit is equal to the product of 1.35% of the average of their highest five consecutive years' wages (up to covered compensation) and years credited service prior to July 1, 2000, plus the product of 1.5% of the average of their highest five consecutive years' wages and years of credited service on or after July 1, 2000. In addition, a participant is entitled to receive additional benefits equal to the product of 1.6% of the average of their highest five consecutive years' wages in excess of "covered" compensation and years of credited service. The Plan permits early retirement after attainment of age 55 and five years of credited service. If a participant terminates before rendering five years of credited service, he/she forfeits the right to receive any benefit under the Plan.

Effective January 1, 2010, the Hospital modified the calculation of future benefits under the Plan from a final average pay formula to a cash balance formula, which accrues benefits based on a percentage of compensation. Benefits attributable to plan participation prior to January 1, 2010 will be based on years of service and final average pay earned through December 31, 2009. Employees are entitled to a term-vested pension with three or more years of service.

Participants entitled to benefits under the Plan may either elect a lump-sum distribution or an annuity benefit payment upon separation of service. The normal form of an annuity benefit payment subject to the final average earnings formula is a joint and 50% survivor annuity for married participants and a life annuity for participants who are not married. A participant whose present value of his or her accrued benefit is no more than \$7,000 will receive a single cash payment upon termination of employment. A participant whose present value of his or her accrued benefits under the final average earnings formula is between \$7,000 and \$25,000 may elect to receive a lump-sum distribution with spousal consent, as applicable. For vested cash balance benefits, a lump-sum payment (with spousal consent) may be requested regardless of the amount. In addition, the participant may select other joint and survivor options such as joint and 100% or 75% survivor annuity, a life annuity, or a life annuity with 120 months certain.

Effective January 1, 2024, the Plan was amended to restrict the principal credit of any participant who is employed as a stand-by employee on the last day of the Plan Year to 1% of the compensation of the participant for the plan year. The principal credit is contingent on the participant meeting the 800 hour work requirement.

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Effective January 1, 2024, the Plan was amended to include the employees of St. Clair Medical Services, Inc. employees. For purposes of years of service for these participants, no year of service for any period prior to January 1, 2024 will be counted for purposes of the cash balance benefit formula. For purposes of vesting, years of service with St. Clair Medical Services, Inc. will be counted as service.

Effective February 2024, the Plan was amended to increase the cash-out of small benefits from \$5,000 to \$7,000. If a termed participant whose present value of their vested accrued benefit does not exceed \$7,000, the entire vested balance will be distributed in the form of a single sum payment.

Death Benefits

If a vested participant who has been married at least one year dies prior to his/her annuity starting date, a survivor spouse or other beneficiary may be entitled to a death benefit. Under the final average earnings formula, the amount of the annuity payment will be equal to the amount that would be payable under a qualified joint and 50% survivor annuity to that participant's spouse upon attainment of the earliest date the benefit would have been payable to the participant. For cash balance benefits, a surviving spouse or beneficiary may be entitled to the full amount of the participant's accumulated cash balance.

Funding Policy

The Hospital's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary so that all participants' benefits will be fully provided by the time they retire. No participant contributions are permitted. For the years ended December 31, 2024 and 2023, the Hospital made contributions of \$9,500,000 and \$0, respectively. The Plan has met or exceeded the minimum funding requirements established by ERISA.

Vesting

Eligible employees are fully vested when normal retirement age is reached regardless of the number of years of service if still employed by the Company at that time. Upon termination of employment with the Company before normal retirement age, eligible employees are fully vested upon completion of three years of vesting service. Effective January 1, 2024, for purposes of vesting, years of service with St. Clair Medical Services, Inc. will be counted as service.

Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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

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

4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value, which is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement and Investment Sub-Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and Trustee. See Note 4 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Hospital, as provided by the Plan document. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions that the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to:

- (A) Retired or terminated participants or their beneficiaries
- (B) Beneficiaries of participants who have died
- (C) Present participants or their beneficiaries

Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 3. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023, excluding investments in limited partnership/private equities of \$2,699,096 and \$2,827,882, respectively.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, excluding net appreciation in investments in limited partnership/private equities of \$1,673,537 and \$1,893,450, respectively.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024, excluding investments in limited partnership/private equities.

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

The fair value of the limited partnerships/private equities and related net appreciation, as of and for the years ended December 31, 2024 and 2023, respectively, was recorded at fair value using valuations obtained directly from the limited partnerships/private equities.

Note 4. Fair Value Measurements

Fair value is defined under FASB Accounting Standards Codification (ASC) 820 as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

Level 1 - Inputs to 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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

Cash and Cash Equivalents - Valued using amortized cost, which approximates fair value.

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

Common Stocks - Valued at the closing price reported in the active market in which the individual security is traded.

Corporate Debt Instruments and U.S. Government Securities - Valued using pricing models or quoted prices of securities with similar characteristics. The quoted market price for the specific securities is not available in an active market.

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Collective Trust Funds - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

Limited Partnerships/Private Equities - Valued at NAV of the units invested in the limited partnership or private equity. The NAV as provided by the custodian or fund manager is the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the limited partnership or private equity less its liabilities.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available within the fair value hierarchy as of:

	Fair Value Measurement Using			
	Total Fair Value	(Level 1)	(Level 2)	(Level 3)
December 31, 2024				
Cash and cash equivalents	\$ 3,618,324	\$ 3,618,324	\$ -	\$ -
Mutual funds	50,509,102	50,509,102	-	-
Common stocks	2,269,969	2,269,969	-	-
Corporate debt instruments	4,292,157	-	4,292,157	-
U.S. Government securities	27,851,948	-	27,851,948	-
Total assets in the fair value hierarchy	88,541,500	56,397,395	32,144,105	-
Investments measured at net asset value (A)	91,421,236	-	-	-
Total investments at fair value	<u>\$ 179,962,736</u>	<u>\$ 56,397,395</u>	<u>\$ 32,144,105</u>	<u>\$ -</u>
December 31, 2023				
Cash and cash equivalents	\$ 2,655,610	\$ 2,655,610	\$ -	\$ -
Mutual funds	49,795,575	49,795,575	-	-
Common stocks	3,159,587	3,159,587	-	-
Corporate debt instruments	4,971,398	-	4,971,398	-
U.S. Government securities	31,075,543	-	31,075,543	-
Total assets in the fair value hierarchy	91,657,713	55,610,772	36,046,941	-
Investments measured at net asset value (A)	98,406,934	-	-	-
Total investments at fair value	<u>\$ 190,064,647</u>	<u>\$ 55,610,772</u>	<u>\$ 36,046,941</u>	<u>\$ -</u>

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

These assets are invested in various types of funds, including private real estate, hedge funds, private equities, and stable value funds.

- The investment objective of the private real estate fund is to generate significant capital by making investments in the development or acquisition of existing multifamily residential, office, R&D, warehouse distribution, light industrial, retail, and hotel assets at or below replacement cost, which generate positive cash flow; and the acquisition date of other real estate operating companies, and real estate-related investments.
- The investment objective of the hedge funds is to achieve above-average returns by investing in hedge funds and to achieve a return of cash plus 5% on a gross basis. This fund invests in a diverse array of securities to provide diversification, maintain low correlation to traditional market, and limit portfolio volatility.
- The investment objection of the private equity funds is: (1) generate returns in excess of the broad equity market over a long period of time by investing in private equity, venture capital, buy-out, and special situations. The limited partnership investment is a fund-of-funds private equity investment that is diversified across many different private equity mangers, secondary investments and deals; (2) to outpace global equity and fixed-income markets over the term of the fund by investing in private debt deals. The strategy is diversified across several portfolio companies and has a strong focus on risk management and downside protection.
- The investment objective of the stable value fund is to preserve and grow capital by producing attractive returns with relatively low volatility and correlations to traditional equity and fixed-income benchmarks.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

		December 31, 2024		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment trusts	\$ 88,722,140	\$ -	Daily-Annually	None- 2 years
Limited partnerships/private equities	2,699,096	2,356,896	Daily-Annually	None- 2 years

		December 31, 2023		
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment trusts	\$ 95,579,052	\$ -	Daily-Annually	None- 2 years
Limited partnerships/private equities	2,827,882	2,356,896	Daily-Annually	None- 2 years

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 5. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary and, is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information is determined by the Plan's actuary as of January 1, the beginning of the Plan year, as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 108,569,457
Other participants	94,340,629
Nonvested benefits	<u>1,011,069</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 203,921,155</u></u>

Changes in the actuarial present value of accumulated plan benefits as of the beginning of the Plan year were as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits,	
January 1, 2023	\$ 198,605,779
Increase during the year attributable to:	
Change in actuarial assumptions	4,065,467
Benefits accumulated and actuarial losses	6,507,013
Interest due to the decrease in the discount period	9,502,388
Benefits paid	<u>(14,499,580)</u>
Net increase	<u>5,575,288</u>
Total actuarial present value of accumulated plan	
benefits, January 1, 2024	<u><u>\$ 204,181,067</u></u>

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Significant assumptions underlying the actuarial computations are:

	2024	2023
<i>Expected rate of return</i>	4.70%	4.86%
<i>Interest credit rating</i>	3.45%	4.20%
<i>Lump sum conversion rate</i>	5.61%	5.45%
<i>Mortality basis</i>	Separate rates for annuitants and non-annuitants. Pri-2012 base tables projected generationally with MP-2021, Male table used for males, Female table used for females.	Separate rates for annuitants and non-annuitants. Pri-2012 base tables projected generationally with MP-2021, Male table used for males, Female table used for females.
<i>Retirement age</i>	Average retirement age is 62 with varying rates ranging from 5% between ages 55-60 to 100% retiring by age 75.	Average retirement age is 62 with varying rates ranging from 5% between ages 55-60 to 100% retiring by age 75.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

Note 6. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are managed by Northern Trust Company, the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transactions rules under ERISA. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital, for which no fees are charged to the Plan. The Plan paid \$94,333 and \$82,141 of recordkeeping fees to Northern Trust Company during 2024 and 2023, respectively. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital, for which no fees are charged to the Plan.

St. Clair Hospital Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated January 13, 2021, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRS regulations to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements at December 31 to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 189,464,220	\$ 190,193,832
Benefit payments accrued on Form 5500	<u>(881,882)</u>	<u>(862,097)</u>
Net assets available for benefits per Form 5500	<u>\$ 188,582,338</u>	<u>\$ 189,331,735</u>

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 14,499,580	\$ 14,754,415
Add: Current year benefit payments accrued on Form 5500	881,882	862,097
Less: Prior year benefit payments accrued on Form 5500	<u>(862,097)</u>	<u>(841,023)</u>
Benefit payments to the participants per the Form 5500	<u>\$ 14,519,365</u>	<u>\$ 14,775,489</u>

Note 9. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Note 10. Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Possible Decline in Investments

It is reasonably possible that there will be a significant decline in the fair value of investments during the next year, as well as a significant change in assumed interest rates used to discount the benefit obligation and, therefore, could significantly affect the present value of accumulated plan benefits.

Note 11. Subsequent Events

Subsequent events have been evaluated through September 23, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Security ID	Security Description	Market Value	Cost	Unrealized gain/Loss
C1TT999TT4	CF LEGAL & GENERAL LONG DURATION U.S. CREDIT COLLECTIVE INVESTMENT TRUST FUND	83,711,043	76,652,718	7,058,325
C31428Q101	MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD INSTL SHS	16,371,723	19,131,727	(2,760,004)
C693391880	MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC FD INSTL CL PDIIX	10,326,624	11,463,588	(1,136,964)
C922040100	MFO VANGUARD INSTL INDEX FD SH BEN INT	9,484,116	4,273,129	5,210,987
C186854204	MFO CLIFFWATER CORPORATE LENDING FD	5,553,579	5,700,000	(146,421)
C24999NHP0	CF T ROWE PRICE STRUCTURED RESEARCH COMMON TRUST FUND Z	5,011,097	708,278	4,302,819
SBTPH0B9	UNITED STATES TREAS BDS 4.625% 11-15-2044	4,513,406	4,698,074	(184,667)
C66586U445	NT COLLECTIVE GOVT SHORT TERM INVT FD	2,788,023	2,788,023	-
SBSTJVZ5	UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG	2,702,344	2,609,298	93,046
C922908835	MFO VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	1,894,011	958,265	935,747
SBYQLV34	US TREAS SEC 4.5 DUE 08-15-2039 REG	1,851,090	1,794,507	56,583
SBPZRN8	UNITED STATES TREAS BDS 4.625% 05-15-2044	1,839,038	1,852,803	(13,765)
C991376898	CF WTC-CTF INTL SMALL CAP RESEARCH EQUITY	1,822,240	1,218,123	604,117
C543488811	MFO LOOMIS SAYLES FDS II SMALL CAP GROWTH N	1,701,461	1,329,612	371,849
C256206103	MFO DODGE & COX INTL STK FD	1,684,997	1,331,440	353,557
C233203371	MFO DFA INVT DIMENSIONS GROUP INC INTL CORE EQUITY 2 PORTFOLIO	1,670,352	1,531,785	138,566
C9932HF996	PIMCO CORPORATE OPPORTUNITIES FUND II ONSHORE FEEDER LP	1,704,653	231,391	1,473,262
SBNTDWY8	UNITED STATES OF AMER TREAS NOTES DTD 07/31/2023 4.75% 07-31-2025	1,002,754	996,722	6,032
SBQXV164	UNITED STATES OF AMER TREAS NOTES 4.625%DUE 06-30-2025 REG	1,002,406	993,988	8,419
SBQVW426	UNITED STATES OF AMER TREAS NOTES 4.5% 11-15-2025	1,001,852	993,441	8,411
Sub-Total		157,636,809	141,256,912	16,379,897

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		157,636,809	141,256,912	16,379,897
SBN6QD47	UNITED STATES OF AMER TREAS NOTES 3.75% 04-15-2026	993,633	977,738	15,895
C9932HE999	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII (OFFSHORE), L.P.	994,442	732,202	262,240
SBL6BW07	UNITED STATES OF AMER TREAS NOTES 3.5% DUE 01-31-2028	976,953	965,785	11,169
SBQC4SL8	UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	951,333	1,004,323	(52,990)
C9128284N7	UNITED STATES TREAS NTS 2.875% DUE 05-15-2028	851,930	846,510	5,419
SB8W8CX4	UNITED STATES TREAS BDS 2.875 DUE DUE 05-15-2043	834,109	925,089	(90,980)
	UNITED STATES DOLLAR	830,301	651,677	178,623
SB4PYQ73	UNITED STATES TREAS SEC STRIPPED INT PMT00838 02-15-2034 (UNDDATE) REG	648,970	640,430	8,540
SB2RGLY5	UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG	641,232	632,780	8,452
SB4PLXN9	UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG	633,231	625,810	7,421
SBLB3TM9	WI TREASURY SEC 3.875% 05-15-2043	440,527	463,635	(23,107)
C31418EE63	FNMA POOL #MA4656 4.5% 07-01-2052 BEO	400,729	403,200	(2,471)
SBZ56WF6	US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG	398,516	387,630	10,885
C91282CDY4	UNITED STATES TREAS NTS 1.875% DUE 02-15-2032 REG	365,859	373,405	(7,546)
SBPOVPN5	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043	291,578	302,720	(11,143)
SBPG5RX5	UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044	286,641	299,637	(12,996)
C3132CXN65	FREDDIE MAC POOL FR SB1313 4.5% 1/9/2039 4.5% 09-01-2039	265,543	267,286	(1,744)
C91282CEB3	WI TREASURY N/B 28/02/2029 1.875% 02-28-2029	265,337	266,288	(951)
C3622ABZ70	GNMA POOL #786266 2.5% 03-20-2052 BEO	220,522	228,230	(7,708)
C912828U24	UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REG	207,293	207,943	(650)
C31418ED80	FNMA POOL #MA4626 4% 06-01-2052 BEO	204,652	218,338	(13,686)
Sub-Total		169,340,138	152,677,568	16,662,570

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		169,340,138	152,677,568	16,662,570
C68389XBC8	ORACLE CORP 2.95% DUE 05-15-2025	163,849	160,926	2,923
C31418EGJ3	FNMA POOL #MA4700 4% 08-01-2052 BEO	155,302	160,608	(5,305)
C3132DWJJ3	FHLMC POOL #SD8365 4.5% 10-01-2053	151,513	158,816	(7,302)
C36179XLG9	GNMAII POOL #MA8427 SER 2052 4.5% DUE 11-20-2052 REG	140,641	146,291	(5,650)
C31418D7F3	FNMA POOL #MA4493 2.5% 12-01-2051 BEO	138,039	171,397	(33,358)
C3132DMHH1	FNMA POOL #SD-0232 3% 01-01-2050	136,794	167,624	(30,830)
C36179M2Q2	GNMA II GTD CTF MULTI ISSUER GOLD POOL #MA0783 3.5 02-20-2043	121,164	139,384	(18,221)
C81013TAC5	SCOTTISH PWR PLC 5.81% DUE 03-15-2025	120,148	133,232	(13,084)
C172967MQ1	CITIGROUP INC 3.106% DUE 04-08-2026	114,448	110,974	3,475
C858119BL3	STEEL DYNAMICS INC 2.4% DUE 06-15-2025	113,641	111,624	2,017
C3140KKFC3	FNMA POOL #BQ0162 2% DUE 03-01-2035	111,468	130,743	(19,275)
C3140XBKJ8	FNMA POOL #FM7496 2% 06-01-2051 BEO	111,073	142,007	(30,933)
C25179MAV5	DEVON ENERGY CORP 5.85% DUE 12-15-2025	110,733	111,260	(527)
C94989MAE9	WELLS FARGO COML FLTG RT 3.767% DUE 07-15-2058	109,070	121,142	(12,072)
C31418EDE7	FNMA POOL #MA4600 3.5% 05-01-2052 BEO	104,079	111,001	(6,922)
C06036FBC4	CMO BANK 2018-BNK15 COML MTG PASSTHRU CTF CL A-4 4.407% 11-15-2061 REG	102,466	106,726	(4,260)
C31418ET42	FNMA POOL #MA5070 4.5% 07-01-2053 BEO	99,667	101,060	(1,393)
C912833RZ5	US TREAS SEC STRIPPED INT PMT GENERIC TINT PMT 08-15-2028 REG	97,852	104,461	(6,609)
C3140MSSX4	FNMA POOL #BW1433 4.0% DUE 05-01-2052 REG	95,172	104,555	(9,383)
C31292SAX8	FEDERAL HOME LN MTG CORP POOL #C09022 3%01-01-2043 BEO	93,033	107,199	(14,166)
Sub-Total		171,730,292	155,278,597	16,451,695

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		171,730,292	155,278,597	16,451,695
C38141GWL4	GOLDMAN SACHS GROUP INC 3.691% 06-05-2028	87,428	91,089	(3,661)
C31418EQ86	FNMA POOL #MA4978 5% 04-01-2053 BEO	85,289	83,258	2,031
C31418DRW4	FNMA POOL #MA4100 2% 08-01-2050 BEO	84,409	109,965	(25,556)
C3140F0JJ4	FNMA POOL #BC4764 3% 10-01-2046 BEO	84,215	95,332	(11,117)
C3132DWG64	FEDERAL HOME LOAN MORTGAGE CORP 4% 05-01-2053	80,442	85,158	(4,716)
C31418DTQ5	FNMA POOL #MA4158 2% DUE 10-01-2050 BEO	78,363	103,122	(24,759)
C80287LAB5	SANTANDER DR AUTO 5.91% DUE 06-15-2027	77,151	77,198	(46)
C3140QL6W1	FNMA POOL #CB1784 2.5% DUE 10-01-2051 REG	76,603	96,272	(19,670)
C46647PBA3	JPMORGAN CHASE & CO 3.96% 01-29-2027	74,417	82,148	(7,731)
C36179XND4	GNMAII POOL #MA8488 4.0% DUE 12-20-2052 REG	74,417	77,074	(2,658)
C61747YER2	MORGAN STANLEY 4.21% 04-20-2028	73,914	74,336	(421)
C3132A5GE9	FEDERAL HOME LN MTG CORP POOL #ZS4697 3%01-01-2047 BEO	72,577	77,178	(4,601)
C31418EUP3	FNMA POOL #MA5089 4% 07-01-2053 BEO	71,863	75,961	(4,098)
C95000U2N2	WELLS FARGO & CO MEDIUM TERM SR NTS 2.188% 04-30-2026	69,368	63,767	5,600
C31418CPE8	FNMA POOL #MA3120 3.5% 09-01-2047 BEO	67,392	74,241	(6,849)
C00287YAQ2	ABBVIE INC 3.6% 05-14-2025	64,731	63,396	1,336
C06051GHQ5	BANK AMER CORP 3.974% 02-07-2030	62,317	66,210	(3,893)
C3140XCJE9	FNMA POOL #FM8360 2.5% 08-01-2051 BEO	61,358	76,946	(15,588)
C31418D3H3	FNMA POOL #MA4399 2.5% 08-01-2051 BEO	61,136	77,617	(16,481)
C3132DV7B5	FEDERAL HOME LN MTG CORP POOL #SD8090 2.0% DUE 08-01-2050	61,128	80,344	(19,216)
Sub-Total		173,198,809	156,909,211	16,289,599

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		173,198,809	156,909,211	16,289,599
C375558AZ6	GILEAD SCIENCES 3.5% DUE 02-01-2025	59,919	60,961	(1,042)
C341081FZ5	FLORIDA PWR & LT CO 2.85% DUE 04-01-2025REG	59,712	60,857	(1,145)
C126650CL2	CVS HEALTH CORP 3.875% DUE 07-20-2025	59,615	58,951	664
C3133GD7E4	FHLMC UMBS 15Y FIXED 1.5% 08-01-2036	57,788	68,267	(10,480)
C065403BC0	CMO BANK 2019-BNK17 CL A4 3.714% 04-15-2052	56,771	54,627	2,144
C3140X8QV2	FNMA POOL #FM4967 2.5% 12-01-2050 BEO	56,634	72,096	(15,462)
C3133ABNU0	FEDERAL HOME LN MTG CORP 2.5% 01/11/2050POOL #QB4903 2.5% DUE 11-01-2050 BEO	56,432	61,922	(5,491)
C67077MAY4	NUTRIEN LTD 5.95% DUE 11-07-2025 BEO	55,529	55,710	(181)
C14162VAB2	CARE CAP PPTYS LP 5.125% DUE 08-15-2026	54,953	61,199	(6,246)
C3128MJSP6	FEDERAL HOME LN MTG CORP POOL #G08525 3%05-01-2043 BEO	54,600	62,253	(7,652)
C759509AF9	RELIANCE STL & 1.3% DUE 08-15-2025	53,744	52,741	1,004
C025816CS6	AMERICAN EXPRESS CO 2.55% DUE 03-04-2027BEO	52,660	54,831	(2,171)
C95001XBB1	WELLS FARGO COML MTG SER 2019-C50 CL A5 3.729% 05-15-2052	51,648	51,807	(159)
C31418EBT6	FNMA POOL #MA4549 3% 02-01-2052 BEO	50,466	51,644	(1,177)
C065402BC2	BANK 2019-BN18 CL A-4 3.584% DUE 05-15-2062	50,175	53,470	(3,296)
C3140L1MJ1	FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 03-01-2051	48,824	61,757	(12,933)
C3133KMPK5	FEDERAL HOME LN MTG CORP POOL #RA-5826 2.5% 09-01-2051	48,439	60,579	(12,140)
C3140KPT37	FNMA POOL #BQ4169 2.0% DUE 11-01-2050 REG	48,181	63,751	(15,570)
C172967MP3	CITIGROUP INC 4.412% 03-31-2031	48,061	47,031	1,030
C3133AQXA0	FHLMC UMBS 30Y FIXED 2% 08-01-2051	47,380	61,369	(13,988)
Sub-Total		174,270,340	158,085,034	16,185,307

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		174,270,340	158,085,034	16,185,307
C31418EE55	FNMA POOL #MA4655 4% 07-01-2052 BEO	47,258	48,569	(1,311)
C822905AB1	SHELL FINANCE US INC 2.75% 04-06-2030	44,940	46,005	(1,065)
C031162BY5	AMGEN INC FIXED 3.125% DUE 05-01-2025	44,751	44,015	736
C3132DWDZ3	FEDERAL HOME LOAN MORTGAGE CORP POOL #SD8220 3.0% DUE 06-01-2052 REG	44,359	46,013	(1,654)
C120568AX8	BUNGE LTD FIN CORP 3.25% DUE 08-15-2026	43,959	48,506	(4,547)
C037833DU1	APPLE INC 1.65% DUE 05-11-2030	42,991	48,804	(5,812)
C46647PBD7	JPMORGAN CHASE & CO 3.702% 05-06-2030	42,608	44,504	(1,896)
C3128MJWP1	FEDERAL HOME LN MTG CORP POOL #G08653 3%07-01-2045 BEO	42,333	49,106	(6,773)
C31418D7G1	FNMA POOL #MA4494 3% 12-01-2051 BEO	41,409	49,120	(7,711)
C3133B4M51	FEDERAL HOME LOAN MORTGAGE CORP 3% 02-01-2052	41,335	48,399	(7,064)
C95000U2G7	WELLS FARGO & CO 2.879% 10-30-2030	40,609	43,154	(2,546)
C534187BJ7	LINCOLN NATL CORP 3.05% DUE 01-15-2030	40,510	38,156	2,353
C37045XCV6	GENERAL MTRS FINL CO INC CORP 2.9% 02-26-2025	39,856	38,058	1,798
C136385AZ4	CDN NAT RES LTD 2.05% DUE 07-15-2025	39,400	41,432	(2,033)
C3133GF6C4	FHLMC UMBS 15Y FIXED 2% 12-01-2036	38,409	44,494	(6,086)
C06051GHD4	BANK AMER CORP 3.419% 12-20-2028	38,336	44,911	(6,575)
C31418D4Y5	FNMA POOL #MA4438 2.5% 10-01-2051 BEO	37,981	45,789	(7,809)
C595017BA1	MICROCHIP TECHNOLOGY INC 4.25% DUE 09-01-2025	37,842	38,657	(815)
C20030NBH3	COMCAST CORP NEW 4.25% DUE 01-15-2033	37,348	37,778	(430)
C3140X7X46	FNMA POOL #FM4298 2.5% 09-01-2050 BEO	37,203	45,351	(8,148)
Sub-Total		175,093,776	158,975,856	16,117,921

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		175,093,776	158,975,856	16,117,921
C31418CFJ8	FNMA POOL #MA2868 2.5% 01-01-2032 BEO	36,169	40,215	(4,046)
C26441CBZ7	DUKE ENERGY CORP NEW 5.75% 09-15-2033	35,907	35,846	61
C126408HW6	CSX CORP 5.2% 11-15-2033	35,069	33,942	1,127
C404119BR9	HCA INC 5.375% DUE 02-01-2025	35,007	37,834	(2,827)
C25389JAT3	DIGITAL RLTY TR LP 4.45% 07-15-2028	34,374	41,388	(7,014)
C06541KBA5	PVTPL CMO BANK SER 2018-BNK12 CL A4 VAR 05-15-2061	34,085	33,454	631
C666807CH3	NORTHROP GRUMMAN CORP 4.7% DUE 03-15-2033	33,935	34,873	(939)
C458140CG3	INTEL CORP 5.38% 02-10-2033	33,847	35,964	(2,117)
C74251VAR3	PRIN FINL GROUP 3.7% DUE 05-15-2029	33,334	39,885	(6,551)
C92343VGN8	VERIZON COMMUNICATIONS INC NT 2.355% 03-15-2032	33,180	32,950	230
C8426EPAF5	SOUTHN CO GAS CAP FIXED 5.15% DUE 09-15-2032	32,948	33,386	(437)
C314353AA1	FEDEX PASS THRU TR FIXED 1.875% DUE 08-20-2035	32,659	37,502	(4,842)
C21036PBF4	CONSTELLATION 2.875% DUE 05-01-2030	31,274	30,997	277
C840441109	SOUTHSTATE CORP COM	31,237	23,558	7,679
C035240AQ3	ANHEUSER-BUSCH INBEV WORLDWIDE INC 4.75% 01-23-2029	30,979	36,218	(5,238)
C3138WGG65	FNMA POOL #AS6520 3.5% DUE 01-01-2046 BEO	30,599	34,898	(4,298)
C111021AE1	BRITISH TELECOMMUNICATIONS P L C NT STEPUP 12-15-2030 12-12-2000	30,334	37,070	(6,735)
C3128MJZB9	FEDERAL HOME LN MTG CORP POOL #G08737 3%12-01-2046 BEO	30,258	33,554	(3,297)
C02005NBF6	ALLY FINL INC 5.75% DUE 11-20-2025	30,156	33,851	(3,694)
C337738AP3	FISERV INC 3.85% DUE 06-01-2025	29,855	30,189	(334)
Sub-Total		175,748,981	159,673,427	16,075,555

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		175,748,981	159,673,427	16,075,555
C87264ACY9	T-MOBILE USA INC 5.05% 07-15-2033	29,383	29,685	(302)
C49456BAR2	KINDER MORGAN INC DEL 2.0% DUE 02-15-2031	29,312	34,734	(5,422)
C3128MJWA4	FEDERAL HOME LN MTG CORP POOL #G08640 3%05-01-2045 BEO	29,235	33,363	(4,128)
C89788MAS1	TRUIST FINL CORP 5.711% 01-24-2035	29,228	28,871	357
C25156PAC7	DEUTSCHE TELEKOM STEP CPN 8.75% DUE 06-15-2030	29,070	35,608	(6,538)
C716973AE2	PFIZER INVESTMENT ENTER 4.75% 05-19-2033	29,057	29,452	(395)
C29379VCF8	ENTERPRISE PRODS OPER LLC 4.85% 01-31-2034	29,026	29,785	(759)
C233331BL0	DTE ENERGY CO 5.85% 06-01-2034	28,751	29,351	(600)
C31418DYC0	FNMA POOL #MA4306 2.5% 04-01-2051 BEO	28,481	29,284	(803)
C693475BW4	PNC FINL SVCS GROUP INC 5.676% 01-22-2035	28,331	28,291	40
C354613AL5	FRANKLIN RES INC 1.6% DUE 10-30-2030 REG	28,281	27,603	678
C14040HCX1	CAPITAL ONE FINANCIAL CORP 5.468% DUE 02-01-2029	28,192	28,692	(500)
C062540109	BK HAW CORP COM	27,997	21,898	6,100
C37637Q105	GLACIER BANCORP INC NEW COM	27,872	19,230	8,642
C13645RAD6	CDN PAC RY CO NEW 7.125% DUE 10-15-2031	27,740	28,285	(544)
C115236AE1	BROWN & BROWN INC SR NT 4.2% 03-17-2032	27,674	27,112	562
C443201AC2	HOWMET AEROSPACE INC 4.85% 10-15-2031	27,494	28,611	(1,117)
C69349H107	TXNM ENERGY INC COM NPV	27,486	21,061	6,425
C3138A4XY6	FEDERAL NATL MTG ASSN GTD MTG POOL #AH3394 4% 01-01-2041 BEO	27,483	31,142	(3,659)
C31418CR89	FNMA POOL #MA3210 3.5% 12-01-2047 BEO	27,438	30,387	(2,949)
Sub-Total		176,316,513	160,245,870	16,070,644

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		176,316,513	160,245,870	16,070,644
C37045VAV2	GENERAL MTRS CO 6.125% DUE 10-01-2025	27,208	31,678	(4,470)
C67077MAW8	NUTRIEN LTD 2.95% DUE 05-13-2030	26,992	30,729	(3,737)
C31416XMW7	FNMA POOL #AB2172 4% 02-01-2041 BEO	26,857	28,466	(1,609)
C00206RJY9	AT&T INC 2.75% DUE 06-01-2031	26,100	30,659	(4,559)
C573874AQ7	MARVELL TECHNOLOGY INC 5.95% DUE 09-15-2033	25,972	24,958	1,015
C320817109	FIRST MERCHANTS CORP COM	25,410	22,395	3,015
C29250NBR5	ENBRIDGE INC 5.7% 03-08-2033	25,272	25,305	(33)
C345370DA5	FORD MTR CO DEL 3.25% 02-12-2032	24,953	24,771	182
C919794107	VAL NATL BANCORP COM	24,861	23,437	1,423
C776743AB2	ROPER TECHNOLOGIES 3.85% DUE 12-15-2025	24,776	26,107	(1,331)
C736508847	PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW	24,689	26,419	(1,730)
C55903VBC6	WARNERMEDIA HLDGS INC SR NT 4.279% 03-15-2032	24,682	24,385	296
C03076K108	AMERIS BANCORP COM	24,653	12,668	11,985
C668074305	NORTHWESTERN ENERGY GROUP INC	24,592	25,736	(1,144)
C06652V208	BANNER CORP COM NEW COM NEW	24,571	16,450	8,122
C36179TLS2	GNMAII POOL #MA4837 SER 2047 3.5% DUE 11-20-2047 REG	24,436	27,248	(2,813)
C6174468G7	MORGAN STANLEY 4.431% 01-23-2030	24,339	24,176	163
C16411QAG6	CHENIERE ENERGY FIXED 4.5% DUE 10-01-2029	24,204	24,498	(294)
C844741BC1	SOUTHWEST AIRLS CO 3% DUE 11-15-2026	24,154	24,162	(8)
C69478X105	PAC PREMIER BANCORP COM	24,147	29,166	(5,018)
Sub-Total		176,819,381	160,749,281	16,070,100

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward			176,819,381	160,749,281	16,070,100
C3140KHD24	FNMA POOL BP9120 2.5%	07-01-2050	24,122	30,881	(6,759)
CG2717B108	CUSHMAN & WAKEFIELD INC		23,727	18,832	4,895
C667340103	NORTHWEST BANCSHARES INC MD COM		23,557	22,124	1,433
C57164Y107	MARRIOTT VACATIONS WORLDWIDE CORP COM		23,438	21,805	1,632
C04911A107	ATLANTIC UN BANKSHARES CORP COM		23,410	23,580	(170)
C84857L101	SPIRE INC COM		23,198	20,011	3,187
C25960P109	DOUGLAS EMMETT INC COM REIT		23,144	18,984	4,161
C68235P108	ONE GAS INC COM		23,130	24,441	(1,311)
C776696AJ5	ROPER TECHNOLOGIES INC 4.9%	10-15-2034	23,076	23,967	(891)
C36179SB71	GNMAII POOL #MA3662 SER 2046 3% DUE	05-20-2046 REG	22,898	25,401	(2,503)
C31418DWR9	FNMA POOL #MA4255 2% 02-01-2051 BEO		22,669	29,126	(6,457)
C410120109	HANCOCK WHITNEY CORP		22,599	19,364	3,235
C923451108	VERITEX HLDGS INC COM		22,543	16,241	6,302
C3128MJS68	FEDERAL HOME LN MTG CORP POOL #G08540 3%08-01-2043 BEO		22,257	24,707	(2,450)
C36179SB89	GNMA POOL #MA3663 3.5% 05-20-2046 BEO		22,168	25,953	(3,785)
C29670E107	ESSENTIAL PROPERTIES REALTY TR INC	USD0.01	22,146	13,914	8,233
C871829BT3	SYSCO CORP 6.0% 01-17-2034		22,020	22,949	(929)
C90265EAR1	UDR INC MEDIUM TERM NTS CORP 3.0%	08-15-2031	21,959	21,607	352
C3128MJYY0	FEDERAL HOME LN MTG CORP POOL #G08726 3%10-01-2046 BEO		21,915	25,747	(3,832)
C171232AE1	CHUBB CORP 6.8% DUE 11-15-2031		21,883	22,178	(295)
Sub-Total			177,275,242	161,201,092	16,074,150

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		177,275,242	161,201,092	16,074,150
C453836108	INDEPENDENT BK CORP MASS COM COM STK USD0.01	21,825	17,327	4,497
C3140QEAH5	FNMA POOL #CA6307 2.5% 07-01-2050	21,742	27,764	(6,022)
C199333105	COLUMBUS MCKINNON CORP N Y COM	21,562	20,105	1,457
C830940102	SKYWARD SPECIALTY INS GROUP INC COM	21,480	12,224	9,255
C036752AP8	ANTHEM INC 2.55% 03-15-2031	21,455	21,451	4
C620076BW8	MOTOROLA SOLUTIONS INC SR NT 5.6% 06-01-2032	21,435	21,335	100
C10373QBT6	BP CAP MKTS AMER INC SR GTD NT 2.721% 01-12-2032	21,394	21,261	133
C628778102	NBT BANCORP INC COM	21,253	16,607	4,646
C23128Q101	CURBLINE PPTYS CORP	21,153	20,670	483
C11135E203	BROADSTONE NET LEASE INC COM USD0.00025	21,110	21,932	(822)
C868459108	SUPERNUS PHARMACEUTICALS INC COM STK	21,081	15,856	5,225
C74112D101	PRESTIGE CONSUMER HEALTHCARE INC COM	20,772	15,642	5,130
C552848103	MGIC INVT CORP WIS COM	20,438	8,901	11,537
C318910106	FIRST BANCORP N C COM	20,314	16,446	3,869
C636180101	NATL FUEL GAS CO COM	20,206	17,878	2,329
C26817Q886	DYNEX CAPITAL INC COM	20,076	20,699	(623)
C31418EJ76	FNMA POOL #MA4785 5% 10-01-2052 BEO	19,890	19,820	70
C830879102	SKYWEST INC COM	19,826	14,336	5,490
C649445400	FLAGSTAR FINANCIAL INC	19,798	22,761	(2,963)
C404119CQ0	HCA INC 5.5% DUE 06-01-2033	19,791	19,929	(138)
Sub-Total		177,691,842	161,574,036	16,117,806

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		177,691,842	161,574,036	16,117,806
C00287YDU0	ABBVIE INC 5.05% 03-15-2034	19,779	20,096	(317)
C393657101	GREENBRIER COS INC COM STK	19,700	15,010	4,690
C500643200	KORN FERRY COM	19,695	16,865	2,830
C06051GHT9	BANK AMER CORP 3.559% 04-23-2027	19,681	18,494	1,187
C201723103	COMMERCIAL METALS CO COM	19,592	16,144	3,448
C801056102	SANMINA CORP COM	19,447	12,291	7,156
C263534CR8	EIDP INC 4.8% 05-15-2033	19,435	19,899	(465)
C46647PAF3	JPMORGAN CHASE & CO NT 05-01-2028	19,432	21,879	(2,448)
C163086101	CHEFS' WAREHOUSE HOLDINGS IN	19,185	14,091	5,095
C31417YSX6	FNMA POOL #MA0533 4% DUE 10-01-2040 BEO	19,159	20,561	(1,402)
C24703DBQ3	DELL INTL L L C /EMC CORP 4.85% 02-01-2035	18,998	19,209	(211)
C20854L108	#REORG/CONSOL ENERGY CHANGE CORE NATURAL 241HAQ4 01-15-2025	18,776	17,408	1,368
C01626W101	ALIGHT INC CL A	18,767	25,728	(6,961)
C31335ART7	FEDERAL HOME LN MTG CORP POOL #G60498 4%02-01-2046 BEO	18,738	21,628	(2,890)
C12621E103	CNO FINL GROUP INC COM	18,717	13,117	5,599
C608190AL8	MOHAWK INDS INC FIXED 3.625% DUE 05-15-2030	18,469	20,077	(1,609)
C87157D109	SYNAPTICS INC COM	18,393	22,671	(4,278)
C743606105	PROSPERITY BANCSHARES INC COM	18,385	16,212	2,173
C78573L106	SABRA HEALTH CARE REIT INC COM	18,307	16,891	1,416
C06417N103	BANK OZK COM	18,302	18,653	(352)
Sub-Total		178,072,798	161,940,963	16,131,835

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,072,798	161,940,963	16,131,835
CG5509L101	LIVANOVA PLC ORD GBP1.00 (DI)	18,246	21,840	(3,594)
C31418CNE0	FNMA POOL #MA3088 4% 08-01-2047 BEO	18,204	20,603	(2,399)
C74949LAD4	RELX CAPITAL INC 3.0% DUE 05-22-2030 BEO	18,165	20,525	(2,360)
C31418B2L9	FNMA POOL #MA2578 3.5% 04-01-2046 BEO	18,138	21,071	(2,932)
C31418D6C1	FNMA POOL #MA4466 2.5% 11-01-2051 BEO	18,135	18,587	(452)
C651229106	NEWELL BRANDS INC COM	18,087	15,105	2,982
C14174T107	CARETRUST REIT INC COM	17,988	13,965	4,024
C02364WAJ4	AMERICA MOVIL S A DE C V SR NT 6.375% DUE 03-01-2035 REG	17,930	20,949	(3,018)
C254543101	DIODES INC COM	17,884	21,497	(3,613)
C35177PAL1	ORANGE NT STEP UP 03-01-2031 02-28-2031	17,862	24,921	(7,058)
C382550101	GOODYEAR TIRE & RUBBER CO COM	17,793	24,118	(6,325)
C31418CJA3	FNMA POOL #MA2956 3% DUE 04-01-2047 BEO	17,713	19,427	(1,714)
C22003BAN6	CORPORATE OFFICE PTYS L P 2.0% 01-15-2027	17,603	17,588	14
C670346AV7	NUCOR CORP 3.125% DUE 04-01-2032 BEO	17,525	17,613	(88)
C642045108	ATLAS ENERGY SOLUTIONS INC NEW CL A	17,500	17,538	(38)
C887389104	TIMKEN CO COM	17,486	18,897	(1,411)
C603158106	MINERALS TECHNOLOGIES INC COM	17,376	19,133	(1,757)
C13057Q305	CALIFORNIA RES CORP COM USD0.01	17,331	18,285	(954)
C126600105	CVB FINL CORP COM	17,299	18,826	(1,526)
C120568BC3	BUNGE LTD FIN CORP FIXED 2.75% 05-14-2031	17,299	18,704	(1,404)
Sub-Total		178,428,364	162,330,152	16,098,212

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,428,364	162,330,152	16,098,212
C693656100	PVH CORP COM USD1	17,237	12,259	4,979
C44930G107	ICU MED INC COM	17,224	13,074	4,149
C031162CW8	AMGEN INC 2.3% DUE 02-25-2031	17,032	18,347	(1,315)
C87305R109	TTM TECHNOLOGIES INC COM	17,028	13,767	3,261
C92828Q109	VIRTUS INVT PARTNERS INC COM	16,985	13,659	3,326
C529043101	LXP INDUSTRIAL TRUST COM USD0.0001	16,955	21,594	(4,640)
C30226D106	EXTREME NETWORKS INC COM	16,790	13,670	3,121
C783549108	RYDER SYS INC COM	16,784	9,804	6,980
C27616P103	#REORG/ EASTERLY GOVT PPTYS REVERSE SPLIT EASTERLY GOVT PPTYS 211VAW4 04-28-2025	16,767	25,387	(8,619)
C443320106	HUB GROUP INC CL A CL A	16,665	9,526	7,139
C554489104	VERIS RESIDENTIAL INC COM STK USD0.01	16,647	17,390	(744)
C10922N103	BRIGHTHOUSE FINL INC COM	16,622	16,787	(165)
C92839U206	VISTEON CORP COM NEW COM NEW	16,502	18,153	(1,651)
C46269C102	IRIDIUM COMMUNICATIONS INC COM STK	16,483	16,379	104
C79546E104	SALLY BEAUTY HLDGS INC COM STK USD0.01	16,417	16,569	(152)
C405024100	HAEMONETICS CORP MASS COM	16,397	14,717	1,680
C626717102	MURPHY OIL CORP COM	16,219	20,370	(4,151)
C3138WJQ35	FNMA POOL #AS8573 3.5% 12-01-2046 BEO	16,193	18,647	(2,454)
C45688C107	INGEVITY CORP COM	16,056	18,234	(2,178)
C729132100	PLEXUS CORP COM	15,961	7,944	8,017
Sub-Total		178,761,328	162,646,429	16,114,899

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,761,328	162,646,429	16,114,899
C860372101	STEWART INFORMATION SVCS CORP COM	15,860	16,964	(1,104)
C04316A108	ARTISAN PARTNERS ASSET MGMT INC CL A CL A	15,756	16,006	(250)
C49926D109	KNOWLES CORP COM	15,745	13,513	2,232
C00123Q104	AGNC INVT CORP COM	15,694	14,679	1,014
C17888H103	CIVITAS RES INC COM	15,596	19,568	(3,972)
C926400102	VICTORIAS SECRET & CO COM	15,574	9,182	6,392
C637432PA7	NATIONAL RURAL UTILS COOP FIN CORP BD 5.8% 01-15-2033	15,521	15,293	228
C05368V106	AVIENT CORPORATION	15,486	16,524	(1,038)
C95000U3B7	WELLS FARGO & COMPANY 4.897% 07-25-2033	15,450	16,179	(729)
C37045XEG7	GENERAL MOTORS FINANCIAL CO INC 5.85% DUE 04-06-2030	15,326	14,933	393
C09624H208	BLUELINX HLDGS INC COM NEW COM NEW	15,222	16,544	(1,322)
C17243V102	CINEMARK HLDGS INC COM	15,211	6,780	8,431
C337738BE7	FISERV INC 5.6% DUE 03-02-2033	15,202	15,271	(69)
C030506109	AMERN WOODMARK CORP COM	15,190	18,219	(3,029)
C749607107	RLI CORP COM	15,000	6,264	8,736
C21036PAP3	CONSTELLATION 4.75% DUE 12-01-2025	14,999	16,230	(1,231)
C161175AY0	CHARTER 4.908% DUE 07-23-2025	14,982	15,260	(277)
C802920AD0	SANTANDER DRIVE AUTO RECEIVABLES TR SR 24-5 CL A3 4.62% 11-15-2028	14,982	15,000	(18)
C505743104	LADDER CAP CORP CL A CL A	14,972	15,237	(265)
C31294UAQ6	FEDERAL HOME LN MTG CORP POOL #E09015 2.5% 12-01-2027 BEO	14,968	15,747	(779)
Sub-Total		179,068,064	162,939,821	16,128,243

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward			179,068,064	162,939,821	16,128,243
C14040HBZ7	CAPITAL ONE FINL CORP 4.25% DUE	04-30-2025 REG	14,967	15,230	(263)
C12189LAV3	BURL NORTHN SANTA FIXED 3% DUE	04-01-2025	14,940	15,209	(269)
C501242101	KULICKE & SOFFA INDS INC COM		14,931	16,809	(1,878)
C31418CPF5	FNMA POOL #MA3121 4% 09-01-2047 BEO		14,860	16,806	(1,946)
C252784301	DIAMONDROCK HOSPITALITY CO COM STK		14,782	13,569	1,213
C3128MFB98	FEDERAL HOME LN MTG CORP POOL #G16164	2.5% 01-01-2030 BEO	14,569	15,122	(553)
C02553E106	AMERICAN EAGLE OUTFITTERS INC NEW COM		14,470	21,023	(6,554)
CL72967109	ORION S A COM NPV		14,464	21,726	(7,262)
C916896103	URANIUM ENERGY CORP COM		14,430	16,458	(2,028)
C077454106	BELDEN INC COM		14,414	6,944	7,470
C126650DU1	CVS HEALTH CORP 5.25% 02-21-2033		14,383	15,286	(903)
C866082100	SUMMIT HOTEL PROPERTIES INC COM		14,310	18,588	(4,279)
C31418CS47	FNMA POOL #MA3238 3.5% 01-01-2048		14,301	16,583	(2,282)
C3138WHER9	FNMA POOL #AS7343 3% DUE 06-01-2046 REG		14,163	16,812	(2,649)
C86881A100	SURGERY PARTNERS INC COM		14,078	19,685	(5,607)
C55955D100	MAGNITE INC COM		14,026	9,512	4,513
C65473PAQ8	NISOURCE INC 5.35% 04-01-2034		13,888	14,558	(671)
C488401100	KEMPER CORP DEL COM		13,886	11,126	2,760
C55345K103	MRC GLOBAL INC COM		13,572	13,628	(56)
C466367109	JACK IN THE BOX INC COM		13,533	17,527	(3,994)
Sub-Total			179,355,030	163,252,023	16,103,007

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,355,030	163,252,023	16,103,007
C146280508	SILA REALTY TRUST INC COM USD0.01	13,400	13,908	(508)
C38141GYJ7	GOLDMAN SACHS GROUP INC 2.383% 07-21-2032	13,352	13,020	332
C800363103	#REORG/SANDY MERGER ATLANTIC 2Y1BAW2 04-01-2025	13,282	9,287	3,995
C109696104	BRINKS CO COM	13,266	10,227	3,039
C87484T108	TALOS ENERGY INC COM STK	13,235	16,549	(3,314)
C118440106	BUCKLE INC COM	13,211	9,808	3,403
C808625107	SCIENCE APPLICATIONS INTL CORP NEW COM USD0.0001	12,966	13,843	(876)
C22160KAP0	COSTCO WHOLESALE CORP NEW 1.6% DUE 04-20-2030 REG	12,836	14,844	(2,008)
C31418D2L5	FNMA POOL #MA4378 2% 07-01-2051 BEO	12,746	15,998	(3,252)
C32055Y201	FIRST INTERSTATE BANCYSYS/MT	12,728	13,130	(402)
C929566107	WABASH NATL CORP COM	12,505	13,173	(668)
C28035Q102	EDGEWELL PERS CARE CO COM	12,499	15,770	(3,271)
C413160102	HARMONIC INC COM	12,476	9,495	2,981
C3128MJSS0	FHLMC GOLD G08528 3 04-01-2043	12,448	14,613	(2,165)
C36237H101	G-III APPAREL GROUP LTD COM	12,330	12,223	108
C034164103	ANDERSONS INC COM	12,278	14,441	(2,164)
CG9087Q102	TRONOX HOLDINGS PLC ORD USD0.01	12,205	15,384	(3,179)
C880779103	TEREX CORP NEW COM	12,202	14,001	(1,799)
C06051GJT7	BANK AMER CORP 2.687% DUE 04-22-2032	12,039	11,942	97
C556269108	MADDEN STEVEN LTD COM	11,821	8,953	2,867
Sub-Total		179,608,855	163,512,632	16,096,222

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,608,855	163,512,632	16,096,222
C03937C105	ARCBEST CORP COM USD0.01	11,758	11,342	416
C516806205	VITAL ENERGY INC COM USD0.01(POST REV SPLIT)	11,719	16,689	(4,970)
CG65431127	NOBLE CORPORATION PLC COM	11,649	13,346	(1,696)
C535919500	LIONS GATE ENTMT CORP CL B NON VTG NON VOTING SHS CL B	11,552	14,580	(3,029)
C92242T101	V2X INC COM USD0.01	11,527	13,089	(1,562)
C85254J102	STAG INDL INC COM	11,330	10,493	837
CG97822103	PERRIGO COMPANY LIMITED COM EUR0.001	11,261	15,691	(4,430)
C31419BBT1	FNMA POOL #AE0949 4% 02-01-2041 BEO	11,201	12,631	(1,430)
C783754104	RYERSON HLDG CORP COM STOCK	10,958	14,170	(3,212)
C39874R101	GROCERY OUTLET HLDG CORP COM	10,927	16,688	(5,761)
C094235108	BLOOMIN BRANDS INC COM	10,855	14,072	(3,217)
C57776J100	MAXLINEAR INC COMMON STOCK	10,780	10,553	227
C56418H100	MANPOWERGROUP INC	10,620	13,175	(2,555)
C88830M102	TITAN INTL INC ILL COM	10,599	11,512	(913)
C922417100	VEECO INSTRS INC DEL COM	10,291	9,990	301
C61747YEL5	MORGAN STANLEY 2.943% DUE 01-21-2033	10,290	10,739	(449)
C64110LAL0	NETFLIX INC 5.875% DUE 02-15-2025	10,010	10,026	(16)
C19459J104	COLLEGIUM PHARMACEUTICAL INC COM	9,626	7,582	2,045
C112463104	BROOKDALE SR LIVING INC COM STK	9,592	14,948	(5,355)
C31417YUH8	FNMA POOL #MA0583 4% 12-01-2040 BEO	9,530	10,641	(1,111)
Sub-Total		179,824,930	163,764,588	16,060,341

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,824,930	163,764,588	16,060,341
C550241103	LUMEN TECHNOLOGIES INC	9,000	11,458	(2,458)
C172967NN7	CITIGROUP INC 3.785% 03-17-2033	8,980	9,388	(408)
C573284AV8	MARTIN MARIETTA FIXED 2.5% DUE 03-15-2030	8,846	8,511	335
C46647PCC8	JPMORGAN CHASE & CO 2.58% 04-22-2032	8,580	8,380	200
C628464109	MYERS INDS INC COM	8,468	15,331	(6,864)
C161175BU7	CHARTER COMMUNICATIONS OPER LLC/CHARTER 2.8% DUE 04-01-2031/04-17-2020 REG	8,438	8,482	(44)
C81211K100	SEALED AIR CORP NEW COM STK	7,341	7,386	(45)
C31292SAU4	FEDERAL HOME LN MTG CORP POOL #C09019 3%12-01-2042 BEO	6,635	7,225	(590)
C3138ERDK3	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9105 4.5% 10-01-2046 BEO	6,332	7,080	(749)
C3140E45K9	FNMA POOL #BA0849 3.5% 04-01-2046 BEO	6,272	7,333	(1,061)
C563571405	MANITOWOC CO INC COM USD0.01(POST REV SPLIT)	5,615	7,116	(1,501)
C3128MJZF0	FEDERAL HOME LN MTG CORP POOL #G08741 3%01-01-2047 BEO	4,845	5,644	(799)
C774341AK7	ROCKWELL COLLINS 3.5% DUE 03-15-2027	4,808	4,937	(129)
C858155203	STEELCASE INC CL A COM	4,598	4,619	(21)
C31402C4H2	FNMA POOL #725424 5.5% 04-01-2034 BEO	4,496	4,384	112
C31404QCL1	FNMA POOL #775075 6% 05-01-2034 BEO	3,536	3,570	(34)
C31371LEW5	FNMA POOL #254949 5% DUE 11-01-2033 BEO	3,289	3,175	114
C3128LXKW9	FEDERAL HOME LN MTG CORP POOL #G02109 6%03-01-2036 BEO	2,919	2,833	87
C31403BBJ1	FNMA POOL #743541 5.5% 11-01-2033 BEO	1,778	1,810	(32)
C31294UAT0	FEDERAL HOME LN MTG CORP POOL #E09018 2.5% 01-01-2028 BEO	1,752	1,872	(120)
Sub-Total		179,941,458	163,895,121	16,046,335

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,941,458	163,895,121	16,046,335
C31402RDF3	FNMA POOL #735502 6% 04-01-2035 BEO	1,749	1,678	71
C31403LGK1	FNMA POOL #751802 6.5% DUE 10-01-2033 REG	1,648	1,670	(21)
C31403NUT2	FNMA POOL #753994 6% 12-01-2033 BEO	1,078	1,085	(7)
C31388NG67	FNMA POOL #609621 7% DUE 11-01-2031 REG	978	1,003	(25)
C31404JYY5	FNMA POOL #770327 6% DUE 04-01-2034 REG	922	928	(6)
C31404P7C9	FNMA POOL #774991 6% DUE 05-01-2034 REG	891	903	(11)
C31404J4Y8	FNMA POOL #770439 6% 04-01-2034 BEO	794	796	(2)
C31402J4A2	FNMA POOL #730817 5% 08-01-2033 BEO	704	708	(4)
C36202VTG6	GNMA POOL #610851 SER 2033 6% DUE 04-15-2033 REG	699	701	(2)
C31403QAE0	FNMA POOL #754305 6% 12-01-2033 BEO	686	697	(11)
C31403LGT2	FNMA POOL #751810 6.5% DUE 10-01-2033 REG	616	624	(8)
C31404JG58	FNMA POOL #769820 6% DUE 03-01-2034 REG	582	592	(10)
C36213FGL1	GNMA POOL #552903 6.5% 11-15-2032 BEO	567	579	(12)
C31403NDT1	FNMA POOL #753514 6% 11-01-2033 BEO	514	527	(12)
C31379DBZ1	FNMA POOL #415956 6.5% DUE 05-01-2028 REG	499	510	(11)
C31400G7D1	FNMA POOL #687692 5.5% 03-01-2033 BEO	446	450	(4)
C31402H4U2	FNMA POOL #729935 5.5% 10-01-2033 BEO	437	443	(5)
C31371K6Q9	FNMA POOL #254779 7% 05-01-2033 BEO	425	436	(11)
C31402VS43	FEDERAL NATIONAL MORTGAGE ASSOC POOL #739539 6.5% 10-01-2033	387	393	(6)
C36213EK39	GNMA POOL #552114 SER 2031 7.5% DUE 10-15-2031 REG	379	404	(25)
Total		179,956,459	163,910,246	16,046,211

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,956,459	163,910,246	16,046,211
C24763LFU9	DELTA FDG HOME EQUITY LN TR 1999-3 ASSETBKD CTF CL A-1F 09-15-2029 REG	365	407	(42)
C31404QVC0	FNMA POOL #775611 6.5% 05-01-2034 BEO	357	363	(5)
C31403NAV9	FNMA POOL #753420 5.5% DUE 11-01-2033 REG	333	337	(4)
C31400QZZ9	FNMA POOL #694760 5.5% DUE 04-01-2033 REG	327	330	(4)
C36213CE22	GNMA POOL #550153 SER 2031 7.0% DUE 07-15-2031	305	320	(15)
C31296UX63	FHLMC GOLD A19701 6.5 03-01-2034	286	292	(6)
C31400UTM6	FNMA POOL #698156 5.5% 04-01-2033 BEO	283	288	(4)
C31400X4X3	FNMA POOL #701138 5.5% DUE 04-01-2033 REG	261	265	(3)
C31401CRQ8	FNMA POOL #704395 6.5% 05-01-2033 BEO	259	266	(7)
C36212TW42	GNMA POOL #543467 SER 2030 7.5% DUE 12-15-2030 REG	226	244	(19)
C36225BWH7	GNMA POOL #781548 7% 11-15-2032 BEO	212	218	(6)
C36200KK22	GNMA POOL #603413 6.5% 01-15-2033 BEO	209	218	(9)
C31371KZC8	FNMA POOL #254639 6.5% DUE 02-01-2033 REG	202	208	(5)
C31371LD48	FNMA POOL #254923 7% 08-01-2033 BEO	198	203	(5)
C36212U4U2	GNMA POOL #544535 SER 2031 7.5% DUE 05-15-2031 REG	191	205	(14)
C36201MD66	GNMA POOL #587025 SER 2032 6.5% DUE 04-15-2032 REG	171	177	(6)
C31401CGJ6	FNMA POOL #704101 5.5% DUE 05-01-2033 REG	170	173	(3)
C31393AU96	FNMA SER 2003-T4 CL 1A VAR RT 09-26-2033BEO	170	173	(3)
C31371LGJ2	FNMA POOL #255001 6.5% DUE 11-01-2033 BEO	159	161	(2)
C31404BJ52	FNMA POOL #763584 6% 04-01-2034 BEO	149	153	(4)
Total		179,961,292	163,915,245	16,046,044

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,961,292	163,915,245	16,046,044
C31400RY88	FNMA POOL #695635 5.5% 03-01-2033 BEO	147	148	(1)
C31404L5Q9	FNMA POOL #772255 6% 11-01-2033 BEO	138	142	(5)
C31403AV44	FNMA POOL #743235 5.5% 10-01-2033 BEO	121	122	(1)
C31371LFP9	FNMA POOL #254974 7% 10-01-2033 BEO	117	120	(3)
C31371K4H1	FNMA POOL #254724 5% 04-01-2033 BEO	115	115	(0)
C31401V3P4	FNMA POOL #720006 5.5% 07-01-2033 BEO	95	96	(1)
C31374GUA3	FNMA POOL #313877 6.5% 12-01-2027 BEO	86	89	(2)
C31384VUJ9	FNMA POOL #535285 6.5% DUE 02-01-2030 REG	86	89	(3)
C31400HTG8	FNMA POOL #688251 5.5% 02-01-2033 BEO	85	85	(0)
C31389YEZ0	FNMA POOL #639252 6.5% DUE 11-01-2032 REG	82	83	(1)
C31385C3W1	FNMA POOL #540913 7% DUE 06-01-2031 REG	80	83	(3)
C31402BEH3	FNMA POOL #723836 5.5% 06-01-2033 BEO	67	66	0
C36209YYE2	GNMA POOL #485909 SER 2031 7.5% DUE 04-15-2031 REG	63	68	(5)
C31371KVH1	FNMA POOL #254516 6.5% DUE 11-01-2032 REG	62	63	(1)
C31402GUR2	FNMA POOL #728792 5.5% 08-01-2033 BEO	40	41	(1)
C31401NXS3	FNMA POOL #713589 7% 04-01-2033 BEO	33	34	(1)
C31403BAQ6	FNMA POOL #743515 7% 10-01-2033 BEO	29	30	(1)
Total		179,962,736	163,916,719	16,046,015

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
December 31, 2024

Account	Transaction Count	Shares/Par Value	Security ID	Security Description	Security Description 2	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
Series of Transactions in Excess of 5%									
*SCRG00010000	469	61,643,886.46	66586U445	NT	COLLECTIVE GOVT SHORT TERM INVT FD	\$ 61,643,886	\$ -	\$ -	\$ -
*SCRG00010000	345	60,427,103.95	66586U445	NT	COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 60,427,104	\$ 60,427,104	\$ -

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2024.

Covered employees All employees, excluding independent contractors, temporary employees, and employees where a premium wage is paid in lieu of all employee benefits of the employer.

Participation date Age 21 with one year eligibility service.

Definitions

Eligibility service One year for each year of employment in which at least 800 hours are worked. In the year of hire, a year of service is given if at least 800 hours are worked in the anniversary year or plan year.

Vesting service One year for each 800-hour calendar year of employment by St. Clair Hospital.

Compensation W-2 earnings, excluding taxable educational assistance and including salary reduction amounts under a cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan.

Interest crediting rate The average 30-year Treasury yield during October of the preceding year.

Normal retirement date (NRD) First of month following the attainment of age 65 with three years of vesting service.

Pension benefit The FAE pension benefit as of December 31, 2009 determined under the prior formula, plus

An account balance equal to the sum of accumulated compensation credits and interest credits.

Compensation credits are added to the account balance at the end of each year (or on a termination or retirement date during the year) and are equal to the sum of (A) and (B) where:

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024



SCHEDULE SB ATTACHMENTS

- (A) Compensation credits are equal to annual compensation times the compensation credit percent. Compensation credit percent is based on “points” which equal the sum of attained age and pension service (fractional years are not recognized) as of the date the credit is being determined. The schedule is as follows:

Points	Compensation Credit Percent
Less than 40	3%
40-54	4%
55-69	5%
70 or greater	6%

- (B) For participants who have attained age 50 as of December 31, 2010 and 10 years of benefit service as of December 31, 2009, transitional credits of 3% of compensation at the end of each year through December 31, 2016.
- (C) For participants who are considered “Stand-By Employees” as of January 1, 2024 will receive compensation credits of 1% in lieu of Points.

Partial additions will be deposited in the calendar year of retirement, death or termination.

A one-time principal credit equaling 5% of the December 31, 2020 account balance was added to eligible participants’ balances effective September 1, 2021.

As of January 1, 2024, St. Clair Medical Services employees are considered eligible to accumulate compensation credits.

Interest credits are added to the account balance as of December 31 each year (or at a termination or retirement date during the year) and are determined as the interest crediting rates times the beginning of year account balance.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024



SCHEDULE SB ATTACHMENTS

Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing three years of vesting service. Participants whose employment was transferred to R1 RCM, Inc. on or about November 1, 2022 were considered 100% vested, regardless of number of years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

Benefits Paid Upon the Following Events

Normal retirement	FAE pension benefit determined as of December 31, 2009 plus account balance determined as of NRD.
Early retirement	FAE pension benefit determined as of December 31, 2009, reduced 5/12 of 1% for each month of payment before NRD plus account balance determined as of early retirement date.
Postponed retirement	FAE pension benefit determined as of December 31, 2009 plus account balance determined as of actual retirement date.
Vested termination	If participant terminated after July 1, 2000, FAE pension benefit determined as of earlier of date of termination or December 31, 2009, reduced 5/12 of 1% for each month of payment before NRD plus account balance determined as of date of termination accumulated with interest credits until commencement date. If participant terminated prior to July 1, 2000, FAE pension benefit determined as of date of termination reduced ½ of 1% for each month of payment before NRD.
Preretirement death	The surviving beneficiary will receive the sum of (A) and (B): (A) The account balance plus (B) If the participant was married as of the date of death, the surviving spouse, if any, shall receive a benefit equal to the amount that would have been received by such spouse (based on the accrued benefit as of December 31, 2009) if the participant had terminated employment on his date of death, survived until the earliest date on which he could receive

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024



SCHEDULE SB ATTACHMENTS

benefits, elected a 50% joint and survivor annuity, and died. The benefit shall commence on this earliest date unless the spouse defers commencement. Early commencement and 50% joint and survivor reduction factors shall apply as appropriate.

Other Plan Provisions

Forms of payment

Pre-retirement death benefits are payable only as described above. Pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. If the participant is married, benefits are paid in the form of a 50% joint and survivor annuity.

The participant is also entitled to elect another actuarially equivalent optional form offered by the plan. Spousal consent is necessary if the participant is married.

Optional forms are a 100% and 75% joint and survivor annuities, a 10-year certain and life annuity, or (for married participants) a life annuity. Participants can also elect a lump sum for the cash balance portion of their benefit or a lump sum of the final average pay benefit if the present value is less than \$25,000. Actuarial equivalence for annuities is based on 6.50% interest and a 50-50 blend of the RP-2000 mortality tables projected to 2010 for males and females. Actuarial equivalence for lump sums is based on the present value of the deferred annuity using 417(e) interest and mortality.

Plan participants' contributions

None.

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024



SCHEDULE SB ATTACHMENTS

Changes in Benefits Valued Since Prior Year

As of January 1, 2024, participants considered "Stand-By Employees" will receive a 1% compensation credit in lieu of the Points. Additionally, St. Clair Medical Services employees are considered eligible to accumulate compensation credits.

Key Plan Provisions Prior to January 1, 2010

The most recent amendment reflected in the following plan provisions effective January 1, 2010.

Covered Employees	All employees, excluding independent contractors, temporary employees and employees where a premium wage is paid in lieu of all employee benefits of the employer.
--------------------------	--

Participation Date	Age 21 with one year eligibility service .
---------------------------	--

Definitions

Eligibility service	One year for each year of employment in which at least 800 hours are worked. In the year of hire, a year of service is given if at least 800 hours are worked in the anniversary year or plan year.
----------------------------	---

Vesting service	One year for each 800-hour calendar year of employment by St. Clair Hospital.
------------------------	---

Pension service	One year of service for each calendar year in which the participant completes 1,920 hours. If the participant completes at least 800 hours, but fewer than 1,920 hours of service while a participant in the plan, they will receive partial credit for that the in the same proportion that the hours of service bear to 1,920 hours of service. In addition, partial years are granted in years of hire or termination in the same proportion that hours of service bear to 1,920 even if fewer than 800 hours of service are completed. Pension service may be forfeited as a result of break in service (as defined in the plan). If retiring from active service or death, unused sick hours will be added to pension service in the amount that they bear to 1,920 hours.
------------------------	---

Compensation	Annualized W-2 earnings, excluding taxable educational assistance and including salary reduction amounts under a
---------------------	--

Plan Name:	St. Clair Hospital Retirement Plan
EIN / PN:	25-1010303/001
Plan Sponsor:	St. Clair Hospital
Valuation Date:	January 1, 2024



SCHEDULE SB ATTACHMENTS

cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan.

Average earnings

The average of the highest five consecutive calendar years of compensation.

Covered compensation

The amount of compensation on which your old-age insurance benefit would be provided under the Social Security Act as in effect on the first day of the plan year in which your termination of employment occurs.

FAE pension benefit

1.5% of average earnings plus 0.1% of average earnings in excess of Covered Compensation, multiplied by pension service.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024



St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Security ID	Security Description	Market Value	Cost	Unrealized gain/Loss
C1TT999TT4	CF LEGAL & GENERAL LONG DURATION U.S. CREDIT COLLECTIVE INVESTMENT TRUST FUND	83,711,043	76,652,718	7,058,325
C31428Q101	MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD INSTL SHS	16,371,723	19,131,727	(2,760,004)
C693391880	MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC FD INSTL CL PDIIX	10,326,624	11,463,588	(1,136,964)
C922040100	MFO VANGUARD INSTL INDEX FD SH BEN INT	9,484,116	4,273,129	5,210,987
C186854204	MFO CLIFFWATER CORPORATE LENDING FD	5,553,579	5,700,000	(146,421)
C24999NHP0	CF T ROWE PRICE STRUCTURED RESEARCH COMMON TRUST FUND Z	5,011,097	708,278	4,302,819
SBTPH0B9	UNITED STATES TREAS BDS 4.625% 11-15-2044	4,513,406	4,698,074	(184,667)
C66586U445	NT COLLECTIVE GOVT SHORT TERM INVT FD	2,788,023	2,788,023	-
SBSTJVZ5	UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG	2,702,344	2,609,298	93,046
C922908835	MFO VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL	1,894,011	958,265	935,747
SBYQLV34	US TREAS SEC 4.5 DUE 08-15-2039 REG	1,851,090	1,794,507	56,583
SBPZRN8	UNITED STATES TREAS BDS 4.625% 05-15-2044	1,839,038	1,852,803	(13,765)
C991376898	CF WTC-CTF INTL SMALL CAP RESEARCH EQUITY	1,822,240	1,218,123	604,117
C543488811	MFO LOOMIS SAYLES FDS II SMALL CAP GROWTH N	1,701,461	1,329,612	371,849
C256206103	MFO DODGE & COX INTL STK FD	1,684,997	1,331,440	353,557
C233203371	MFO DFA INVT DIMENSIONS GROUP INC INTL CORE EQUITY 2 PORTFOLIO	1,670,352	1,531,785	138,566
C9932HF996	PIMCO CORPORATE OPPORTUNITIES FUND II ONSHORE FEEDER LP	1,704,653	231,391	1,473,262
SBNTDWY8	UNITED STATES OF AMER TREAS NOTES DTD 07/31/2023 4.75% 07-31-2025	1,002,754	996,722	6,032
SBQXV164	UNITED STATES OF AMER TREAS NOTES 4.625%DUE 06-30-2025 REG	1,002,406	993,988	8,419
SBQVW426	UNITED STATES OF AMER TREAS NOTES 4.5% 11-15-2025	1,001,852	993,441	8,411
Sub-Total		157,636,809	141,256,912	16,379,897

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		157,636,809	141,256,912	16,379,897
SBN6QD47	UNITED STATES OF AMER TREAS NOTES 3.75% 04-15-2026	993,633	977,738	15,895
C9932HE999	PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII (OFFSHORE), L.P.	994,442	732,202	262,240
SBL6BW07	UNITED STATES OF AMER TREAS NOTES 3.5% DUE 01-31-2028	976,953	965,785	11,169
SBQC4SL8	UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	951,333	1,004,323	(52,990)
C9128284N7	UNITED STATES TREAS NTS 2.875% DUE 05-15-2028	851,930	846,510	5,419
SB8W8CX4	UNITED STATES TREAS BDS 2.875 DUE DUE 05-15-2043	834,109	925,089	(90,980)
	UNITED STATES DOLLAR	830,301	651,677	178,623
SB4PYQ73	UNITED STATES TREAS SEC STRIPPED INT PMT00838 02-15-2034 (UNDDATE) REG	648,970	640,430	8,540
SB2RGLY5	UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG	641,232	632,780	8,452
SB4PLXN9	UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG	633,231	625,810	7,421
SBLB3TM9	WI TREASURY SEC 3.875% 05-15-2043	440,527	463,635	(23,107)
C31418EE63	FNMA POOL #MA4656 4.5% 07-01-2052 BEO	400,729	403,200	(2,471)
SBZ56WF6	US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG	398,516	387,630	10,885
C91282CDY4	UNITED STATES TREAS NTS 1.875% DUE 02-15-2032 REG	365,859	373,405	(7,546)
SBPOVPN5	UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043	291,578	302,720	(11,143)
SBPG5RX5	UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044	286,641	299,637	(12,996)
C3132CXN65	FREDDIE MAC POOL FR SB1313 4.5% 1/9/2039 4.5% 09-01-2039	265,543	267,286	(1,744)
C91282CEB3	WI TREASURY N/B 28/02/2029 1.875% 02-28-2029	265,337	266,288	(951)
C3622ABZ70	GNMA POOL #786266 2.5% 03-20-2052 BEO	220,522	228,230	(7,708)
C912828U24	UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REG	207,293	207,943	(650)
C31418ED80	FNMA POOL #MA4626 4% 06-01-2052 BEO	204,652	218,338	(13,686)
Sub-Total		169,340,138	152,677,568	16,662,570

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		169,340,138	152,677,568	16,662,570
C68389XBC8	ORACLE CORP 2.95% DUE 05-15-2025	163,849	160,926	2,923
C31418EGJ3	FNMA POOL #MA4700 4% 08-01-2052 BEO	155,302	160,608	(5,305)
C3132DWJJ3	FHLMC POOL #SD8365 4.5% 10-01-2053	151,513	158,816	(7,302)
C36179XLG9	GNMAII POOL #MA8427 SER 2052 4.5% DUE 11-20-2052 REG	140,641	146,291	(5,650)
C31418D7F3	FNMA POOL #MA4493 2.5% 12-01-2051 BEO	138,039	171,397	(33,358)
C3132DMHH1	FNMA POOL #SD-0232 3% 01-01-2050	136,794	167,624	(30,830)
C36179M2Q2	GNMA II GTD CTF MULTI ISSUER GOLD POOL #MA0783 3.5 02-20-2043	121,164	139,384	(18,221)
C81013TAC5	SCOTTISH PWR PLC 5.81% DUE 03-15-2025	120,148	133,232	(13,084)
C172967MQ1	CITIGROUP INC 3.106% DUE 04-08-2026	114,448	110,974	3,475
C858119BL3	STEEL DYNAMICS INC 2.4% DUE 06-15-2025	113,641	111,624	2,017
C3140KKFC3	FNMA POOL #BQ0162 2% DUE 03-01-2035	111,468	130,743	(19,275)
C3140XBKJ8	FNMA POOL #FM7496 2% 06-01-2051 BEO	111,073	142,007	(30,933)
C25179MAV5	DEVON ENERGY CORP 5.85% DUE 12-15-2025	110,733	111,260	(527)
C94989MAE9	WELLS FARGO COML FLTG RT 3.767% DUE 07-15-2058	109,070	121,142	(12,072)
C31418EDE7	FNMA POOL #MA4600 3.5% 05-01-2052 BEO	104,079	111,001	(6,922)
C06036FBC4	CMO BANK 2018-BNK15 COML MTG PASSTHRU CTF CL A-4 4.407% 11-15-2061 REG	102,466	106,726	(4,260)
C31418ET42	FNMA POOL #MA5070 4.5% 07-01-2053 BEO	99,667	101,060	(1,393)
C912833RZ5	US TREAS SEC STRIPPED INT PMT GENERIC TINT PMT 08-15-2028 REG	97,852	104,461	(6,609)
C3140MSSX4	FNMA POOL #BW1433 4.0% DUE 05-01-2052 REG	95,172	104,555	(9,383)
C31292SAX8	FEDERAL HOME LN MTG CORP POOL #C09022 3%01-01-2043 BEO	93,033	107,199	(14,166)
Sub-Total		171,730,292	155,278,597	16,451,695

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		171,730,292	155,278,597	16,451,695
C38141GWL4	GOLDMAN SACHS GROUP INC 3.691% 06-05-2028	87,428	91,089	(3,661)
C31418EQ86	FNMA POOL #MA4978 5% 04-01-2053 BEO	85,289	83,258	2,031
C31418DRW4	FNMA POOL #MA4100 2% 08-01-2050 BEO	84,409	109,965	(25,556)
C3140F0JJ4	FNMA POOL #BC4764 3% 10-01-2046 BEO	84,215	95,332	(11,117)
C3132DWG64	FEDERAL HOME LOAN MORTGAGE CORP 4% 05-01-2053	80,442	85,158	(4,716)
C31418DTQ5	FNMA POOL #MA4158 2% DUE 10-01-2050 BEO	78,363	103,122	(24,759)
C80287LAB5	SANTANDER DR AUTO 5.91% DUE 06-15-2027	77,151	77,198	(46)
C3140QL6W1	FNMA POOL #CB1784 2.5% DUE 10-01-2051 REG	76,603	96,272	(19,670)
C46647PBA3	JPMORGAN CHASE & CO 3.96% 01-29-2027	74,417	82,148	(7,731)
C36179XND4	GNMAII POOL #MA8488 4.0% DUE 12-20-2052 REG	74,417	77,074	(2,658)
C61747YER2	MORGAN STANLEY 4.21% 04-20-2028	73,914	74,336	(421)
C3132A5GE9	FEDERAL HOME LN MTG CORP POOL #ZS4697 3%01-01-2047 BEO	72,577	77,178	(4,601)
C31418EUP3	FNMA POOL #MA5089 4% 07-01-2053 BEO	71,863	75,961	(4,098)
C95000U2N2	WELLS FARGO & CO MEDIUM TERM SR NTS 2.188% 04-30-2026	69,368	63,767	5,600
C31418CPE8	FNMA POOL #MA3120 3.5% 09-01-2047 BEO	67,392	74,241	(6,849)
C00287YAQ2	ABBVIE INC 3.6% 05-14-2025	64,731	63,396	1,336
C06051GHQ5	BANK AMER CORP 3.974% 02-07-2030	62,317	66,210	(3,893)
C3140XCJE9	FNMA POOL #FM8360 2.5% 08-01-2051 BEO	61,358	76,946	(15,588)
C31418D3H3	FNMA POOL #MA4399 2.5% 08-01-2051 BEO	61,136	77,617	(16,481)
C3132DV7B5	FEDERAL HOME LN MTG CORP POOL #SD8090 2.0% DUE 08-01-2050	61,128	80,344	(19,216)
Sub-Total		173,198,809	156,909,211	16,289,599

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		173,198,809	156,909,211	16,289,599
C375558AZ6	GILEAD SCIENCES 3.5% DUE 02-01-2025	59,919	60,961	(1,042)
C341081FZ5	FLORIDA PWR & LT CO 2.85% DUE 04-01-2025REG	59,712	60,857	(1,145)
C126650CL2	CVS HEALTH CORP 3.875% DUE 07-20-2025	59,615	58,951	664
C3133GD7E4	FHLMC UMBS 15Y FIXED 1.5% 08-01-2036	57,788	68,267	(10,480)
C065403BC0	CMO BANK 2019-BNK17 CL A4 3.714% 04-15-2052	56,771	54,627	2,144
C3140X8QV2	FNMA POOL #FM4967 2.5% 12-01-2050 BEO	56,634	72,096	(15,462)
C3133ABNU0	FEDERAL HOME LN MTG CORP 2.5% 01/11/2050POOL #QB4903 2.5% DUE 11-01-2050 BEO	56,432	61,922	(5,491)
C67077MAY4	NUTRIEN LTD 5.95% DUE 11-07-2025 BEO	55,529	55,710	(181)
C14162VAB2	CARE CAP PPTYS LP 5.125% DUE 08-15-2026	54,953	61,199	(6,246)
C3128MJSP6	FEDERAL HOME LN MTG CORP POOL #G08525 3%05-01-2043 BEO	54,600	62,253	(7,652)
C759509AF9	RELIANCE STL & 1.3% DUE 08-15-2025	53,744	52,741	1,004
C025816CS6	AMERICAN EXPRESS CO 2.55% DUE 03-04-2027BEO	52,660	54,831	(2,171)
C95001XBB1	WELLS FARGO COML MTG SER 2019-C50 CL A5 3.729% 05-15-2052	51,648	51,807	(159)
C31418EBT6	FNMA POOL #MA4549 3% 02-01-2052 BEO	50,466	51,644	(1,177)
C065402BC2	BANK 2019-BN18 CL A-4 3.584% DUE 05-15-2062	50,175	53,470	(3,296)
C3140L1MJ1	FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 03-01-2051	48,824	61,757	(12,933)
C3133KMPK5	FEDERAL HOME LN MTG CORP POOL #RA-5826 2.5% 09-01-2051	48,439	60,579	(12,140)
C3140KPT37	FNMA POOL #BQ4169 2.0% DUE 11-01-2050 REG	48,181	63,751	(15,570)
C172967MP3	CITIGROUP INC 4.412% 03-31-2031	48,061	47,031	1,030
C3133AQXA0	FHLMC UMBS 30Y FIXED 2% 08-01-2051	47,380	61,369	(13,988)
Sub-Total		174,270,340	158,085,034	16,185,307

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		174,270,340	158,085,034	16,185,307
C31418EE55	FNMA POOL #MA4655 4% 07-01-2052 BEO	47,258	48,569	(1,311)
C822905AB1	SHELL FINANCE US INC 2.75% 04-06-2030	44,940	46,005	(1,065)
C031162BY5	AMGEN INC FIXED 3.125% DUE 05-01-2025	44,751	44,015	736
C3132DWDZ3	FEDERAL HOME LOAN MORTGAGE CORP POOL #SD8220 3.0% DUE 06-01-2052 REG	44,359	46,013	(1,654)
C120568AX8	BUNGE LTD FIN CORP 3.25% DUE 08-15-2026	43,959	48,506	(4,547)
C037833DU1	APPLE INC 1.65% DUE 05-11-2030	42,991	48,804	(5,812)
C46647PBD7	JPMORGAN CHASE & CO 3.702% 05-06-2030	42,608	44,504	(1,896)
C3128MJWP1	FEDERAL HOME LN MTG CORP POOL #G08653 3%07-01-2045 BEO	42,333	49,106	(6,773)
C31418D7G1	FNMA POOL #MA4494 3% 12-01-2051 BEO	41,409	49,120	(7,711)
C3133B4M51	FEDERAL HOME LOAN MORTGAGE CORP 3% 02-01-2052	41,335	48,399	(7,064)
C95000U2G7	WELLS FARGO & CO 2.879% 10-30-2030	40,609	43,154	(2,546)
C534187BJ7	LINCOLN NATL CORP 3.05% DUE 01-15-2030	40,510	38,156	2,353
C37045XCV6	GENERAL MTRS FINL CO INC CORP 2.9% 02-26-2025	39,856	38,058	1,798
C136385AZ4	CDN NAT RES LTD 2.05% DUE 07-15-2025	39,400	41,432	(2,033)
C3133GF6C4	FHLMC UMBS 15Y FIXED 2% 12-01-2036	38,409	44,494	(6,086)
C06051GHD4	BANK AMER CORP 3.419% 12-20-2028	38,336	44,911	(6,575)
C31418D4Y5	FNMA POOL #MA4438 2.5% 10-01-2051 BEO	37,981	45,789	(7,809)
C595017BA1	MICROCHIP TECHNOLOGY INC 4.25% DUE 09-01-2025	37,842	38,657	(815)
C20030NBH3	COMCAST CORP NEW 4.25% DUE 01-15-2033	37,348	37,778	(430)
C3140X7X46	FNMA POOL #FM4298 2.5% 09-01-2050 BEO	37,203	45,351	(8,148)
Sub-Total		175,093,776	158,975,856	16,117,921

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		175,093,776	158,975,856	16,117,921
C31418CFJ8	FNMA POOL #MA2868 2.5% 01-01-2032 BEO	36,169	40,215	(4,046)
C26441CBZ7	DUKE ENERGY CORP NEW 5.75% 09-15-2033	35,907	35,846	61
C126408HW6	CSX CORP 5.2% 11-15-2033	35,069	33,942	1,127
C404119BR9	HCA INC 5.375% DUE 02-01-2025	35,007	37,834	(2,827)
C25389JAT3	DIGITAL RLTY TR LP 4.45% 07-15-2028	34,374	41,388	(7,014)
C06541KBA5	PVTPL CMO BANK SER 2018-BNK12 CL A4 VAR 05-15-2061	34,085	33,454	631
C666807CH3	NORTHROP GRUMMAN CORP 4.7% DUE 03-15-2033	33,935	34,873	(939)
C458140CG3	INTEL CORP 5.38% 02-10-2033	33,847	35,964	(2,117)
C74251VAR3	PRIN FINL GROUP 3.7% DUE 05-15-2029	33,334	39,885	(6,551)
C92343VGN8	VERIZON COMMUNICATIONS INC NT 2.355% 03-15-2032	33,180	32,950	230
C8426EPAF5	SOUTHN CO GAS CAP FIXED 5.15% DUE 09-15-2032	32,948	33,386	(437)
C314353AA1	FEDEX PASS THRU TR FIXED 1.875% DUE 08-20-2035	32,659	37,502	(4,842)
C21036PBF4	CONSTELLATION 2.875% DUE 05-01-2030	31,274	30,997	277
C840441109	SOUTHSTATE CORP COM	31,237	23,558	7,679
C035240AQ3	ANHEUSER-BUSCH INBEV WORLDWIDE INC 4.75% 01-23-2029	30,979	36,218	(5,238)
C3138WGG65	FNMA POOL #AS6520 3.5% DUE 01-01-2046 BEO	30,599	34,898	(4,298)
C111021AE1	BRITISH TELECOMMUNICATIONS P L C NT STEPUP 12-15-2030 12-12-2000	30,334	37,070	(6,735)
C3128MJZB9	FEDERAL HOME LN MTG CORP POOL #G08737 3%12-01-2046 BEO	30,258	33,554	(3,297)
C02005NBF6	ALLY FINL INC 5.75% DUE 11-20-2025	30,156	33,851	(3,694)
C337738AP3	FISERV INC 3.85% DUE 06-01-2025	29,855	30,189	(334)
Sub-Total		175,748,981	159,673,427	16,075,555

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		175,748,981	159,673,427	16,075,555
C87264ACY9	T-MOBILE USA INC 5.05% 07-15-2033	29,383	29,685	(302)
C49456BAR2	KINDER MORGAN INC DEL 2.0% DUE 02-15-2031	29,312	34,734	(5,422)
C3128MJWA4	FEDERAL HOME LN MTG CORP POOL #G08640 3%05-01-2045 BEO	29,235	33,363	(4,128)
C89788MAS1	TRUIST FINL CORP 5.711% 01-24-2035	29,228	28,871	357
C25156PAC7	DEUTSCHE TELEKOM STEP CPN 8.75% DUE 06-15-2030	29,070	35,608	(6,538)
C716973AE2	PFIZER INVESTMENT ENTER 4.75% 05-19-2033	29,057	29,452	(395)
C29379VCF8	ENTERPRISE PRODS OPER LLC 4.85% 01-31-2034	29,026	29,785	(759)
C233331BL0	DTE ENERGY CO 5.85% 06-01-2034	28,751	29,351	(600)
C31418DYC0	FNMA POOL #MA4306 2.5% 04-01-2051 BEO	28,481	29,284	(803)
C693475BW4	PNC FINL SVCS GROUP INC 5.676% 01-22-2035	28,331	28,291	40
C354613AL5	FRANKLIN RES INC 1.6% DUE 10-30-2030 REG	28,281	27,603	678
C14040HCX1	CAPITAL ONE FINANCIAL CORP 5.468% DUE 02-01-2029	28,192	28,692	(500)
C062540109	BK HAW CORP COM	27,997	21,898	6,100
C37637Q105	GLACIER BANCORP INC NEW COM	27,872	19,230	8,642
C13645RAD6	CDN PAC RY CO NEW 7.125% DUE 10-15-2031	27,740	28,285	(544)
C115236AE1	BROWN & BROWN INC SR NT 4.2% 03-17-2032	27,674	27,112	562
C443201AC2	HOWMET AEROSPACE INC 4.85% 10-15-2031	27,494	28,611	(1,117)
C69349H107	TXNM ENERGY INC COM NPV	27,486	21,061	6,425
C3138A4XY6	FEDERAL NATL MTG ASSN GTD MTG POOL #AH3394 4% 01-01-2041 BEO	27,483	31,142	(3,659)
C31418CR89	FNMA POOL #MA3210 3.5% 12-01-2047 BEO	27,438	30,387	(2,949)
Sub-Total		176,316,513	160,245,870	16,070,644

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		176,316,513	160,245,870	16,070,644
C37045VAV2	GENERAL MTRS CO 6.125% DUE 10-01-2025	27,208	31,678	(4,470)
C67077MAW8	NUTRIEN LTD 2.95% DUE 05-13-2030	26,992	30,729	(3,737)
C31416XMW7	FNMA POOL #AB2172 4% 02-01-2041 BEO	26,857	28,466	(1,609)
C00206RJY9	AT&T INC 2.75% DUE 06-01-2031	26,100	30,659	(4,559)
C573874AQ7	MARVELL TECHNOLOGY INC 5.95% DUE 09-15-2033	25,972	24,958	1,015
C320817109	FIRST MERCHANTS CORP COM	25,410	22,395	3,015
C29250NBR5	ENBRIDGE INC 5.7% 03-08-2033	25,272	25,305	(33)
C345370DA5	FORD MTR CO DEL 3.25% 02-12-2032	24,953	24,771	182
C919794107	VAL NATL BANCORP COM	24,861	23,437	1,423
C776743AB2	ROPER TECHNOLOGIES 3.85% DUE 12-15-2025	24,776	26,107	(1,331)
C736508847	PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW	24,689	26,419	(1,730)
C55903VBC6	WARNERMEDIA HLDGS INC SR NT 4.279% 03-15-2032	24,682	24,385	296
C03076K108	AMERIS BANCORP COM	24,653	12,668	11,985
C668074305	NORTHWESTERN ENERGY GROUP INC	24,592	25,736	(1,144)
C06652V208	BANNER CORP COM NEW COM NEW	24,571	16,450	8,122
C36179TLS2	GNMAII POOL #MA4837 SER 2047 3.5% DUE 11-20-2047 REG	24,436	27,248	(2,813)
C6174468G7	MORGAN STANLEY 4.431% 01-23-2030	24,339	24,176	163
C16411QAG6	CHENIERE ENERGY FIXED 4.5% DUE 10-01-2029	24,204	24,498	(294)
C844741BC1	SOUTHWEST AIRLS CO 3% DUE 11-15-2026	24,154	24,162	(8)
C69478X105	PAC PREMIER BANCORP COM	24,147	29,166	(5,018)
Sub-Total		176,819,381	160,749,281	16,070,100

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward			176,819,381	160,749,281	16,070,100
C3140KHD24	FNMA POOL BP9120 2.5%	07-01-2050	24,122	30,881	(6,759)
CG2717B108	CUSHMAN & WAKEFIELD INC		23,727	18,832	4,895
C667340103	NORTHWEST BANCSHARES INC MD COM		23,557	22,124	1,433
C57164Y107	MARRIOTT VACATIONS WORLDWIDE CORP COM		23,438	21,805	1,632
C04911A107	ATLANTIC UN BANKSHARES CORP COM		23,410	23,580	(170)
C84857L101	SPIRE INC COM		23,198	20,011	3,187
C25960P109	DOUGLAS EMMETT INC COM REIT		23,144	18,984	4,161
C68235P108	ONE GAS INC COM		23,130	24,441	(1,311)
C776696AJ5	ROPER TECHNOLOGIES INC 4.9%	10-15-2034	23,076	23,967	(891)
C36179SB71	GNMAII POOL #MA3662 SER 2046 3% DUE	05-20-2046 REG	22,898	25,401	(2,503)
C31418DWR9	FNMA POOL #MA4255 2% 02-01-2051 BEO		22,669	29,126	(6,457)
C410120109	HANCOCK WHITNEY CORP		22,599	19,364	3,235
C923451108	VERITEX HLDGS INC COM		22,543	16,241	6,302
C3128MJS68	FEDERAL HOME LN MTG CORP POOL #G08540 3%08-01-2043 BEO		22,257	24,707	(2,450)
C36179SB89	GNMA POOL #MA3663 3.5% 05-20-2046 BEO		22,168	25,953	(3,785)
C29670E107	ESSENTIAL PROPERTIES REALTY TR INC	USD0.01	22,146	13,914	8,233
C871829BT3	SYSCO CORP 6.0% 01-17-2034		22,020	22,949	(929)
C90265EAR1	UDR INC MEDIUM TERM NTS CORP 3.0%	08-15-2031	21,959	21,607	352
C3128MJYY0	FEDERAL HOME LN MTG CORP POOL #G08726 3%10-01-2046 BEO		21,915	25,747	(3,832)
C171232AE1	CHUBB CORP 6.8% DUE 11-15-2031		21,883	22,178	(295)
Sub-Total			177,275,242	161,201,092	16,074,150

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		177,275,242	161,201,092	16,074,150
C453836108	INDEPENDENT BK CORP MASS COM COM STK USD0.01	21,825	17,327	4,497
C3140QEAH5	FNMA POOL #CA6307 2.5% 07-01-2050	21,742	27,764	(6,022)
C199333105	COLUMBUS MCKINNON CORP N Y COM	21,562	20,105	1,457
C830940102	SKYWARD SPECIALTY INS GROUP INC COM	21,480	12,224	9,255
C036752AP8	ANTHEM INC 2.55% 03-15-2031	21,455	21,451	4
C620076BW8	MOTOROLA SOLUTIONS INC SR NT 5.6% 06-01-2032	21,435	21,335	100
C10373QBT6	BP CAP MKTS AMER INC SR GTD NT 2.721% 01-12-2032	21,394	21,261	133
C628778102	NBT BANCORP INC COM	21,253	16,607	4,646
C23128Q101	CURBLINE PPTYS CORP	21,153	20,670	483
C11135E203	BROADSTONE NET LEASE INC COM USD0.00025	21,110	21,932	(822)
C868459108	SUPERNUS PHARMACEUTICALS INC COM STK	21,081	15,856	5,225
C74112D101	PRESTIGE CONSUMER HEALTHCARE INC COM	20,772	15,642	5,130
C552848103	MGIC INVT CORP WIS COM	20,438	8,901	11,537
C318910106	FIRST BANCORP N C COM	20,314	16,446	3,869
C636180101	NATL FUEL GAS CO COM	20,206	17,878	2,329
C26817Q886	DYNEX CAPITAL INC COM	20,076	20,699	(623)
C31418EJ76	FNMA POOL #MA4785 5% 10-01-2052 BEO	19,890	19,820	70
C830879102	SKYWEST INC COM	19,826	14,336	5,490
C649445400	FLAGSTAR FINANCIAL INC	19,798	22,761	(2,963)
C404119CQ0	HCA INC 5.5% DUE 06-01-2033	19,791	19,929	(138)
Sub-Total		177,691,842	161,574,036	16,117,806

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		177,691,842	161,574,036	16,117,806
C00287YDU0	ABBVIE INC 5.05% 03-15-2034	19,779	20,096	(317)
C393657101	GREENBRIER COS INC COM STK	19,700	15,010	4,690
C500643200	KORN FERRY COM	19,695	16,865	2,830
C06051GHT9	BANK AMER CORP 3.559% 04-23-2027	19,681	18,494	1,187
C201723103	COMMERCIAL METALS CO COM	19,592	16,144	3,448
C801056102	SANMINA CORP COM	19,447	12,291	7,156
C263534CR8	EIDP INC 4.8% 05-15-2033	19,435	19,899	(465)
C46647PAF3	JPMORGAN CHASE & CO NT 05-01-2028	19,432	21,879	(2,448)
C163086101	CHEFS' WAREHOUSE HOLDINGS IN	19,185	14,091	5,095
C31417YSX6	FNMA POOL #MA0533 4% DUE 10-01-2040 BEO	19,159	20,561	(1,402)
C24703DBQ3	DELL INTL L L C /EMC CORP 4.85% 02-01-2035	18,998	19,209	(211)
C20854L108	#REORG/CONSOL ENERGY CHANGE CORE NATURAL 241HAQ4 01-15-2025	18,776	17,408	1,368
C01626W101	ALIGHT INC CL A	18,767	25,728	(6,961)
C31335ART7	FEDERAL HOME LN MTG CORP POOL #G60498 4%02-01-2046 BEO	18,738	21,628	(2,890)
C12621E103	CNO FINL GROUP INC COM	18,717	13,117	5,599
C608190AL8	MOHAWK INDS INC FIXED 3.625% DUE 05-15-2030	18,469	20,077	(1,609)
C87157D109	SYNAPTICS INC COM	18,393	22,671	(4,278)
C743606105	PROSPERITY BANCSHARES INC COM	18,385	16,212	2,173
C78573L106	SABRA HEALTH CARE REIT INC COM	18,307	16,891	1,416
C06417N103	BANK OZK COM	18,302	18,653	(352)
Sub-Total		178,072,798	161,940,963	16,131,835

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,072,798	161,940,963	16,131,835
CG5509L101	LIVANOVA PLC ORD GBP1.00 (DI)	18,246	21,840	(3,594)
C31418CNE0	FNMA POOL #MA3088 4% 08-01-2047 BEO	18,204	20,603	(2,399)
C74949LAD4	RELX CAPITAL INC 3.0% DUE 05-22-2030 BEO	18,165	20,525	(2,360)
C31418B2L9	FNMA POOL #MA2578 3.5% 04-01-2046 BEO	18,138	21,071	(2,932)
C31418D6C1	FNMA POOL #MA4466 2.5% 11-01-2051 BEO	18,135	18,587	(452)
C651229106	NEWELL BRANDS INC COM	18,087	15,105	2,982
C14174T107	CARETRUST REIT INC COM	17,988	13,965	4,024
C02364WAJ4	AMERICA MOVIL S A DE C V SR NT 6.375% DUE 03-01-2035 REG	17,930	20,949	(3,018)
C254543101	DIODES INC COM	17,884	21,497	(3,613)
C35177PAL1	ORANGE NT STEP UP 03-01-2031 02-28-2031	17,862	24,921	(7,058)
C382550101	GOODYEAR TIRE & RUBBER CO COM	17,793	24,118	(6,325)
C31418CJA3	FNMA POOL #MA2956 3% DUE 04-01-2047 BEO	17,713	19,427	(1,714)
C22003BAN6	CORPORATE OFFICE PTYS L P 2.0% 01-15-2027	17,603	17,588	14
C670346AV7	NUCOR CORP 3.125% DUE 04-01-2032 BEO	17,525	17,613	(88)
C642045108	ATLAS ENERGY SOLUTIONS INC NEW CL A	17,500	17,538	(38)
C887389104	TIMKEN CO COM	17,486	18,897	(1,411)
C603158106	MINERALS TECHNOLOGIES INC COM	17,376	19,133	(1,757)
C13057Q305	CALIFORNIA RES CORP COM USD0.01	17,331	18,285	(954)
C126600105	CVB FINL CORP COM	17,299	18,826	(1,526)
C120568BC3	BUNGE LTD FIN CORP FIXED 2.75% 05-14-2031	17,299	18,704	(1,404)
Sub-Total		178,428,364	162,330,152	16,098,212

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,428,364	162,330,152	16,098,212
C693656100	PVH CORP COM USD1	17,237	12,259	4,979
C44930G107	ICU MED INC COM	17,224	13,074	4,149
C031162CW8	AMGEN INC 2.3% DUE 02-25-2031	17,032	18,347	(1,315)
C87305R109	TTM TECHNOLOGIES INC COM	17,028	13,767	3,261
C92828Q109	VIRTUS INVT PARTNERS INC COM	16,985	13,659	3,326
C529043101	LXP INDUSTRIAL TRUST COM USD0.0001	16,955	21,594	(4,640)
C30226D106	EXTREME NETWORKS INC COM	16,790	13,670	3,121
C783549108	RYDER SYS INC COM	16,784	9,804	6,980
C27616P103	#REORG/ EASTERLY GOVT PPTYS REVERSE SPLIT EASTERLY GOVT PPTYS 211VAW4 04-28-2025	16,767	25,387	(8,619)
C443320106	HUB GROUP INC CL A CL A	16,665	9,526	7,139
C554489104	VERIS RESIDENTIAL INC COM STK USD0.01	16,647	17,390	(744)
C10922N103	BRIGHTHOUSE FINL INC COM	16,622	16,787	(165)
C92839U206	VISTEON CORP COM NEW COM NEW	16,502	18,153	(1,651)
C46269C102	IRIDIUM COMMUNICATIONS INC COM STK	16,483	16,379	104
C79546E104	SALLY BEAUTY HLDGS INC COM STK USD0.01	16,417	16,569	(152)
C405024100	HAEMONETICS CORP MASS COM	16,397	14,717	1,680
C626717102	MURPHY OIL CORP COM	16,219	20,370	(4,151)
C3138WJQ35	FNMA POOL #AS8573 3.5% 12-01-2046 BEO	16,193	18,647	(2,454)
C45688C107	INGEVITY CORP COM	16,056	18,234	(2,178)
C729132100	PLEXUS CORP COM	15,961	7,944	8,017
Sub-Total		178,761,328	162,646,429	16,114,899

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		178,761,328	162,646,429	16,114,899
C860372101	STEWART INFORMATION SVCS CORP COM	15,860	16,964	(1,104)
C04316A108	ARTISAN PARTNERS ASSET MGMT INC CL A CL A	15,756	16,006	(250)
C49926D109	KNOWLES CORP COM	15,745	13,513	2,232
C00123Q104	AGNC INVT CORP COM	15,694	14,679	1,014
C17888H103	CIVITAS RES INC COM	15,596	19,568	(3,972)
C926400102	VICTORIAS SECRET & CO COM	15,574	9,182	6,392
C637432PA7	NATIONAL RURAL UTILS COOP FIN CORP BD 5.8% 01-15-2033	15,521	15,293	228
C05368V106	AVIENT CORPORATION	15,486	16,524	(1,038)
C95000U3B7	WELLS FARGO & COMPANY 4.897% 07-25-2033	15,450	16,179	(729)
C37045XEG7	GENERAL MOTORS FINANCIAL CO INC 5.85% DUE 04-06-2030	15,326	14,933	393
C09624H208	BLUELINX HLDGS INC COM NEW COM NEW	15,222	16,544	(1,322)
C17243V102	CINEMARK HLDGS INC COM	15,211	6,780	8,431
C337738BE7	FISERV INC 5.6% DUE 03-02-2033	15,202	15,271	(69)
C030506109	AMERN WOODMARK CORP COM	15,190	18,219	(3,029)
C749607107	RLI CORP COM	15,000	6,264	8,736
C21036PAP3	CONSTELLATION 4.75% DUE 12-01-2025	14,999	16,230	(1,231)
C161175AY0	CHARTER 4.908% DUE 07-23-2025	14,982	15,260	(277)
C802920AD0	SANTANDER DRIVE AUTO RECEIVABLES TR SR 24-5 CL A3 4.62% 11-15-2028	14,982	15,000	(18)
C505743104	LADDER CAP CORP CL A CL A	14,972	15,237	(265)
C31294UAQ6	FEDERAL HOME LN MTG CORP POOL #E09015 2.5% 12-01-2027 BEO	14,968	15,747	(779)
Sub-Total		179,068,064	162,939,821	16,128,243

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward			179,068,064	162,939,821	16,128,243
C14040HBZ7	CAPITAL ONE FINL CORP 4.25% DUE	04-30-2025 REG	14,967	15,230	(263)
C12189LAV3	BURL NORTHN SANTA FIXED 3% DUE	04-01-2025	14,940	15,209	(269)
C501242101	KULICKE & SOFFA INDS INC COM		14,931	16,809	(1,878)
C31418CPF5	FNMA POOL #MA3121 4% 09-01-2047 BEO		14,860	16,806	(1,946)
C252784301	DIAMONDROCK HOSPITALITY CO COM STK		14,782	13,569	1,213
C3128MFB98	FEDERAL HOME LN MTG CORP POOL #G16164	2.5% 01-01-2030 BEO	14,569	15,122	(553)
C02553E106	AMERICAN EAGLE OUTFITTERS INC NEW COM		14,470	21,023	(6,554)
CL72967109	ORION S A COM NPV		14,464	21,726	(7,262)
C916896103	URANIUM ENERGY CORP COM		14,430	16,458	(2,028)
C077454106	BELDEN INC COM		14,414	6,944	7,470
C126650DU1	CVS HEALTH CORP 5.25% 02-21-2033		14,383	15,286	(903)
C866082100	SUMMIT HOTEL PROPERTIES INC COM		14,310	18,588	(4,279)
C31418CS47	FNMA POOL #MA3238 3.5% 01-01-2048		14,301	16,583	(2,282)
C3138WHER9	FNMA POOL #AS7343 3% DUE 06-01-2046 REG		14,163	16,812	(2,649)
C86881A100	SURGERY PARTNERS INC COM		14,078	19,685	(5,607)
C55955D100	MAGNITE INC COM		14,026	9,512	4,513
C65473PAQ8	NISOURCE INC 5.35% 04-01-2034		13,888	14,558	(671)
C488401100	KEMPER CORP DEL COM		13,886	11,126	2,760
C55345K103	MRC GLOBAL INC COM		13,572	13,628	(56)
C466367109	JACK IN THE BOX INC COM		13,533	17,527	(3,994)
Sub-Total			179,355,030	163,252,023	16,103,007

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,355,030	163,252,023	16,103,007
C146280508	SILA REALTY TRUST INC COM USD0.01	13,400	13,908	(508)
C38141GYJ7	GOLDMAN SACHS GROUP INC 2.383% 07-21-2032	13,352	13,020	332
C800363103	#REORG/SANDY MERGER ATLANTIC 2Y1BAW2 04-01-2025	13,282	9,287	3,995
C109696104	BRINKS CO COM	13,266	10,227	3,039
C87484T108	TALOS ENERGY INC COM STK	13,235	16,549	(3,314)
C118440106	BUCKLE INC COM	13,211	9,808	3,403
C808625107	SCIENCE APPLICATIONS INTL CORP NEW COM USD0.0001	12,966	13,843	(876)
C22160KAP0	COSTCO WHOLESALE CORP NEW 1.6% DUE 04-20-2030 REG	12,836	14,844	(2,008)
C31418D2L5	FNMA POOL #MA4378 2% 07-01-2051 BEO	12,746	15,998	(3,252)
C32055Y201	FIRST INTERSTATE BANCYSYS/MT	12,728	13,130	(402)
C929566107	WABASH NATL CORP COM	12,505	13,173	(668)
C28035Q102	EDGEWELL PERS CARE CO COM	12,499	15,770	(3,271)
C413160102	HARMONIC INC COM	12,476	9,495	2,981
C3128MJSS0	FHLMC GOLD G08528 3 04-01-2043	12,448	14,613	(2,165)
C36237H101	G-III APPAREL GROUP LTD COM	12,330	12,223	108
C034164103	ANDERSONS INC COM	12,278	14,441	(2,164)
CG9087Q102	TRONOX HOLDINGS PLC ORD USD0.01	12,205	15,384	(3,179)
C880779103	TEREX CORP NEW COM	12,202	14,001	(1,799)
C06051GJT7	BANK AMER CORP 2.687% DUE 04-22-2032	12,039	11,942	97
C556269108	MADDEN STEVEN LTD COM	11,821	8,953	2,867
Sub-Total		179,608,855	163,512,632	16,096,222

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,608,855	163,512,632	16,096,222
C03937C105	ARCBEST CORP COM USD0.01	11,758	11,342	416
C516806205	VITAL ENERGY INC COM USD0.01(POST REV SPLIT)	11,719	16,689	(4,970)
CG65431127	NOBLE CORPORATION PLC COM	11,649	13,346	(1,696)
C535919500	LIONS GATE ENTMT CORP CL B NON VTG NON VOTING SHS CL B	11,552	14,580	(3,029)
C92242T101	V2X INC COM USD0.01	11,527	13,089	(1,562)
C85254J102	STAG INDL INC COM	11,330	10,493	837
CG97822103	PERRIGO COMPANY LIMITED COM EUR0.001	11,261	15,691	(4,430)
C31419BBT1	FNMA POOL #AE0949 4% 02-01-2041 BEO	11,201	12,631	(1,430)
C783754104	RYERSON HLDG CORP COM STOCK	10,958	14,170	(3,212)
C39874R101	GROCERY OUTLET HLDG CORP COM	10,927	16,688	(5,761)
C094235108	BLOOMIN BRANDS INC COM	10,855	14,072	(3,217)
C57776J100	MAXLINEAR INC COMMON STOCK	10,780	10,553	227
C56418H100	MANPOWERGROUP INC	10,620	13,175	(2,555)
C88830M102	TITAN INTL INC ILL COM	10,599	11,512	(913)
C922417100	VEECO INSTRS INC DEL COM	10,291	9,990	301
C61747YEL5	MORGAN STANLEY 2.943% DUE 01-21-2033	10,290	10,739	(449)
C64110LAL0	NETFLIX INC 5.875% DUE 02-15-2025	10,010	10,026	(16)
C19459J104	COLLEGIUM PHARMACEUTICAL INC COM	9,626	7,582	2,045
C112463104	BROOKDALE SR LIVING INC COM STK	9,592	14,948	(5,355)
C31417YUH8	FNMA POOL #MA0583 4% 12-01-2040 BEO	9,530	10,641	(1,111)
Sub-Total		179,824,930	163,764,588	16,060,341

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,824,930	163,764,588	16,060,341
C550241103	LUMEN TECHNOLOGIES INC	9,000	11,458	(2,458)
C172967NN7	CITIGROUP INC 3.785% 03-17-2033	8,980	9,388	(408)
C573284AV8	MARTIN MARIETTA FIXED 2.5% DUE 03-15-2030	8,846	8,511	335
C46647PCC8	JPMORGAN CHASE & CO 2.58% 04-22-2032	8,580	8,380	200
C628464109	MYERS INDS INC COM	8,468	15,331	(6,864)
C161175BU7	CHARTER COMMUNICATIONS OPER LLC/CHARTER 2.8% DUE 04-01-2031/04-17-2020 REG	8,438	8,482	(44)
C81211K100	SEALED AIR CORP NEW COM STK	7,341	7,386	(45)
C31292SAU4	FEDERAL HOME LN MTG CORP POOL #C09019 3%12-01-2042 BEO	6,635	7,225	(590)
C3138ERDK3	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9105 4.5% 10-01-2046 BEO	6,332	7,080	(749)
C3140E45K9	FNMA POOL #BA0849 3.5% 04-01-2046 BEO	6,272	7,333	(1,061)
C563571405	MANITOWOC CO INC COM USD0.01(POST REV SPLIT)	5,615	7,116	(1,501)
C3128MJZF0	FEDERAL HOME LN MTG CORP POOL #G08741 3%01-01-2047 BEO	4,845	5,644	(799)
C774341AK7	ROCKWELL COLLINS 3.5% DUE 03-15-2027	4,808	4,937	(129)
C858155203	STEELCASE INC CL A COM	4,598	4,619	(21)
C31402C4H2	FNMA POOL #725424 5.5% 04-01-2034 BEO	4,496	4,384	112
C31404QCL1	FNMA POOL #775075 6% 05-01-2034 BEO	3,536	3,570	(34)
C31371LEW5	FNMA POOL #254949 5% DUE 11-01-2033 BEO	3,289	3,175	114
C3128LXKW9	FEDERAL HOME LN MTG CORP POOL #G02109 6%03-01-2036 BEO	2,919	2,833	87
C31403BBJ1	FNMA POOL #743541 5.5% 11-01-2033 BEO	1,778	1,810	(32)
C31294UAT0	FEDERAL HOME LN MTG CORP POOL #E09018 2.5% 01-01-2028 BEO	1,752	1,872	(120)
Sub-Total		179,941,458	163,895,121	16,046,335

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,941,458	163,895,121	16,046,335
C31402RDF3	FNMA POOL #735502 6% 04-01-2035 BEO	1,749	1,678	71
C31403LGK1	FNMA POOL #751802 6.5% DUE 10-01-2033 REG	1,648	1,670	(21)
C31403NUT2	FNMA POOL #753994 6% 12-01-2033 BEO	1,078	1,085	(7)
C31388NG67	FNMA POOL #609621 7% DUE 11-01-2031 REG	978	1,003	(25)
C31404JYY5	FNMA POOL #770327 6% DUE 04-01-2034 REG	922	928	(6)
C31404P7C9	FNMA POOL #774991 6% DUE 05-01-2034 REG	891	903	(11)
C31404J4Y8	FNMA POOL #770439 6% 04-01-2034 BEO	794	796	(2)
C31402J4A2	FNMA POOL #730817 5% 08-01-2033 BEO	704	708	(4)
C36202VTG6	GNMA POOL #610851 SER 2033 6% DUE 04-15-2033 REG	699	701	(2)
C31403QAE0	FNMA POOL #754305 6% 12-01-2033 BEO	686	697	(11)
C31403LGT2	FNMA POOL #751810 6.5% DUE 10-01-2033 REG	616	624	(8)
C31404JG58	FNMA POOL #769820 6% DUE 03-01-2034 REG	582	592	(10)
C36213FGL1	GNMA POOL #552903 6.5% 11-15-2032 BEO	567	579	(12)
C31403NDT1	FNMA POOL #753514 6% 11-01-2033 BEO	514	527	(12)
C31379DBZ1	FNMA POOL #415956 6.5% DUE 05-01-2028 REG	499	510	(11)
C31400G7D1	FNMA POOL #687692 5.5% 03-01-2033 BEO	446	450	(4)
C31402H4U2	FNMA POOL #729935 5.5% 10-01-2033 BEO	437	443	(5)
C31371K6Q9	FNMA POOL #254779 7% 05-01-2033 BEO	425	436	(11)
C31402VS43	FEDERAL NATIONAL MORTGAGE ASSOC POOL #739539 6.5% 10-01-2033	387	393	(6)
C36213EK39	GNMA POOL #552114 SER 2031 7.5% DUE 10-15-2031 REG	379	404	(25)
Total		179,956,459	163,910,246	16,046,211

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,956,459	163,910,246	16,046,211
C24763LFU9	DELTA FDG HOME EQUITY LN TR 1999-3 ASSETBKD CTF CL A-1F 09-15-2029 REG	365	407	(42)
C31404QVCO	FNMA POOL #775611 6.5% 05-01-2034 BEO	357	363	(5)
C31403NAV9	FNMA POOL #753420 5.5% DUE 11-01-2033 REG	333	337	(4)
C31400QZZ9	FNMA POOL #694760 5.5% DUE 04-01-2033 REG	327	330	(4)
C36213CE22	GNMA POOL #550153 SER 2031 7.0% DUE 07-15-2031	305	320	(15)
C31296UX63	FHLMC GOLD A19701 6.5 03-01-2034	286	292	(6)
C31400UTM6	FNMA POOL #698156 5.5% 04-01-2033 BEO	283	288	(4)
C31400X4X3	FNMA POOL #701138 5.5% DUE 04-01-2033 REG	261	265	(3)
C31401CRQ8	FNMA POOL #704395 6.5% 05-01-2033 BEO	259	266	(7)
C36212TW42	GNMA POOL #543467 SER 2030 7.5% DUE 12-15-2030 REG	226	244	(19)
C36225BWH7	GNMA POOL #781548 7% 11-15-2032 BEO	212	218	(6)
C36200KK22	GNMA POOL #603413 6.5% 01-15-2033 BEO	209	218	(9)
C31371KZC8	FNMA POOL #254639 6.5% DUE 02-01-2033 REG	202	208	(5)
C31371LD48	FNMA POOL #254923 7% 08-01-2033 BEO	198	203	(5)
C36212U4U2	GNMA POOL #544535 SER 2031 7.5% DUE 05-15-2031 REG	191	205	(14)
C36201MD66	GNMA POOL #587025 SER 2032 6.5% DUE 04-15-2032 REG	171	177	(6)
C31401CGJ6	FNMA POOL #704101 5.5% DUE 05-01-2033 REG	170	173	(3)
C31393AU96	FNMA SER 2003-T4 CL 1A VAR RT 09-26-2033BEO	170	173	(3)
C31371LGJ2	FNMA POOL #255001 6.5% DUE 11-01-2033 BEO	159	161	(2)
C31404BJ52	FNMA POOL #763584 6% 04-01-2034 BEO	149	153	(4)
Total		179,961,292	163,915,245	16,046,044

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

Balance Forward		179,961,292	163,915,245	16,046,044
C31400RY88	FNMA POOL #695635 5.5% 03-01-2033 BEO	147	148	(1)
C31404L5Q9	FNMA POOL #772255 6% 11-01-2033 BEO	138	142	(5)
C31403AV44	FNMA POOL #743235 5.5% 10-01-2033 BEO	121	122	(1)
C31371LFP9	FNMA POOL #254974 7% 10-01-2033 BEO	117	120	(3)
C31371K4H1	FNMA POOL #254724 5% 04-01-2033 BEO	115	115	(0)
C31401V3P4	FNMA POOL #720006 5.5% 07-01-2033 BEO	95	96	(1)
C31374GUA3	FNMA POOL #313877 6.5% 12-01-2027 BEO	86	89	(2)
C31384VUJ9	FNMA POOL #535285 6.5% DUE 02-01-2030 REG	86	89	(3)
C31400HTG8	FNMA POOL #688251 5.5% 02-01-2033 BEO	85	85	(0)
C31389YEZ0	FNMA POOL #639252 6.5% DUE 11-01-2032 REG	82	83	(1)
C31385C3W1	FNMA POOL #540913 7% DUE 06-01-2031 REG	80	83	(3)
C31402BEH3	FNMA POOL #723836 5.5% 06-01-2033 BEO	67	66	0
C36209YYE2	GNMA POOL #485909 SER 2031 7.5% DUE 04-15-2031 REG	63	68	(5)
C31371KVH1	FNMA POOL #254516 6.5% DUE 11-01-2032 REG	62	63	(1)
C31402GUR2	FNMA POOL #728792 5.5% 08-01-2033 BEO	40	41	(1)
C31401NXS3	FNMA POOL #713589 7% 04-01-2033 BEO	33	34	(1)
C31403BAQ6	FNMA POOL #743515 7% 10-01-2033 BEO	29	30	(1)
Total		179,962,736	163,916,719	16,046,015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data and Average Compensation as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	26	47	1	0	0	0	0	0	0	0	74
	21,887	50,037	-	-	-	-	-	-	-	-	40,105
25-29	47	99	25	2	0	0	0	0	0	0	173
	38,582	60,773	67,319	-	-	-	-	-	-	-	56,176
30-34	47	74	59	20	0	0	0	0	0	0	200
	47,730	73,988	51,420	57,776	-	-	-	-	-	-	59,539
35-39	36	77	53	26	14	0	0	0	0	0	206
	38,564	84,462	90,607	78,759	-	-	-	-	-	-	76,401
40-44	33	59	42	28	19	7	0	0	0	0	188
	36,593	80,052	109,408	103,523	-	-	-	-	-	-	81,760
45-49	25	43	30	24	15	20	6	0	0	0	163
	50,168	88,107	99,826	90,103	-	65,804	-	-	-	-	81,219
50-54	50	31	38	30	27	11	12	5	0	0	204
	61,519	99,238	66,998	110,299	70,496	-	-	-	-	-	80,524
55-59	36	29	23	20	27	31	12	9	15	0	202
	48,528	102,009	108,564	73,198	122,459	97,494	-	-	-	-	88,909
60-64	22	16	35	19	31	20	8	13	14	5	183
	46,347	-	53,604	-	85,292	68,602	-	-	-	-	70,791
65-69	14	7	5	16	10	9	4	4	2	5	76
	-	-	-	-	-	-	-	-	-	-	91,370
70 & over	9	8	4	4	5	0	0	0	0	1	31
	-	-	-	-	-	-	-	-	-	-	76,862
Total	345	490	315	189	148	98	42	31	31	11	1,700
	43,370	77,799	78,322	93,325	86,205	80,241	91,283	89,423	72,410	-	73,888

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: St. Clair Hospital Retirement Plan
 EIN / PN: 25-1010303/001
 Plan Sponsor: St. Clair Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data and Average Cash Balance as of January 1, 2024

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	47	1	0	0	0	0	0	0	0	48
	-	2,104	-	-	-	-	-	-	-	-	2,172
25-29	0	98	25	2	0	0	0	0	0	0	125
	-	3,472	9,606	-	-	-	-	-	-	-	4,901
30-34	0	74	59	20	0	0	0	0	0	0	153
	-	3,642	10,377	20,876	-	-	-	-	-	-	8,492
35-39	0	77	53	26	14	0	0	0	0	0	170
	-	6,178	19,791	28,876	-	-	-	-	-	-	16,122
40-44	0	58	42	28	19	7	0	0	0	0	154
	-	6,332	22,965	40,383	-	-	-	-	-	-	22,431
45-49	0	41	29	24	15	20	6	0	0	0	135
	-	6,859	23,612	35,295	-	39,473	-	-	-	-	26,391
50-54	0	30	38	30	27	11	12	5	0	0	153
	-	9,704	19,261	56,365	44,483	-	-	-	-	-	36,281
55-59	0	28	23	20	27	31	12	9	15	0	165
	-	11,297	28,067	45,395	78,076	70,795	-	-	-	-	51,611
60-64	0	15	34	19	31	20	8	13	14	5	159
	-	-	17,552	-	63,978	58,725	-	-	-	-	48,970
65-69	0	6	5	15	10	8	4	4	2	5	59
	-	-	-	-	-	-	-	-	-	-	69,785
70 & over	0	8	4	4	5	0	0	0	0	1	22
	-	-	-	-	-	-	-	-	-	-	40,212
Total	0	482	313	188	148	97	42	31	31	11	1,343
	-	5,934	18,285	44,619	55,154	56,545	71,844	71,832	65,799	-	28,763

² Age and service for purposes of determining category are based on exact (not rounded) values

Plan Name: St. Clair Hospital Retirement Plan

EIN / PN: 25-1010303/001

Plan Sponsor: St. Clair Hospital

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis Segment rates from fourth month preceding valuation date
- Lump sum conversion rate Segment rates from fourth month preceding valuation date

Interest rates

Reflecting Corridors

Not Reflecting Corridors

- First segment rate 4.75% 3.62%
- Second segment rate 4.87% 4.46%
- Third segment rate 5.59% 4.52%
- Effective Interest rate 5.07% 4.41%

Annual rates of increase

- Compensation: 3.25%
- Statutory limits on compensation N/A
- Cash balance interest credit rate 3.15%
- Assumed reduction in sick day hours 10.00%

Plan-related expenses \$895,000

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees..

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
- **Disabled** Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
- **Lump sum conversion** The applicable mortality table under IRC 417(e)(3) for 2024 plan years.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

The SOA Combined Select table rates varying by age and service, using 150% of the select rates and 175% of the ultimate rates.

Representative termination rates:

Percentage leaving during the year				
Attained Age	Years of Service			
	0-1	2-4	5-9	10+
25	32.61%	25.71%	19.44%	N/A
40	23.87%	15.53%	9.02%	7.26%
55	20.28%	11.73%	3.89%	1.54%

Disability

None.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below. The average retirement age is 62.

Percentage retiring during the year	
Age	Rate
55-60	5%
61	10
62	20
63-64	15
65	40
66	30
67	25
68	20
69-71	10
72-74	20
75+	100

Benefit commencement date:

- Preretirement death benefit
The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit
Inactive participants currently under age 65: Age 65.
Inactive participants currently over age 65: Age 70.
Active participants: Immediately, with 30% of those participants who elect a lump sum of their cash balance deferring payment 1 year.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

• Retirement benefit	Upon termination of employment, with 30% of those participants who elect a lump sum of their cash balance deferring payment 1 year.
Form of payment	Cash Balance Benefit: • Participants under age 55: 100% are assumed to elect a lump sum • Participants over age 55: 80% are assumed to elect a lump sum and 20% will elect an annuity 100% of participants are assumed to elect an annuity (66.67% elect a single life annuity and 33.33% elect a 50% J&S) for their December 31, 2009 accrued benefit.
Percent married	85% of male participants, 70% of female participants. Used to value pre-retirement death benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as total salary, wages or other compensation paid by the employer and required to be reported as taxable income for federal income tax purposes on Form W-2, except that taxable educational assistance is not included and salary reduction amounts under a cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan are included. Covered pay provided by the employer for the prior year is adjusted at the assumed compensation increase rate.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.

Methods – Pension Cost and Funded Positions

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.

Plan Name:	St. Clair Hospital Retirement Plan
EIN / PN:	25-1010303/001
Plan Sponsor:	St. Clair Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable. The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussion with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not. The plan pays the December 31, 2009 accrued benefits with a present value up to \$25,000 in a single lump sum payment. Such lumps sums are not explicitly valued; rather such participants'

Plan Name:	St. Clair Hospital Retirement Plan
EIN / PN:	25-1010303/001
Plan Sponsor:	St. Clair Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

benefits are valued using the benefit choice assumptions described above.

Sources of Data and Other Information

The plan sponsor, through its administrative platform, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate. Our long-term estimate of the 30-year Treasury rate is based on a combination of current conditions, past history, including relationships to other assumptions, and future economic expectations. Based on an analysis of historical relationships between 30-year Treasury rates and the plan's effective interest rate using market segment rates (ignoring any smoothing or corridors), we have set the assumed interest crediting rate to be the plan's effective interest rate using market segment rates less 125 basis points; however, the result of this process is reviewed each year for reasonableness given current and expected future conditions.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have

Plan Name:	St. Clair Hospital Retirement Plan
EIN / PN:	25-1010303/001
Plan Sponsor:	St. Clair Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

changed that would be expected to produce different results in the future.

Assumed termination rates differ by age and service because of observed differences in termination rates by service.

Retirement

Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430. The mortality table was updated to include one additional year of projected mortality improvement as required by guidance issued by IRS under IRC §430.

The assumed plan-related expenses added to the target normal cost were changed from \$954,000 for the prior valuation to \$895,000 for the current valuation to account for lower expected expenses to be paid from the trust.

The interest crediting rate was changed from 2.38% for 2023 to 3.15% for 2024.

The lump sum basis used to calculate the funding target and target normal cost was updated to use segment rates and the

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

applicable mortality table under IRC 417(e)(3) for the current valuation date.

Change in methods since prior valuation None.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	1,590,358	15.00000	1,590,358	144,691
2. Shortfall	01/01/2023	22,807,087	14.00000	21,884,197	2,088,689
Total				23,474,555	2,233,380

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 **Change in Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed from \$954,000 for the prior valuation to \$895,000 for the current valuation to account for lower expected expenses to be paid from the trust.

The interest crediting rate was changed from 2.38% for 2023 to 3.15% for 2024.

The lump sum basis used to calculate the funding target and target normal cost was updated to use segment rates and the applicable mortality table under IRC 417(e)(3) for the current valuation date.

Plan Name:	St. Clair Hospital Retirement Plan
EIN / PN:	25-1010303/001
Plan Sponsor:	St. Clair Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	St. Clair Hospital
EIN/PN	25-1010303 / 001
Plan Name	St. Clair Hospital Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Thomas A. DeFilippo, FSA, EA
Enrollment Number	23-06419

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The retirement assumption varies by age. The average retirement age was determined as illustrated below. The average retirement is determined as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 10,000 employee group assumed to retire at such age, according to the retirement assumption.

(A)	(B)	(C)	(D)	(E)
Age	Retirement Rate	Hypothetical Group	Number of Retirees	Product (A)x(D)
55	0.05	10,000	500	27,500
56	0.05	9,500	475	26,600
57	0.05	9,025	451	25,721
58	0.05	8,574	429	24,864
59	0.05	8,145	407	24,028
60	0.05	7,738	387	23,213
61	0.10	7,351	735	44,841
62	0.20	6,616	1,323	82,036
63	0.15	5,293	794	50,016
64	0.15	4,499	675	43,188
65	0.40	3,824	1,530	99,423
66	0.30	2,294	688	45,429
67	0.25	1,606	402	26,901
68	0.20	1,205	241	16,382
69	0.10	964	96	6,649
70	0.10	867	87	6,071
71	0.10	781	78	5,542
72	0.20	702	140	10,116
73	0.20	562	112	8,205
74	0.20	450	90	6,654
75	1.00	360	360	26,976

Sum of
(retirement age
X number
retiring)

630,354

Divided by hypothetical group size

10,000

= Weighted average retirement age
(Rounded to the nearest year)

63

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,987,051	2,006,562	10,231,127	15,224,740
2025	4,101,238	932,278	9,980,434	15,013,950
2026	4,026,732	1,155,021	9,714,289	14,896,042
2027	4,039,315	1,456,951	9,434,074	14,930,340
2028	3,850,650	1,564,637	9,140,072	14,555,359
2029	3,880,223	1,687,367	8,832,305	14,399,895
2030	3,984,360	1,865,811	8,509,670	14,359,841
2031	3,723,683	1,726,310	8,170,388	13,620,381
2032	3,725,369	2,026,862	7,812,576	13,564,807
2033	3,708,712	2,053,422	7,445,414	13,207,548
2034	3,477,942	2,170,660	7,075,992	12,724,594
2035	3,456,568	2,079,122	6,700,327	12,236,017
2036	3,312,104	2,090,072	6,317,235	11,719,411
2037	3,313,150	2,172,146	5,928,393	11,413,689
2038	3,156,883	2,945,345	5,535,777	11,638,005
2039	3,107,719	2,279,661	5,141,597	10,528,977
2040	3,010,321	2,258,781	4,748,205	10,017,307
2041	2,871,431	2,300,438	4,358,109	9,529,978
2042	2,745,914	2,272,990	3,973,924	8,992,828
2043	2,719,831	2,405,871	3,598,311	8,724,013
2044	2,631,671	2,100,527	3,233,901	7,966,099
2045	2,547,728	2,248,157	2,883,264	7,679,149
2046	2,461,091	2,139,800	2,548,864	7,149,755
2047	2,391,922	2,054,663	2,232,964	6,679,549
2048	2,255,988	2,023,898	1,937,582	6,217,468
2049	2,144,013	1,734,887	1,664,414	5,543,314
2050	1,994,250	2,076,165	1,414,742	5,485,157
2051	1,874,679	1,730,522	1,189,361	4,794,562
2052	1,746,780	2,002,676	988,542	4,737,998
2053	1,646,684	1,694,865	812,033	4,153,582
2054	1,509,401	1,526,434	659,059	3,694,894
2055	1,388,821	1,537,734	528,383	3,454,938
2056	1,280,813	1,291,870	418,392	2,991,075
2057	1,166,385	1,265,449	327,203	2,759,037
2058	1,037,091	1,202,577	252,764	2,492,432
2059	942,297	945,980	192,939	2,081,216
2060	839,790	872,828	145,609	1,858,227
2061	752,560	798,381	108,744	1,659,685
2062	669,989	693,710	80,468	1,444,167
2063	593,165	586,658	59,099	1,238,922

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	517,620	539,333	43,169	1,100,122
2065	452,660	465,705	31,439	949,804
2066	399,500	420,020	22,893	842,413
2067	343,282	372,339	16,721	732,342
2068	300,030	331,581	12,291	643,902
2069	259,738	294,498	9,119	563,355
2070	223,088	260,856	6,847	490,791
2071	192,706	230,420	5,211	428,337
2072	163,861	202,965	4,022	370,848
2073	139,991	178,267	3,144	321,402

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303/001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2024

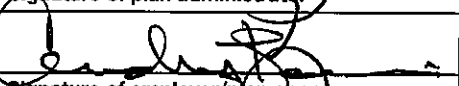
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	 ▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	 ▶ ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan ST. CLAIR HOSPITAL RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/01/1961
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) ST. CLAIR HOSPITAL 1000 BOWER HILL ROAD PITTSBURGH PA 15243-1873	2b Employer Identification Number (EIN) 25-1010303 2c Plan Sponsor's telephone number 412-942-4000 2d Business code (see instructions) 622000

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

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

SIGN HERE		10-1-25	ANDREA L. KALINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-1-25	
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

St. Clair Hospital Retirement Plan
EIN 25-1010303 PN 001
Schedule H, Line 4j – Schedule of Reportable Transactions
December 31, 2024

Account	Transaction Count	Shares/Par Value	Security ID	Security Description	Security Description 2	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
Series of Transactions in Excess of 5%									
*SCRG00010000	469	61,643,886.46	66586U445	NT	COLLECTIVE GOVT SHORT TERM INVT FD	\$ 61,643,886	\$ -	\$ -	\$ -
*SCRG00010000	345	60,427,103.95	66586U445	NT	COLLECTIVE GOVT SHORT TERM INVT FD	\$ -	\$ 60,427,104	\$ 60,427,104	\$ -

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 ST. CLAIR HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ST. CLAIR HOSPITAL	D Employer Identification Number (EIN) 25-1010303
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value		2a	190,264,530
b Actuarial value		2b	207,532,595
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	1,097	105,272,240	105,272,240
b For terminated vested participants	836	31,521,215	31,521,215
c For active participants	1,700	52,828,111	53,592,344
d Total	3,633	189,621,566	190,385,799
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		5.07%
6 Target normal cost			
a Present value of current plan year accruals	6a		4,373,435
b Expected plan-related expenses	6b		895,000
c Target normal cost	6c		5,268,435

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	THOMAS A. DEFILIPPO Signature of actuary THOMAS A. DEFILIPPO, FSA, EA Type or print name of actuary Willis Towers Watson US LLC Firm name ONE PPG PLACE, SUITE 1000 Pittsburgh PA 15222 Address of the firm	09/05/2025 Date 2306419 Most recent enrollment number 412-402-4500 Telephone number (including area code)
----------------------	--	---