

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): BUTLER HEALTHCARE PROVIDERS
2b Employer Identification Number (EIN): 25-0965274
2c Plan Sponsor's telephone number: 724-284-4166
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2032
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1227
	<b>6a(2)</b>	1204
	<b>6b</b>	218
	<b>6c</b>	611
	<b>6d</b>	2033
	<b>6e</b>	20
	<b>6f</b>	2053
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		58
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BUTLER HEALTHCARE PROVIDERS</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0965274</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>73115738</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>75128656</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>229</u>	<u>12399681</u>
	<b>b</b> For terminated vested participants .....	<u>582</u>	<u>15246183</u>
	<b>c</b> For active participants .....	<u>1317</u>	<u>39096483</u>
	<b>d</b> Total .....	<u>2128</u>	<u>66742347</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.13 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>2207925</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>301000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>2508925</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>KAREN OLIVER, F.S.A, EA , MAAA</u> Type or print name of actuary  <u>BPAS ACTUARIAL &amp; PENSION SERVICES</u> Firm name  <u>706 N. CLINTON ST., SUITE 200</u> <u>SYRACUSE, NY 13204</u>  Address of the firm	<u>07/31/2025</u> Date  <u>23-07555</u> Most recent enrollment number  <u>315-703-8934</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	7638359
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	7638359
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.69</u> % .....	0	816541
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	3100000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	5354900

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.73 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.69 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	111.08 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>							
<b>18</b> 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		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	0

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

**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**

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

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

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	2508925
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	2508925

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

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

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

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

<b>A</b> Name of plan <b>CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BUTLER HEALTHCARE PROVIDERS</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0965274</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(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	ACTUARY	178008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC

25-1435979

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 21	PLAN ADMIN	146292	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAKER TILLY US LLP

30-1413443

(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	AUDITOR	24519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL</b>	<b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BUTLER HEALTHCARE PROVIDERS</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0965274</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	549825
		602506
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1085182
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	8173526
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	27523616
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	25820661
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	24053325
<b>(15)</b> Other.....	<b>1c(15)</b>	10007867
		5861177

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	73160677	70097177
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	44938	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	44938	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	73115739	70097177

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1198778	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	497932	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1052923	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	202536	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2952169
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	503183	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		503183
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	39966193	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	39973449	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-7256
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	638153	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		33481
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4119730

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	6599777	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		6599777
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	24519	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	146292	
(7) Actuarial fees .....	<b>2i(7)</b>	178008	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	189696	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		538515
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7138292

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-3018562
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 556611.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BUTLER HEALTHCARE PROVIDERS</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0965274</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**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): 06-1271230

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	84
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 34.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.3 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.7 % Other: 52.7 %

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

# **Cash Balance Retirement Plan for Non- Union Employees of Butler Memorial Hospital**

Financial Statements and  
Supplementary Information

December 31, 2024 and 2023

## Table of Contents

Independent Auditors' Report .....	1
Statements of Net Assets Available for Benefits .....	5
Statements of Changes in Net Assets Available for Benefits .....	6
Statement of Accumulated Plan Benefits .....	7
Statement of Changes in Accumulated Plan Benefits .....	8
Notes to Financial Statements .....	9
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) .....	17
Schedule H, Line 4(j) - Schedule of Reportable Transactions .....	20

## Independent Auditors' Report

To the Plan Administrator and Participants of  
Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

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

We have performed audits of the financial statements of the Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, line 4(i) - Schedule of Assets (Held at End of Year), and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of or for the year ended 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Baker Tilly US, LLP*

Pittsburgh, Pennsylvania  
October 6, 2025

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

## Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
<b>Assets</b>		
<b>Investments</b>		
<b>Investments at fair value</b>		
Money market fund	\$ 1,162,003	\$ 1,085,182
Mutual funds	19,816,237	18,999,491
U.S. government securities	7,897,405	8,173,526
Corporate bonds	30,520,761	27,523,616
Agency bonds	1,559,305	1,611,413
Municipal bonds	2,216,498	2,930,725
Other bonds	1,838,072	5,185,542
Mortgage-backed securities	247,302	280,187
Exchange traded funds	4,237,088	6,821,170
<b>Total investments</b>	<b>69,494,671</b>	<b>72,610,852</b>
<b>Receivables</b>		
Interest and dividend income	602,506	549,825
<b>Total assets</b>	<b>70,097,177</b>	<b>73,160,677</b>
<b>Liabilities</b>		
Amounts owed for securities purchased	-	44,938
<b>Net assets available for benefits</b>	<b>\$ 70,097,177</b>	<b>\$ 73,115,739</b>

See notes to financial statements

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ 3,311,475	\$ 3,309,734
Net appreciation in fair value of investments	808,255	4,746,023
<b>Total investment income</b>	4,119,730	8,055,757
<b>Total additions</b>	4,119,730	8,055,757
<b>Deductions</b>		
Benefits paid to participants	6,599,777	5,725,727
Administrative expenses	538,515	448,300
<b>Total deductions</b>	7,138,292	6,174,027
<b>Net (decrease) increase</b>	(3,018,562)	1,881,730
Net assets available for benefits		
Beginning of year	73,115,739	71,234,009
<b>End of year</b>	\$ 70,097,177	\$ 73,115,739

See notes to financial statements

**Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital**

Statement of Accumulated Plan Benefits

December 31, 2023

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<b>Actuarial present value of accumulated plan benefits</b>	
<b>Vested benefits</b>	
Participants currently receiving payments	\$ 11,029,340
Other participants	46,597,907
<b>Total vested benefits</b>	<b>57,627,247</b>
Nonvested benefits	511,679
<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ 58,138,926</b>

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

## Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

---

Actuarial present value of accumulated plan benefits at beginning of year	\$ 56,140,984
<b>Increase (decrease) during the year attributable to:</b>	
Change in actuarial assumptions	2,131,039
Benefits accumulated and actuarial gains and losses	1,996,357
Increase for interest due to decrease in discount period	3,596,273
Benefits paid	(5,725,727)
<b>Net increase</b>	<b>1,997,942</b>
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<b>\$ 58,138,926</b>

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See notes to financial statements

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## 1. Description of Plan

The following description of the Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a noncontributory cash balance defined benefit plan established effective January 1, 1997, as restated January 1, 2020. The Plan covers all employees, excluding employees represented under collective bargaining agreements, of Butler Memorial Hospital (the Company) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Plan management is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

On January 1, 2023, the Company's Parent corporation, Butler Health System, Inc., entered into an affiliation with Excela Health to create a new Parent corporation named Independence Health System, which has governance authority over both entities. The merger was initiated to help the combined entities reach the requisite scale to accelerate and elevate its relevancy and essentiality in the region's highly competitive healthcare marketplace. There were no changes to the Plan as a result of the merger.

### Participant Accounts

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated with compensation credits and investment credits, as required by the plan document. The compensation credits are allocated based on a percentage of the participants' certified compensation for a specified period, as defined in the plan document. The applicable percentage ranges from 2.50% to 6.00% and is based on the participants' age and years of service on the last day of the Plan year. Participants' hypothetical accounts also receive investment credits at the end of a specified time period, as required by the plan document. Participants' account balances are accumulated at a rate of interest of the 30-year Treasury bond yield for the month of November preceding the Plan year end. As of December 31, 2024 and 2023, the interest rate was 4.78% and 3.80%, respectively.

### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024 and 2023.

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

### Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55, provided that they have at least five years of vested service with the Company. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity, or a lump-sum payment.

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

## Vesting

Upon completion of three years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon three years of vesting service.

## 2. Summary of Accounting Policies

### Basis of Accounting

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

### Use of Estimates

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

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

### Payment of Benefits

Benefits payments to participants are recorded upon distribution.

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

## Subsequent Events

Subsequent events were evaluated through October 6, 2025, the date the financial statements were available to be issued.

## 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

<b>Assumption</b>	<b>January 1, 2024</b>
Discount rate	6.75%
Mortality	Pri-2012 Mortality Table with Scale MP-2021
Retirement age	Age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

During 2024, due to various changes in actuarial assumptions, including the use of updated mortality projection scales, the actuarial present value of accumulated plan benefits increased by approximately \$2.1 million.

## 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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

*Money market fund:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

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

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

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

*Corporate bonds, Agency bonds, Municipal bonds, Other bonds, and Mortgage-backed securities:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<b>Assets at Fair Value as of December 31, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 1,162,003	\$ -	\$ -	\$ 1,162,003
Mutual funds	19,816,237	-	-	19,816,237
U.S. government securities	-	7,897,405	-	7,897,405
Corporate bonds	-	30,520,761	-	30,520,761
Agency bonds	-	1,559,305	-	1,559,305
Municipal bonds	-	2,216,498	-	2,216,498
Other bonds	-	1,838,072	-	1,838,072
Mortgage-backed securities	-	247,302	-	247,302
Exchange traded funds	4,237,088	-	-	4,237,088
<b>Total investments at fair value</b>	<b>\$ 25,215,328</b>	<b>\$ 44,279,343</b>	<b>\$ -</b>	<b>\$ 69,494,671</b>

<b>Assets at Fair Value as of December 31, 2023</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Money market fund	\$ 1,085,182	\$ -	\$ -	\$ 1,085,182
Mutual funds	18,999,491	-	-	18,999,491
U.S. government securities	-	8,173,526	-	8,173,526
Corporate bonds	-	27,523,616	-	27,523,616
Agency bonds	-	1,611,413	-	1,611,413
Municipal bonds	-	2,930,725	-	2,930,725
Other bonds	-	5,185,542	-	5,185,542
Mortgage-backed securities	-	280,187	-	280,187
Exchange traded funds	6,821,170	-	-	6,821,170
<b>Total investments at fair value</b>	<b>\$ 26,905,843</b>	<b>\$ 45,705,009</b>	<b>\$ -</b>	<b>\$ 72,610,852</b>

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## 5. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$10,184,785 and \$8,556,973, respectively, that were concentrated in one fund.

## 6. Information Certified by Custodians

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, PNC Bank, National Association and SEI Private Trust Company (through July 2023), the Custodians of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

## 7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with the Custodians of the Plan. Contributions are held and managed by the Custodians, who invest cash received, interest and dividend income and make distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Fees incurred by the Plan for the investment management services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Custodians receive revenue from investment fund service providers for services the Custodians provide to the funds. This revenue is used to offset certain amounts owed to the Custodians for their administrative services to the Plan. If the revenue received by the Custodians from such investment fund service providers exceeds the amount owed for their services, the Custodians remit the excess to the Plan's trust on a quarterly basis. The Plan or plan sponsor may make a payment to the Custodians for administrative expenses not covered by revenue sharing.

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## 8. Plan Termination

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

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

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

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

## 9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 4, 2021, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

Notes to Financial Statements

December 31, 2024 and 2023

## 10. Risks and Uncertainties

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

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

## Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Money Market Fund</b>				
	Federated	Federated Hermes Treasury Obligation Premier Shares Fund	\$ 1,162,003	\$ 1,162,003
<b>U.S. Government Securities</b>				
	Federal Government	US Treasury Note, 2.750%, due 8/15/42	1,875,690	1,521,342
	Federal Government	US Treasury Note, 4.125%, due 10/31/26	1,295,531	1,297,036
	Federal Government	US Treasury Note, 3.875%, due 8/15/40	1,321,601	1,291,299
	Federal Government	US Treasury Note, 4.250%, due 11/30/26	1,198,125	1,199,760
	Federal Government	US Treasury Note, 1.875%, due 2/15/51	895,070	781,306
	Federal Government	US Treasury Note, 4.125%, due 8/15/53	422,550	423,054
	Federal Government	US Treasury Note, 4.750%, due 11/15/53	331,042	306,680
	Federal Government	US Treasury Note, 4.625%, due 11/15/44	291,504	290,883
	Federal Government	US Treasury Note, 3.625%, due 2/15/53	291,045	280,309
	Federal Government	US Treasury Note, 4.250%, due 8/15/54	283,517	255,696
	Federal Government	US Treasury Note, 1.375%, due 8/15/50	138,565	131,657
	Federal Government	US Treasury Note, 3.000%, due 8/15/52	131,807	118,383
		Total U.S. government securities	8,476,047	7,897,405
<b>Corporate Bonds</b>				
	Comcast Corp	Bond, 4.250%, due 1/15/33	695,070	648,414
	Goldman Sacks Group Inc	Bond, 6.250%, due 2/1/41	653,911	642,129
	Amazon.com Inc	Bond, 3.875%, due 8/22/37	637,956	582,892
	JP Morgan Chase & Co	Bond, VAR%, due 10/22/35	583,608	578,112
	Morgan Stanley	Bond, VAR%, due 7/19/35	547,162	540,986
	AT&T Inc	Bond, 3.500%, due 9/15/53	552,232	538,672
	Citi Group inc	Bond, VAR%, due 11/19/34	497,455	495,690
	Burlington North Sante Fe	Bond, 4.900, due 4/1/44	450,816	439,507
	Verizon Communications	Bond, 4.812%, due 3/15/39	447,545	438,311
	Union Pacific Corp	Bond, 3.550%, due 8/15/39	449,647	438,259
	Home Depot Inc.	Bond, 3.250%, due 4/15/32	465,074	437,149
	Wells Fargo & Co	Bond, VAR%, due 4/30/41	450,372	436,536
	Bank of America Corp	Bond, 5.875%, due 2/7/42	442,589	432,953
	Anheuser Busch Inbev Wor	Bond, 4.950%, due 1/15/42	445,028	432,129
	Enterprise Product Oper	Bond, 5.950%, due 2/1/41	439,223	431,344
	Anheuser Busch Inbev Wor	Bond, 4.750%, due 4/15/58	441,319	427,373
	Sands China LTD	Bond, 5.400%, due 8/8/28	306,000	395,540
	Aercap Ireland Cap/Globa	Bond, 3.400%, due 10/29/33	350,078	391,745
	Merck & Co Inc	Bond, 4.500%, due 5/17/33	369,959	390,189
	Kroger Co	Bond, 5.000%, due 9/15/34	393,960	387,404
	Microsoft Corp	Bond, 3.041%, due 3/17/62	473,192	380,110
	Shell International Fin	Bond, 5.500, due 3/25/40	357,749	349,167
	Diago Capital PLC	Bond, 2.125%, due 4/29/32	348,631	334,802
	Pfizer Inc.	Bond, 5.600%, due 9/15/40	338,567	333,303
	Con Edison Co of NY Inc	Bond, 5.500%, due 3/15/34	335,647	330,645
	Mass Institute of Tech	Bond, 3.067%, due 4/1/52	411,581	325,542
	Amgen Inc	Bond, 3.150%, due 2/21/40	324,849	316,727
	Bat Capital Corp	Bond, 4.742%, due 3/16/32	290,930	312,605
	Bank of America Corp	Bond, VAR%, due 4/23/40	315,662	306,450
	Bristol-Myers Squibb Co	Bond, 4.250%, due 10/26/49	358,189	302,929
	Abbott Laboratories	Bond, 6.150%, due 11/30/37	334,367	299,698
	Abbvie Inc	Bond, 4.400%, due 11/6/42	317,904	298,604
	Northern States PWR-Minn	Bond, 6.200%, due 7/1/37	327,393	294,297
	British Telecom Plc	Bond, 9.625%, due 12/15/30	302,292	290,758
	Berkshire Hathaway Energ	Bond, 4.600%, due 5/1/53	298,260	290,392
	Lockheed Martin Corp	Bond, 3.600%, due 3/1/35	311,682	289,311
	Oracle Corp	Bond, 3.600%, due 4/1/40	291,390	285,375
	Caterpillar Inc	Bond, 3.803%, due 8/15/42	305,649	268,092
	Deere & Company	Bond, 2.875%, due 9/7/49	325,089	264,437
	Gilead Sciences Inc	Bond, 4.600%, due 9/1/35	283,346	264,239
	Pacific Gas & Electric	Bond, 4.950%, due 7/1/50	235,260	260,337
	University of Notre Dame	Bond, 3.394%, due 2/15/48	313,850	258,559
	Conocophillips BDS	Bond, 5.900%, due 10/15/32	267,403	253,757
	Medtronic Inc	Bond, 4.375%, due 3/15/35	275,511	253,411
	Charter Comm Opt LLC/CAP	Bond, 6.384%, due 10/23/35	256,043	249,535
	Realty Income Corp	Bond, 2.850%, due 12/15/32	257,624	249,187
	Apple Inc	Bond, 2.375%, due 2/8/41	279,432	247,622
	Lubrizol Corp	Bond, 6.500%, due 10/1/34	273,931	247,430
	Meta Platforms Inc	Bond, 4.450%, due 8/15/52	252,558	244,409
	Zoetis Inc	Bond, 4.700%, due 2/1/43	262,859	239,946
	Fifth Third Bancorp	Bond, 8.250%, due 3/1/38	247,520	239,790
	Halliburton Co	Bond, 4.850%, due 11/15/35	242,650	237,550
	Estee Lauder Co Inc	Bond, 3.125%, due 12/1/49	295,898	233,436

**Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital**

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pres & Fellows of Harvar	Bond, 3.150%, due 7/15/46	\$ 286,666	\$ 233,035
	Southern Cal Edison	Bond, 4.500%, due 9/1/40	236,987	231,809
	Southern Co	Bond, 5.700%, due 3/15/34	233,510	229,644
	HSBC Holdings PLC	Bond, Var%, due 11/22/32	224,424	227,788
	Exelon Corp	Bond, 5.625%, due 6/15/35	230,083	225,851
	Metlife Inc	Bond, 5.875%, due 2/6/41	229,357	224,545
	Stanford University	Bond, 3.647%, due 5/1/48	276,843	223,877
	BP Capital Markets America	Bond, 4.989%, due 4/10/34	227,355	223,696
	Hershey Company	Bond, 3.125%, due 11/15/49	272,328	222,587
	Nextera Energy Capital	Bond, 5.250%, due 3/15/34	226,001	222,541
	Chubb Ina Holdings Inc.	Bond, 5.000%, due 3/15/34	225,673	222,199
	T-Mobile USA	Bond, 5.150%, due 4/15/34	224,768	221,366
	Walt Disney Company/The COGT	Bond, 3.500%, due 5/13/40	225,368	220,523
	CSX Corp	Bond, 6.000%, due 10/1/36	224,249	220,500
	Vodafone Group Plc	Bond, 6.150%, due 2/27/37	225,059	220,485
	Intercontinental Exchange	Bond, 2.650%, due 9/15/40	225,707	220,181
	Barclays PLC	Bond, VAR%, due 11/2/33	216,828	220,040
	Trans-Canada Pipelines	Bond, 7.625%, due 1/15/39	225,006	219,974
	Tefonica Emisiones Sau	Bond, 7.045%, due 6/20/36	223,386	219,820
	Abbvie Inc	Bond, 4.750%, due 3/15/45	224,699	218,506
	Energy Transfer Partners	Bond, 6.500%, due 2/1/42	222,800	217,474
	Catholic Health Initiative	Bond, 4.350%, due 11/1/42	222,186	217,217
	Occidental Petroleum Corp	Bond, 6.600%, due 3/15/46	221,953	217,058
	Prudential Financial Inc	Bond, 5.700%, due 12/14/36	219,032	215,582
	AT&T Inc	Bond, 2.250%, due 2/1/32	192,353	214,947
	HSBC Holdings PLC	Bond, VAR%, due 3/9/44	216,088	211,284
	Regency Centers LP	Bond, 4.400%, due 2/1/47	193,063	205,743
	JP Morgan Chase & Co	Bond, VAR%, due 9/14/33	199,620	204,278
	Oracle Corp	Bond, 3.950%, due 3/25/51	197,417	203,695
	Marsh & McLennan Cos Inc	Bond, 5.150%, due 3/15/34	201,988	198,998
	Bank of America Corp	Bond, VAR%, due 4/22/32	190,224	197,706
	Rogers Communications in	Bond, 4.350%, due 5/1/49	192,375	195,385
	Duke Energy Corp	Bond, 5.800%, due 6/15/54	196,340	194,820
	CVS Health Corp	Bond, 1.875%, due 2/28/31	182,457	185,410
	Southern Copper Corp	Bond, 5.875%, due 4/23/45	184,693	180,630
	Bank of NY Mellon Corp	Bond, VAR%, due 10/25/34	181,215	178,164
	Boeing Co	Bond, 3.500%, due 3/1/39	180,914	178,130
	Wells Fargo & Co	Bond, VAR%, due 4/4/51	192,672	177,530
	Salesforce.com Inc	Bond, 2.700%, due 7/15/41	180,603	176,110
	Texas Instruments Inc	Bond, 3.875%, due 3/15/39	179,627	176,009
	Time Warner Cable Inc	Bond, 7.300%, due 7/1/38	178,005	172,946
	Comcast Corp	Bond, 5.500%, due 5/15/64	178,532	172,535
	Total Energies Capital Sa	Bond, 5.488%, due 4/5/54	177,455	172,514
	MPLX LP	Bond, 5.500%, due 2/15/49	174,725	169,860
	CSX Corp	Bond, 4.650%, due 3/1/68	187,196	163,518
	Kraft Foods Group Inc	Bond, 5.000%, due 6/4/42	157,138	152,692
	Alcan Inc	Bond, 6.125%, due 12/15/33	162,098	147,664
	Shell International Fin	Bond, 4.125%, due 5/11/2035	155,301	146,667
	Midamerican Energy Co	Bond, 2.700%, due 8/1/52	177,262	145,274
	Oneok Partners L P	Bond, 6.850%, due 10/15/37	135,725	139,979
	Astrazeneca Plc	Bond, 2.125%, due 8/6/50	164,791	130,562
	Canadian Natl Railway	Bond, 5.850%, due 11/1/33	119,722	125,762
	Rice University	Bond, 3.774%, due 5/15/55	156,060	125,367
	Morgn Stanley	Bond, VAR%, due 9/16/36	122,139	122,000
	Axa Equitable Holdings I	Bond, 5.000%, due 4/20/48	116,427	121,128
	Walt Disney Company/The COGT	Bond, 6.200%, due 12/15/34	116,183	108,793
	AT&T Inc	Bond, 3.650%, due 9/15/59	100,353	99,356
	Anheuser Busch Inbev Wor	Bond, 5.550%, due 1/23/49	99,535	98,364
	Novartis Capital Corp	Bond, 2.750%, due 8/14/50	123,017	98,290
	Aep Texas Inc	Bond, 3.450%, due 1/15/50	87,406	85,359
	Entergy Louisana LLC	Bond, 4.000%, due 3/15/33	87,215	82,388
	Suzano Austria Gmbh	Bond, 3.750%, due 1/15/31	73,710	79,429
	America Movil Sa De Cv	Bond, 6.375%, due 3/1/35	86,851	79,095
	Wachovia Corporation	Bond, 5.500%, due 8/1/35	72,491	69,929
	Canadian Natl Resources	Bond, 5.850%, due 2/1/35	61,525	60,229
	Ecolab Inc	Bond, 2.700%, due 12/15/51	47,605	39,490
	EQT Corp	Bond, 7.000%, due 2/1/30	16,144	15,931
	Wal-Mart Stores Inc	Bond, 6.500%, due 8/15/37	12,896	11,307
	Lockheed Martin Corp	Bond, 6.150%, due 9/1/36	11,768	10,777
	Midamerican Energy HLDGS	Bond, 6.125%, due 4/1/36	11,303	10,516
	Commonwealth Edison Bonds	Bond, 5.900%, due 3/15/36	11,406	10,426
	Canadian Pacific RR Co	Bond, 5.950%, due 5/15/37	11,323	10,360
	Midamerican Energy Co	Bond, 5.800%, due 10/15/36	11,414	10,330

## Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Oneok Inc	Bond, 6.000%, due 6/15/35	\$ 9,940	\$ 10,236
	Verizon Communications	Bond, 4.400%, due 11/1/34	9,774	9,265
	WW Grainger Inc	Bond, 4.600%, due 6/15/45	9,762	8,928
	Westpac Banking Corp	Bond, Var%, due 11/15/35	8,128	8,507
	Equinor ASA	Bond, 3.625%, due 4/6/40	8,835	8,079
	Nike Inc.	Bond, 3.250%, due 3/27/40	8,651	7,722
	Honeywell International	Bond, 2.800%, due 6/1/50	7,914	6,264
		Total corporate bonds	<u>31,831,554</u>	<u>30,520,761</u>
	<b>Agency Bonds</b>			
	Federal Home Loan MTG Corp	Bond, 6.250%, due 7/15/32	763,624	670,509
	Federal Natl Mtg Assn	Bond, 0.875%, due 8/5/30	600,615	619,283
	Tenn Valley Authority	Bond, 4.250%, due 9/15/65	206,738	162,896
	Tenn Valley Authority	Bond, 5.375%, due 4/1/56	132,937	106,617
		Total agency bonds	<u>1,703,914</u>	<u>1,559,305</u>
	<b>Municipal Bonds</b>			
	Golden St Tobacco Securitizati	Bond, 3.115%, due 6/1/38	462,750	478,656
	California St	Bond, 7.500%, due 4/1/34	409,607	359,371
	New York NY	Bond, 5.517%, due 10/1/37	303,198	267,897
	Dallas-Fort Worth TX Internati	Bond, 2.843%, due 11/1/46	245,098	231,908
	Los Angeles Ca Dept WTR &A	Bond, 6.574%, due 7/1/45	245,004	222,208
	Massachusetts St Port Auth	Bond, 2.719%, due 7/1/42	219,972	216,492
	California St	Bond, 7.350%, due 11/1/39	180,579	171,525
	American Muni Pwr-Ohio Inc OH	Bond, 5.939%, due 2/15/47	171,694	159,520
	Bay Area CA Toll Auth Toll Bri	Bond, 6.918%, due 4/1/40	92,683	88,870
	New York City NY Muni WTR FIN	Bond, 6.011%, due 6/15/42	12,331	10,130
	New York St Dorm Auth St PERS	Bond, 5.600%, due 3/15/40	11,277	9,921
		Total municipal bonds	<u>2,354,193</u>	<u>2,216,498</u>
	<b>Mortgage-Backed Securities</b>			
	New York ST Urban Dev Corp Rev	MBS, 5.770%, due 3/15/39	241,809	222,171
	Illinois St	MBS, 7.350%, due 7/1/35	26,154	25,131
		Total mortgage-backed securities	<u>267,963</u>	<u>247,302</u>
	<b>Other Bonds</b>			
	Corp Andina De Fomento UNSC	Bond, 1.625%, due 9/23/25	902,500	978,130
	United Mexican States	Bond, 3.500%, due 2/12/34	361,607	354,006
	Republic of Phillippines	Bond, 3.556%, due 9/29/32	186,750	178,032
	British Columbia Prov OF	Bond, 4.200%, due 7/6/33	170,861	162,489
	Republic of Panama	Bond, 2.252%, due 9/29/32	158,158	139,638
	Republica Orient Uruguay	Bond, 4.125%, due 11/20/45	18,780	16,664
	Inter-American Devel BK	Bond, 2.250%, due 6/18/29	9,405	9,113
		Total other bonds	<u>1,808,061</u>	<u>1,838,072</u>
	<b>Exchange Traded Funds</b>			
	iShares	iShares Core S&P MID-CAP ETF (IJH)	2,027,731	2,463,737
	iShares	iShares Core S&P Small Cap ETF (IJR)	1,603,247	1,773,351
		Total exchange traded funds	<u>3,630,978</u>	<u>4,237,088</u>
	<b>Mutual Funds</b>			
	Fidelity Investments	Fidelity 500 Index Fund	7,585,654	10,184,785
	Fidelity Investments	Fidelity International Index Fund Premium Class	6,353,870	6,783,464
	Fidelity Investments	Fidelity EMG MKTS Index Fund	2,830,273	2,847,988
		Total mutual funds	<u>16,769,797</u>	<u>19,816,237</u>
		Total	<u>\$ 68,004,510</u>	<u>\$ 69,494,671</u>

**Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital**

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

EIN: 25-0965274 Plan Number: 001

Year Ended December 31, 2024

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
<b>Series transactions</b>								
Sales:	Federated Hermes Treasury Obligations Fund 11 Transactions	\$ -	\$ 3,800,699	\$ -	\$ -	\$ 3,800,699	\$ 3,800,699	\$ -
	Federated Hermes Treasury Obligation Premier Shares Fund 4 Transactions	-	1,278,108	-	-	1,278,108	1,278,108	-
Purchases:	Federated Hermes Treasury Obligations Fund 5 Transactions	2,715,517	-	-	-	2,715,517	2,715,517	-
	Federated Hermes Treasury Obligation Premier Shares Fund 6 Transactions	2,440,111	-	-	-	2,440,111	2,440,111	-

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

**Plan Sponsor:** Butler Memorial Hospital  
**EIN/PN:** 25-0965274/001

### **Eligibility**

An employee of Butler Memorial Hospital who is not covered under a collective bargaining agreement and not employed by Butler Management Services Company.

### **Participation**

Eligible employees shall become participants on the January 1 or July 1 coincident or following the attainment of age 21 and completion of one year of service.

### **Vesting Service**

Vesting service is based on elapsed time.

### **Year of Service**

One year for each calendar year during which the participant works at least 1,000 hours.

### **Compensation**

Compensation is the total amount of the participant's pay including salary, wages, overtime, cash bonuses, cafeteria plan contributions, and 403(b) contributions, but not including severance payments, tuition or expense reimbursements, including cash and non-cash fringe benefits which are treated as taxable income, provided that for Participants who do not earn any Compensation after June 1, 2017, cash fringe benefits provided during 2017 shall be included in their Compensation under the Plan.

### **Points**

Sum of the participant's age and years of service as of the last day of the prior calendar year.

### **Applicable Interest Rate**

Employees hired prior to January 1, 2011: Annual rate of interest on 30-year Treasury securities for the month of November preceding the calendar year.

Employees hired on or after January 1, 2011: 4.0%

### **Initial Account Balance**

Lump sum value of the participant's accrued benefit under the prior plan as of December 31, 1996.

**Base Annual Addition**

Employees hired prior to January 1, 2011: Six percent of the participant's compensation in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

Employees hired on or after January 1, 2011: Percentage of the participant's compensation in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled based on the following points schedule:

<b>Points (Age + Service)</b>	<b>Percentage of Compensation</b>
Less than 40	2.5%
40 to 49	3.0%
50 to 59	4.0%
60 to 69	5.0%
70 or more	6.0%

**Supplemental Annual Addition**

For calendar years prior to 2009, twenty-five percent of the first six percent of compensation contributed to the Tax Sheltered Annuity Plan in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

**Cash Balance Account**

Sum of the initial account balance, base annual additions, and the supplemental annual additions. The account balance is credited with interest annually using the applicable interest rate, but not less than 4.00% for participants hired on or after January 1, 2011.

**Accrued Benefit**

Monthly life annuity (with 60 months certain), which is the actuarial equivalent of the participant's cash balance account, or the applicable "minimum benefit" described below.

**Minimum Benefit**

The participant's accrued benefit will not be less than the greater of the following:

- A. The accrued benefit earned by the participant under the provisions of the prior plan as of December 31, 1996.
- B. The accrued benefit as of January 1, 1995 projected to age 65 (without any adjustment for future pay increases) multiplied by the ratio of service at termination and the participant's projected service at age 65.

**Normal Retirement**

Age 65 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

**Early Retirement**

Age 55 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

**Disability Retirement**

Total and permanent disability and 15 years of vesting service. The cash balance account will be credited with interest until the participant's disability retirement date and payable as the accumulated account balance or the actuarially equivalent monthly benefit.

**Deferred Vested Retirement**

3 years of vesting service. The cash balance account will be credited with interest until payment (on or after the participant's early retirement date) and payable as the accumulated account balance or the actuarially equivalent monthly benefit. Account balances under \$15,000 can be paid as a lump sum prior to retirement eligibility.

**Pre-Retirement Spouse Benefit**

Upon the death of a participant who is eligible for normal, early, or deferred vested retirement, the beneficiary's benefit is equal to 100% of the participant's account balance.

**Normal Form of Payment**

If single, a life annuity with 60 months certain. If married, an actuarially equivalent 50% joint and survivor annuity.

**Optional Form of Payment**

In lieu of the normal form of payment, a participant may elect to receive his benefit as a life annuity, 50%, 75%, or 100% joint and survivor annuity, or lump sum.

## Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
<b>Money Market Fund</b>				
	Federated	Federated Hermes Treasury Obligation Premier Shares Fund	\$ 1,162,003	\$ 1,162,003
<b>U.S. Government Securities</b>				
	Federal Government	US Treasury Note, 2.750%, due 8/15/42	1,875,690	1,521,342
	Federal Government	US Treasury Note, 4.125%, due 10/31/26	1,295,531	1,297,036
	Federal Government	US Treasury Note, 3.875%, due 8/15/40	1,321,601	1,291,299
	Federal Government	US Treasury Note, 4.250%, due 11/30/26	1,198,125	1,199,760
	Federal Government	US Treasury Note, 1.875%, due 2/15/51	895,070	781,306
	Federal Government	US Treasury Note, 4.125%, due 8/15/53	422,550	423,054
	Federal Government	US Treasury Note, 4.750%, due 11/15/53	331,042	306,680
	Federal Government	US Treasury Note, 4.625%, due 11/15/44	291,504	290,883
	Federal Government	US Treasury Note, 3.625%, due 2/15/53	291,045	280,309
	Federal Government	US Treasury Note, 4.250%, due 8/15/54	283,517	255,696
	Federal Government	US Treasury Note, 1.375%, due 8/15/50	138,565	131,657
	Federal Government	US Treasury Note, 3.000%, due 8/15/52	131,807	118,383
		Total U.S. government securities	<u>8,476,047</u>	<u>7,897,405</u>
<b>Corporate Bonds</b>				
	Comcast Corp	Bond, 4.250%, due 1/15/33	695,070	648,414
	Goldman Sacks Group Inc	Bond, 6.250%, due 2/1/41	653,911	642,129
	Amazon.com Inc	Bond, 3.875%, due 8/22/37	637,956	582,892
	JP Morgan Chase & Co	Bond, VAR%, due 10/22/35	583,608	578,112
	Morgan Stanley	Bond, VAR%, due 7/19/35	547,162	540,986
	AT&T Inc	Bond, 3.500%, due 9/15/53	552,232	538,672
	Citi Group inc	Bond, VAR%, due 11/19/34	497,455	495,690
	Burlington North Sante Fe	Bond, 4.900, due 4/1/44	450,816	439,507
	Verizon Communications	Bond, 4.812%, due 3/15/39	447,545	438,311
	Union Pacific Corp	Bond, 3.550%, due 8/15/39	449,647	438,259
	Home Depot Inc.	Bond, 3.250%, due 4/15/32	465,074	437,149
	Wells Fargo & Co	Bond, VAR%, due 4/30/41	450,372	436,536
	Bank of America Corp	Bond, 5.875%, due 2/7/42	442,589	432,953
	Anheuser Busch Inbev Wor	Bond, 4.950%, due 1/15/42	445,028	432,129
	Enterprise Product Oper	Bond, 5.950%, due 2/1/41	439,223	431,344
	Anheuser Busch Inbev Wor	Bond, 4.750%, due 4/15/58	441,319	427,373
	Sands China LTD	Bond, 5.400%, due 8/8/28	306,000	395,540
	Aercap Ireland Cap/Globa	Bond, 3.400%, due 10/29/33	350,078	391,745
	Merck & Co Inc	Bond, 4.500%, due 5/17/33	369,959	390,189
	Kroger Co	Bond, 5.000%, due 9/15/34	393,960	387,404
	Microsoft Corp	Bond, 3.041%, due 3/17/62	473,192	380,110
	Shell International Fin	Bond, 5.500, due 3/25/40	357,749	349,167
	Diago Capital PLC	Bond, 2.125%, due 4/29/32	348,631	334,802
	Pfizer Inc.	Bond, 5.600%, due 9/15/40	338,567	333,303
	Con Edison Co of NY Inc	Bond, 5.500%, due 3/15/34	335,647	330,645
	Mass Institute of Tech	Bond, 3.067%, due 4/1/52	411,581	325,542
	Amgen Inc	Bond, 3.150%, due 2/21/40	324,849	316,727
	Bat Capital Corp	Bond, 4.742%, due 3/16/32	290,930	312,605
	Bank of America Corp	Bond, VAR%, due 4/23/40	315,662	306,450
	Bristol-Myers Squibb Co	Bond, 4.250%, due 10/26/49	358,189	302,929
	Abbott Laboratories	Bond, 6.150%, due 11/30/37	334,367	299,698
	Abbvie Inc	Bond, 4.400%, due 11/6/42	317,904	298,604
	Northern States PWR-Minn	Bond, 6.200%, due 7/1/37	327,393	294,297
	British Telecom Plc	Bond, 9.625%, due 12/15/30	302,292	290,758
	Berkshire Hathaway Energ	Bond, 4.600%, due 5/1/53	298,260	290,392
	Lockheed Martin Corp	Bond, 3.600%, due 3/1/35	311,682	289,311
	Oracle Corp	Bond, 3.600%, due 4/1/40	291,390	285,375
	Caterpillar Inc	Bond, 3.803%, due 8/15/42	305,649	268,092
	Deere & Company	Bond, 2.875%, due 9/7/49	325,089	264,437
	Gilead Sciences Inc	Bond, 4.600%, due 9/1/35	283,346	264,239
	Pacific Gas & Electric	Bond, 4.950%, due 7/1/50	235,260	260,337
	University of Notre Dame	Bond, 3.394%, due 2/15/48	313,850	258,559
	Conocophillips BDS	Bond, 5.900%, due 10/15/32	267,403	253,757
	Medtronic Inc	Bond, 4.375%, due 3/15/35	275,511	253,411
	Charter Comm Opt LLC/CAP	Bond, 6.384%, due 10/23/35	256,043	249,535
	Realty Income Corp	Bond, 2.850%, due 12/15/32	257,624	249,187
	Apple Inc	Bond, 2.375%, due 2/8/41	279,432	247,622
	Lubrizol Corp	Bond, 6.500%, due 10/1/34	273,931	247,430
	Meta Platforms Inc	Bond, 4.450%, due 8/15/52	252,558	244,409
	Zoetis Inc	Bond, 4.700%, due 2/1/43	262,859	239,946
	Fifth Third Bancorp	Bond, 8.250%, due 3/1/38	247,520	239,790
	Halliburton Co	Bond, 4.850%, due 11/15/35	242,650	237,550
	Estee Lauder Co Inc	Bond, 3.125%, due 12/1/49	295,898	233,436

**Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital**

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pres & Fellows of Harvar	Bond, 3.150%, due 7/15/46	\$ 286,666	\$ 233,035
	Southern Cal Edison	Bond, 4.500%, due 9/1/40	236,987	231,809
	Southern Co	Bond, 5.700%, due 3/15/34	233,510	229,644
	HSBC Holdings PLC	Bond, Var%, due 11/22/32	224,424	227,788
	Exelon Corp	Bond, 5.625%, due 6/15/35	230,083	225,851
	Metlife Inc	Bond, 5.875%, due 2/6/41	229,357	224,545
	Stanford University	Bond, 3.647%, due 5/1/48	276,843	223,877
	BP Capital Markets America	Bond, 4.989%, due 4/10/34	227,355	223,696
	Hershey Company	Bond, 3.125%, due 11/15/49	272,328	222,587
	Nextera Energy Capital	Bond, 5.250%, due 3/15/34	226,001	222,541
	Chubb Ina Holdings Inc.	Bond, 5.000%, due 3/15/34	225,673	222,199
	T-Mobile USA	Bond, 5.150%, due 4/15/34	224,768	221,366
	Walt Disney Company/The COGT	Bond, 3.500%, due 5/13/40	225,368	220,523
	CSX Corp	Bond, 6.000%, due 10/1/36	224,249	220,500
	Vodafone Group Plc	Bond, 6.150%, due 2/27/37	225,059	220,485
	Intercontinental Exchange	Bond, 2.650%, due 9/15/40	225,707	220,181
	Barclays PLC	Bond, VAR%, due 11/2/33	216,828	220,040
	Trans-Canada Pipelines	Bond, 7.625%, due 1/15/39	225,006	219,974
	Tefonica Emisiones Sau	Bond, 7.045%, due 6/20/36	223,386	219,820
	Abbvie Inc	Bond, 4.750%, due 3/15/45	224,699	218,506
	Energy Transfer Partners	Bond, 6.500%, due 2/1/42	222,800	217,474
	Catholic Health Initiative	Bond, 4.350%, due 11/1/42	222,186	217,217
	Occidental Petroleum Corp	Bond, 6.600%, due 3/15/46	221,953	217,058
	Prudential Financial Inc	Bond, 5.700%, due 12/14/36	219,032	215,582
	AT&T Inc	Bond, 2.250%, due 2/1/32	192,353	214,947
	HSBC Holdings PLC	Bond, VAR%, due 3/9/44	216,088	211,284
	Regency Centers LP	Bond, 4.400%, due 2/1/47	193,063	205,743
	JP Morgan Chase & Co	Bond, VAR%, due 9/14/33	199,620	204,278
	Oracle Corp	Bond, 3.950%, due 3/25/51	197,417	203,695
	Marsh & McLennan Cos Inc	Bond, 5.150%, due 3/15/34	201,988	198,998
	Bank of America Corp	Bond, VAR%, due 4/22/32	190,224	197,706
	Rogers Communications in	Bond, 4.350%, due 5/1/49	192,375	195,385
	Duke Energy Corp	Bond, 5.800%, due 6/15/54	196,340	194,820
	CVS Health Corp	Bond, 1.875%, due 2/28/31	182,457	185,410
	Southern Copper Corp	Bond, 5.875%, due 4/23/45	184,693	180,630
	Bank of NY Mellon Corp	Bond, VAR%, due 10/25/34	181,215	178,164
	Boeing Co	Bond, 3.500%, due 3/1/39	180,914	178,130
	Wells Fargo & Co	Bond, VAR%, due 4/4/51	192,672	177,530
	Salesforce.com Inc	Bond, 2.700%, due 7/15/41	180,603	176,110
	Texas Instruments Inc	Bond, 3.875%, due 3/15/39	179,627	176,009
	Time Warner Cable Inc	Bond, 7.300%, due 7/1/38	178,005	172,946
	Comcast Corp	Bond, 5.500%, due 5/15/64	178,532	172,535
	Total Energies Capital Sa	Bond, 5.488%, due 4/5/54	177,455	172,514
	MPLX LP	Bond, 5.500%, due 2/15/49	174,725	169,860
	CSX Corp	Bond, 4.650%, due 3/1/68	187,196	163,518
	Kraft Foods Group Inc	Bond, 5.000%, due 6/4/42	157,138	152,692
	Alcan Inc	Bond, 6.125%, due 12/15/33	162,098	147,664
	Shell International Fin	Bond, 4.125%, due 5/11/2035	155,301	146,667
	Midamerican Energy Co	Bond, 2.700%, due 8/1/52	177,262	145,274
	Oneok Partners L P	Bond, 6.850%, due 10/15/37	135,725	139,979
	Astrazeneca Plc	Bond, 2.125%, due 8/6/50	164,791	130,562
	Canadian Natl Railway	Bond, 5.850%, due 11/1/33	119,722	125,762
	Rice University	Bond, 3.774%, due 5/15/55	156,060	125,367
	Morgn Stanley	Bond, VAR%, due 9/16/36	122,139	122,000
	Axa Equitable Holdings I	Bond, 5.000%, due 4/20/48	116,427	121,128
	Walt Disney Company/The COGT	Bond, 6.200%, due 12/15/34	116,183	108,793
	AT&T Inc	Bond, 3.650%, due 9/15/59	100,353	99,356
	Anheuser Busch Inbev Wor	Bond, 5.550%, due 1/23/49	99,535	98,364
	Novartis Capital Corp	Bond, 2.750%, due 8/14/50	123,017	98,290
	Aep Texas Inc	Bond, 3.450%, due 1/15/50	87,406	85,359
	Entergy Louisana LLC	Bond, 4.000%, due 3/15/33	87,215	82,388
	Suzano Austria Gmbh	Bond, 3.750%, due 1/15/31	73,710	79,429
	America Movil Sa De Cv	Bond, 6.375%, due 3/1/35	86,851	79,095
	Wachovia Corporation	Bond, 5.500%, due 8/1/35	72,491	69,929
	Canadian Natl Resources	Bond, 5.850%, due 2/1/35	61,525	60,229
	Ecolab Inc	Bond, 2.700%, due 12/15/51	47,605	39,490
	EQT Corp	Bond, 7.000%, due 2/1/30	16,144	15,931
	Wal-Mart Stores Inc	Bond, 6.500%, due 8/15/37	12,896	11,307
	Lockheed Martin Corp	Bond, 6.150%, due 9/1/36	11,768	10,777
	Midamerican Energy HLDGS	Bond, 6.125%, due 4/1/36	11,303	10,516
	Commonwealth Edison Bonds	Bond, 5.900%, due 3/15/36	11,406	10,426
	Canadian Pacific RR Co	Bond, 5.950%, due 5/15/37	11,323	10,360
	Midamerican Energy Co	Bond, 5.800%, due 10/15/36	11,414	10,330

## Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital

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

EIN: 25-0965274 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Oneok Inc	Bond, 6.000%, due 6/15/35	\$ 9,940	\$ 10,236
	Verizon Communications	Bond, 4.400%, due 11/1/34	9,774	9,265
	WW Grainger Inc	Bond, 4.600%, due 6/15/45	9,762	8,928
	Westpac Banking Corp	Bond, Var%, due 11/15/35	8,128	8,507
	Equinor ASA	Bond, 3.625%, due 4/6/40	8,835	8,079
	Nike Inc.	Bond, 3.250%, due 3/27/40	8,651	7,722
	Honeywell International	Bond, 2.800%, due 6/1/50	7,914	6,264
		Total corporate bonds	<u>31,831,554</u>	<u>30,520,761</u>
	<b>Agency Bonds</b>			
	Federal Home Loan MTG Corp	Bond, 6.250%, due 7/15/32	763,624	670,509
	Federal Natl Mtg Assn	Bond, 0.875%, due 8/5/30	600,615	619,283
	Tenn Valley Authority	Bond, 4.250%, due 9/15/65	206,738	162,896
	Tenn Valley Authority	Bond, 5.375%, due 4/1/56	132,937	106,617
		Total agency bonds	<u>1,703,914</u>	<u>1,559,305</u>
	<b>Municipal Bonds</b>			
	Golden St Tobacco Securitizati	Bond, 3.115%, due 6/1/38	462,750	478,656
	California St	Bond, 7.500%, due 4/1/34	409,607	359,371
	New York NY	Bond, 5.517%, due 10/1/37	303,198	267,897
	Dallas-Fort Worth TX Internati	Bond, 2.843%, due 11/1/46	245,098	231,908
	Los Angeles Ca Dept WTR &A	Bond, 6.574%, due 7/1/45	245,004	222,208
	Massachusetts St Port Auth	Bond, 2.719%, due 7/1/42	219,972	216,492
	California St	Bond, 7.350%, due 11/1/39	180,579	171,525
	American Muni Pwr-Ohio Inc OH	Bond, 5.939%, due 2/15/47	171,694	159,520
	Bay Area CA Toll Auth Toll Bri	Bond, 6.918%, due 4/1/40	92,683	88,870
	New York City NY Muni WTR FIN	Bond, 6.011%, due 6/15/42	12,331	10,130
	New York St Dorm Auth St PERS	Bond, 5.600%, due 3/15/40	11,277	9,921
		Total municipal bonds	<u>2,354,193</u>	<u>2,216,498</u>
	<b>Mortgage-Backed Securities</b>			
	New York ST Urban Dev Corp Rev	MBS, 5.770%, due 3/15/39	241,809	222,171
	Illinois St	MBS, 7.350%, due 7/1/35	26,154	25,131
		Total mortgage-backed securities	<u>267,963</u>	<u>247,302</u>
	<b>Other Bonds</b>			
	Corp Andina De Fomento UNSC	Bond, 1.625%, due 9/23/25	902,500	978,130
	United Mexican States	Bond, 3.500%, due 2/12/34	361,607	354,006
	Republic of Phillippines	Bond, 3.556%, due 9/29/32	186,750	178,032
	British Columbia Prov OF	Bond, 4.200%, due 7/6/33	170,861	162,489
	Republic of Panama	Bond, 2.252%, due 9/29/32	158,158	139,638
	Republica Orient Uruguay	Bond, 4.125%, due 11/20/45	18,780	16,664
	Inter-American Devel BK	Bond, 2.250%, due 6/18/29	9,405	9,113
		Total other bonds	<u>1,808,061</u>	<u>1,838,072</u>
	<b>Exchange Traded Funds</b>			
	iShares	iShares Core S&P MID-CAP ETF (IJH)	2,027,731	2,463,737
	iShares	iShares Core S&P Small Cap ETF (IJR)	1,603,247	1,773,351
		Total exchange traded funds	<u>3,630,978</u>	<u>4,237,088</u>
	<b>Mutual Funds</b>			
	Fidelity Investments	Fidelity 500 Index Fund	7,585,654	10,184,785
	Fidelity Investments	Fidelity International Index Fund Premium Class	6,353,870	6,783,464
	Fidelity Investments	Fidelity EMG MKTS Index Fund	2,830,273	2,847,988
		Total mutual funds	<u>16,769,797</u>	<u>19,816,237</u>
		Total	<u>\$ 68,004,510</u>	<u>\$ 69,494,671</u>

Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital  
Schedule SB, Line 26 - Schedule of Active Participant  
Data  
EIN/PN: 25-0965274/001

Attained Age	Years of Credited Service										Summary	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
<b>Under 25</b>	0	60	4	0	0	0	0	0	0	0	0	64
Avg Comp		35,277										35,634
Avg Cash Bal		804										959
<b>25 to 29</b>	0	68	40	3	0	0	0	0	0	0	0	111
Avg Comp		43,672	37,797									41,107
Avg Cash Bal		1,503	4,472									2,618
<b>30 to 34</b>	0	49	52	19	1	0	0	0	0	0	0	121
Avg Comp		42,314	44,657									43,828
Avg Cash Bal		1,512	6,756									5,339
<b>35 to 39</b>	0	39	29	29	19	2	0	0	0	0	0	118
Avg Comp		51,657	52,497	52,931								53,106
Avg Cash Bal		1,809	7,043	19,640								13,759
<b>40 to 44</b>	0	36	24	15	30	14	0	0	0	0	0	119
Avg Comp		55,735	49,489		67,424							56,766
Avg Cash Bal		2,757	9,025		58,715							26,163
<b>45 to 49</b>	0	21	22	16	13	25	12	0	0	0	0	109
Avg Comp		53,718	47,970			66,582						60,385
Avg Cash Bal		2,999	8,015			68,308						36,099
<b>50 to 54</b>	0	37	27	11	16	25	22	12	0	0	0	150
Avg Comp		72,699	54,646			60,420	58,634					66,185
Avg Cash Bal		4,180	10,240			66,241	77,147					44,043
<b>55 to 59</b>	0	22	28	16	15	10	11		15	0	0	138
Avg Comp		49,096	54,238					56,633				63,775
Avg Cash Bal		3,799	15,757					91,216				54,118
<b>60 to 64</b>	0	23	19	19	17	20	10	11	10	13		142
Avg Comp		50,134				50,948						57,432
Avg Cash Bal		7,044				58,505						56,556
<b>65 to 69</b>	0	5	7	5	4	7	4	1	1	9		43
Avg Comp												62,689
Avg Cash Bal												71,431
<b>70 &amp; up</b>	0	3	2	2	3	3	0	1	0	0		14
Avg Comp												
Avg Cash Bal												
<b>Total</b>	0	363	254	135	118	106	59	46	26	22		1,129
Avg Comp		49,428	48,817	52,796	66,359	58,037	61,846	63,859	112,805	55,256		55,081
Avg Cash Bal		2,579	8,972	22,995	55,468	65,239	77,981	91,394	152,650	126,874		31,307

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. **Below is a description of the actuarial assumptions and methods used in the valuation.**

## Funding Target Liability

**Valuation Date:** January 1, 2024

**Demographic Information:** The demographic information was provided as of January 1, 2024 by Butler Memorial Hospital. Although we did not audit the data, we did review the data for reasonableness.

**Actuarial Cost Method:** As required by PPA, the Traditional Unit Credit Cost Method was used.

**Asset Valuation Method:** The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

**Anticipated Rate of Return on Plan Assets:** 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

**Actuarial Valuation Software:** For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

**Interest Rates for Minimum Required Contribution:** The September 2023 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Butler Memorial Hospital. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	4.75%
Segment 2	4.87%
Segment 3	5.59%

Effective Interest Rate
5.13%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Interest Rates used to determine Maximum Recommended Contribution:** Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDROM”) of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	3.62%
Segment 2	4.46%
Segment 3	4.52%

Effective Interest Rate
4.44%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Rate of Compensation Increase:** Salaries are assumed to increase at 4.00% per year, based the Plan Sponsor’s review of historical experience as well as future expectations.

**Mortality for Healthy Lives:**

*Base mortality table:* The blended sex distinct RP-2014 mortality tables for employees and healthy annuitants, adjusted backward to 2006 with Scale MP-2014..

*Mortality improvements:* The base mortality table is adjusted by projecting mortality improvements using Scale MP-2021 from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

**Retirement Incidence:** Deferred vested participants are assumed to commence at age 65. Active participants are assumed to commence in accordance with the following assumption based on the Plan’s normal retirement age, a review of Plan experience and additional factors excluding the availability of Social Security:

Age	Percentage
55-61	0.00%
62	25.00%
63-64	0.00%
65	100.00%

**Turnover:** Due to limited available experience, termination rates were assumed in the valuation based on Table T-6 from the Actuary’s Pension Handbook.

**Disability:** Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

**Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance:** 4.66% for employees hired prior to January 1, 2011, who receive 6.00% service credits. This assumption was selected based on the November 2023 30-year U.S. Treasury rate, which is the actual Interest Credit rate for the 2024 plan year as defined by the terms of Plan. 4.66% for employees hired on or after January 1, 2011, who receive service credits under the point schedule. This assumption was selected based on the actual Interest Credit rate for the 2024 plan year as defined by the terms of the Plan.

**Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts:** In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the Cash Accumulation Plan Account Balance is converted to an annuity using the current applicable mortality table under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2).

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

**Spouse Assumptions:** 100% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

**Form of Benefit:** 90% of participants are assumed to elect a lump sum and 10% are assumed to elect a life annuity with 60 months certain. The assumed form of Benefit was based on the Plan provisions and the Hospital's expectations.

## Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

**Interest Rate:** 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

**Mortality:** The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan

**Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts:** The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	5.50%
Segment 2	5.76%
Segment 3	5.83%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital  
EIN/PN: 25-0965274/001  
Schedule SB, line 24 – Change in Actuarial Assumptions

The salary scale assumption was updated from 3.00% to 4.00% as of January 1, 2024 based on the Hospital's expectation of future salary increases. The change in the salary scale assumption did not affect the liabilities but resulted in an increase in normal cost.

Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 25-0965274/001

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	0	0.00
56	0	0.00
57	0	0.00
58	0	0.00
59	0	0.00
60	0	0.00
61	0	0.00
62	250	15.50
63	0	0.00
64	0	0.00
65	1000	48.75

Weighted Average Retirement Age:

64.3

**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

<b>1a</b> Name of plan <b>CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>BUTLER HEALTHCARE PROVIDERS</b>  <b>BUTLER MEMORIAL HOSPITAL</b> <b>ONE HOSPITAL WAY</b> <b>BUTLER PA 16001-4670</b>	<b>1c</b> Effective date of plan <b>01/01/1968</b>  <b>2b</b> Employer Identification Number (EIN) <b>25-0965274</b>  <b>2c</b> Plan Sponsor's telephone number <b>724-284-4166</b>  <b>2d</b> Business code (see instructions) <b>622000</b>

**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.

<b>SIGN HERE</b>	<i>Paul Scherrah</i>	9/10/2025	PAUL SCHERRAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2,032
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	1,227
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	1,204
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	218
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	611
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	2,033
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	20
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	2,053
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	58
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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

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

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Cash Balance Retirement Plan for Non-Union Employees of Butler Memorial Hospital**

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

EIN: 25-0965274 Plan Number: 001

Year Ended December 31, 2024

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
<b>Series transactions</b>								
Sales:	Federated Hermes Treasury Obligations Fund 11 Transactions	\$ -	\$ 3,800,699	\$ -	\$ -	\$ 3,800,699	\$ 3,800,699	\$ -
	Federated Hermes Treasury Obligation Premier Shares Fund 4 Transactions	-	1,278,108	-	-	1,278,108	1,278,108	-
Purchases:	Federated Hermes Treasury Obligations Fund 5 Transactions	2,715,517	-	-	-	2,715,517	2,715,517	-
	Federated Hermes Treasury Obligation Premier Shares Fund 6 Transactions	2,440,111	-	-	-	2,440,111	2,440,111	-

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

<b>A</b> Name of plan CASH BALANCE RETIREMENT PLAN FOR NON-UNION EMPLOYEES OF BUTLER MEMORIAL HOSPITAL	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUTLER HEALTHCARE PROVIDERS	<b>D</b> Employer Identification Number (EIN) 25-0965274	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	73,115,738
	<b>b</b> Actuarial value .....	<b>2b</b>	75,128,656
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	229	12,399,681
	<b>b</b> For terminated vested participants .....	582	15,246,183
	<b>c</b> For active participants .....	1,317	39,096,483
	<b>d</b> Total .....	2,128	66,742,347
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.13%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	2,207,925
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	301,000
	<b>c</b> Target normal cost .....	<b>6c</b>	2,508,925

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

<b>SIGN HERE</b>	Karen Oliver <u>KO</u> Signature of actuary	<u>07/31/2025</u> Date
	Karen Oliver, F.S.A, EA, MAAA Type or print name of actuary	<u>2307555</u> Most recent enrollment number
	BPAS Actuarial & Pension Services Firm name	<u>315-703-8934</u> Telephone number (including area code)
	706 N. Clinton St., Suite 200 SYRACUSE NY 13204 Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	7,638,359
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	7,638,359
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.69%</u> .....	0	816,541
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	3,100,000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	5,354,900

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	103.73%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	111.69%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	111.08%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**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:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  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**

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

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

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	2,508,925
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	2,508,925

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....		0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	0

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

**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