

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.</u> <u>1 AMALIA DRIVE</u> <u>BUCKHANNON, WV 26201</u>	1c Effective date of plan <u>01/01/1974</u> 2b Employer Identification Number (EIN) <u>55-0356996</u> 2c Plan Sponsor's telephone number <u>304-473-2000</u> 2d Business code (see instructions) <u>622000</u>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	302
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	105
	6a(2)	105
	6b	140
	6c	48
	6d	293
	6e	5
	6f	298
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1C 3H

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

9a Plan funding arrangement (check all that apply)	9b 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)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached 0
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.</u>	D Employer Identification Number (EIN) <u>55-0356996</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>11303979</u>
	b Actuarial value	2b	<u>11329700</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>148</u>	<u>7221223</u>
	b For terminated vested participants	<u>71</u>	<u>1038748</u>
	c For active participants	<u>118</u>	<u>2805518</u>
	d Total	<u>337</u>	<u>11065489</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>47000</u>
	c Target normal cost	6c	<u>47000</u>

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

SIGN HERE Signature of actuary <u>TIMOTHY CURTIS</u> Type or print name of actuary <u>PRINCIPAL FINANCIAL GROUP</u> Firm name <u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Address of the firm	<u>08/26/2025</u> Date <u>23-08869</u> Most recent enrollment number <u>412-394-9339</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	45308
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	45308
10	Interest on line 9 using prior year's actual return of <u>18.04</u> %	0	8174
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		344
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		18
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		362
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	53482

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.90 %
15	Adjusted funding target attainment percentage	15	102.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/10/2024	43942	0					
07/05/2024	43942	0					
			Totals ▶	18(b)	87884	18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 86162	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	47000	
b Excess assets, if applicable, but not greater than line 31a	31b	47000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	86162	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	86162	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

A Name of plan ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.	D Employer Identification Number (EIN) 55-0356996	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input 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)

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.</u>	D Employer Identification Number (EIN) <u>55-0356996</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>WVUHS</u>		
c EIN-PN <u>93-6949421-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10861056</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.	D Employer Identification Number (EIN) 55-0356996

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	191911
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	631
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11118656
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	10861056
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11310567	11153697
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11310567	11153697

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	87884	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		87884
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	10973	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		10973
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	4313	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		4313
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	2368	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		608465
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		714003

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	768912	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		768912
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	27200	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	74761	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		101961
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		870873

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-156870
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 560336.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. JOSEPH'S HOSPITAL OF BUCKHANNON, INC.</u>	D Employer Identification Number (EIN) <u>55-0356996</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1466678

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	25
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0356996	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	3	0	0
35 to 39	0	0	0	11	0	0
40 to 44	0	0	0	7	0	0
45 to 49	0	0	0	7	0	0
50 to 54	0	0	0	3	0	0
55 to 59	0	0	0	5	0	0
60 to 64	0	0	0	3	0	0
65 to 69	0	0	0	1	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0356996	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	4	0	0	0	0	0
40 to 44	3	0	0	3	0	0
45 to 49	5	0	0	3	0	0
50 to 54	9	0	0	3	0	0
55 to 59	4	0	0	1	0	0
60 to 64	2	0	0	3	0	0
65 to 69	2	0	0	1	0	0
70 & Up	0	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	1	0	0	0	0	0
45 to 49	3	0	0	0	0	0
50 to 54	4	0	0	2	0	0
55 to 59	3	0	0	5	0	0
60 to 64	1	0	0	1	0	0
65 to 69	0	0	0	1	0	0
70 & Up	1	0	0	0	0	0

Name of Plan	ST. JOSEPH'S HOSPITAL, INC. RETIREMENT PLAN AND TRUST						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0356996	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	4	0	0	0	0	0
60 to 64	3	0	0	5	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

St. Joseph's Hospital Retirement Plan and Trust

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statement of Accumulated Plan Benefits	6
Statement of Changes in Accumulated Plan Benefits	7
Notes to Financial Statements	8

Independent Auditors' Report

To the Plan Administrator of
St. Joseph's Hospital Retirement Plan and Trust

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

We have performed audits of the financial statements of the St. Joseph's Hospital Retirement Plan and Trust (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 December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 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.

Emphasis of Matter - Substantial Doubt About the Plan's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 2 and 9 to the financial statements, the Board of Directors of the Plan's sponsor executed a resolution on March 26, 2025, to terminate the Plan effective March 31, 2025, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to this matter.

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.

Baker Tilly US, LLP

Baker Tilly US, LLP
Pittsburgh, Pennsylvania

October 10, 2025

St. Joseph's Hospital Retirement Plan and Trust

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Cash and cash equivalents	\$ 7,136	\$ -
Investments		
Investments at fair value	-	11,118,656
Plan interest in master trust	11,146,561	-
Total investments	11,146,561	11,118,656
Receivables		
Employer contributions	-	191,911
Total assets	11,153,697	11,310,567
Net assets available for benefits	\$ 11,153,697	\$ 11,310,567

See notes to financial statements

St. Joseph's Hospital Retirement Plan and Trust

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 8,981	\$ 236,098
Net appreciation in fair value of investments	-	1,511,129
Plan interest in master trust investment gain	617,138	-
Total investment income	626,119	1,747,227
Contributions		
Employer contributions	87,884	191,911
Total additions	714,003	1,939,138
Deductions		
Benefits paid to participants	768,912	658,262
Administrative expenses	101,961	45,338
Total deductions	870,873	703,600
Net (decrease) increase	(156,870)	1,235,538
Net assets available for benefits		
Beginning of year	11,310,567	10,075,029
End of year	\$ 11,153,697	\$ 11,310,567

See notes to financial statements

St. Joseph's Hospital Retirement Plan and Trust

Statement of Accumulated Plan Benefits

December 31, 2023

Actuarial present value of accumulated plan benefits**Vested benefits**

Participants currently receiving payments	\$ 6,932,738
Other participants	3,524,979

Total vested benefits	10,457,717
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Total actuarial present value of accumulated plan benefits	\$ 10,457,717
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See notes to financial statements

St. Joseph's Hospital Retirement Plan and Trust

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 9,655,041
Increase (decrease) during the year attributable to:	
Benefits accumulated for mortality, plan experience, assumptions	(143,702)
Increase for interest	629,862
Change in actuarial assumptions	974,778
Benefits paid	(658,262)
Net increase (decrease)	802,676
<hr/>	
Actuarial present value of accumulated plan benefits at end of year	\$ 10,457,717

See notes to financial statements

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the St. Joseph's Hospital Retirement Plan and Trust (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, 1974, as restated, October 1, 2015. Prior to the Plan freeze noted below, the Plan covered all employees, excluding union and leased employees, of St. Joseph's Hospital of Buckhannon, Inc. (the Company) who had completed one year of service.

Participation in the Plan and all future benefits to be earned under the Plan for existing participants were frozen effective January 1, 2014 with the exception of annual investment credits. Effective October 1, 2015, the Company entered into an affiliation agreement with the West Virginia United Health System (WVUHS). At that time, the Plan became subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors is responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

Master Trust

Effective November 29, 2023, the Company's Board of Directors approved a resolution to establish a master trust to provide a source of funding for certain defined benefit plans sponsored by entities within the controlled group of West Virginia United Health System, including the Plan (the Master Trust). Each participating retirement plan has a divided interest in the Master Trust. Principal Trust Company (the Trustee) has been named trustee of this master trust arrangement, which was established on January 1, 2024. Prior to that date, the Plan's assets were maintained by Matrix Trust Company .

Participant Accounts

Prior to the date that benefits earned under the Plan were frozen, amounts were credited by the Company to the participants' hypothetical cash balance accounts equal to a percentage of the participant's annual compensation in accordance with the following table:

<u>Years of Vesting Service</u>	<u>Percentage of Compensation</u>
0 - 4	3.25%
5 - 9	3.50%
10 - 14	4.00%
15 - 19	4.50%
20 - 24	5.00%
25 - 29	5.50%
30 plus	6.00%

Participants' hypothetical cash balance accounts also receive annual investment credits equal to the lesser of (a) the average annual yield of six-month United States Treasury Bills for the immediately preceding year; or (b) the adjusted first, second and third segment rates applied under rules similar to the rules of Internal Revenue Code (IRC) Section 417(e)(3)(A)(ii)(iii); but not less than 4.00%. As of December 31, 2024 and 2023, the investment credit rate was 4.00% and 4.00%, respectively.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

Funding Policy

Prior to October 1, 2015, the Plan was considered a church plan and therefore was not subject to the minimum funding requirements of ERISA. At that time, the Plan was significantly underfunded. During 2015, plan management approved a funding schedule necessary to meet the minimum funding requirements of ERISA, which included cumulative annual minimum contributions totaling approximately \$5.1 million through 2022. These actions have provided the necessary funding for the Plan to meet its obligations under the plan document. The Plan's current and future 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.

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. A participant's early retirement benefit is equal to the normal retirement accrued benefit, actuarially reduced to reflect the commencement of benefits prior to reaching normal retirement age. 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. If participants terminate before rendering three years of service, they forfeit the right to receive their accumulated plan benefits.

Death and Disability Benefits

If a vested participant dies, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Vested 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.

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 held in the Master Trust 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. See Note 4 for discussion of fair value measurements.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

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. The Plan's interest in the investment gain of the Master Trust, in the accompanying Statement of Changes in Net Assets Available for Benefits includes the Plan's allocation of interest, dividends, realized gains or losses from the sale of investments, and unrealized appreciation or depreciation in the fair value of investments held by the Master Trust, and fees charged to the Master Trust, which are netted against or included with net appreciation (depreciation) in fair value of investments. These fees represent charges by the Trustee for services provided in connection with recordkeeping and investment management. Net unrealized appreciation (depreciation) in fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investments as of the beginning of the period or the cost of the investment if purchased during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

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 the Plan's gains or losses of the Master Trust in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through October 10, 2025, the date the financial statements were available to be issued.

On March 26, 2025, the plan sponsor executed an amendment to terminate the Plan effective March 31, 2025. Upon termination, all assets remaining in the Plan will be distributed to the participants subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document.

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.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

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, 2023, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	January 1, 2024
Discount rate	5.75%
Mortality	Pri-2012 Mortality Table projected with scale MP-2021
Retirement age	Age 65

The foregoing actuarial assumptions were based on the presumption that the Plan would continue. As discussed in Note 2, on March 26, 2025, the plan sponsor executed a resolution to terminate the Plan and anticipates that the Plan will be fully liquidated during 2025. When a Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The impact on the actuarial present value of accumulated plan benefits, taking into consideration the impact of the termination decision, has not been determined at this time.

The assumed rate of interest used to value the present value of accumulated plan benefits decreased from 6.75% to 5.75%, resulting in an increase of approximately \$1.0 million in actuarial present value of accumulated benefits for the year ended January 1, 2024.

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.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

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 funds: 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.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Investments measured at net asset value: Consisting of interests in limited liability companies (LLC) and collective investment trusts, valued at the NAV of units of a LLC or bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the LLC or fund less its liabilities. This practical expedient is not used when it is determined to be probable that the LLC or fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the LLC interest or collective investment trust, the investment adviser reserves the right to temporarily delay withdrawal from the LLC or trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, a summary of the investments in the Master Trust at fair value as of December 31, 2024:

Master Trust Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Money market funds	\$ 3,814,588	\$ -	\$ -	\$ 3,814,588
Mutual funds	68,312,283	-	-	68,312,283
Total assets in the fair value hierarchy	72,126,871	-	-	72,126,871
Investments measured at NAV (a)	-	-	-	96,206,853
Total Master Trust assets, at fair value	\$ 72,126,871	\$ -	\$ -	\$ 168,333,724

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

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

Assets at Fair Value as of December 31, 2023	Level 1	Level 2	Level 3	Total
Money market funds	\$ 11,111,258	\$ -	\$ -	\$ 11,111,258
Common stocks	7,398	-	-	7,398
Total investments at fair value	\$ 11,118,656	\$ -	\$ -	\$ 11,118,656

(a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to either the line item presented in the Interest in Master Trust table or the Statement of Net Assets Available for Benefits.

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective investment trusts held in Master Trust	\$ 91,632,896	\$ -	Daily	1 day
SkyBridge Multi-Adviser Hedge Fund Portfolios LLC	4,573,957	-	Quarterly	Up to 120 days
Total	\$ 96,206,853	\$ -		

5. Interest in Master Trust

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Total investment income (including net appreciation (depreciation) in the fair value of investments) and administrative expenses of the Master Trust are allocated to the individual plans based upon the amount of the time the plan's assets were invested in the Master Trust.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2024:

	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2024
Money market funds	\$ 3,814,588	\$ 284,874
Mutual funds	68,312,283	3,159,806
Collective investment trusts, at NAV	91,632,896	7,701,250
Limited liability companies, at NAV	4,573,957	-
Receivables	8,492	631
Payables	(2,591)	-
Total	\$ 168,339,625	\$ 11,146,561

The following are net appreciation (depreciation) in the fair value of investments and investment income for the Master Trust for the year ended December 31, 2024:

Master Trust Net Appreciation for the Year Ended December 31, 2024	
Net appreciation in fair value of investments	\$ 10,437,460
Investment income (loss)	1,136,138
Total	\$ 11,573,598

6. Concentrations

As of December 31, 2024, the Master Trust had investments of \$119,021,612 that were concentrated in four funds. As of December 31, 2023, the Plan had investments of \$11,104,154 that were concentrated in one fund.

7. 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, Principal Trust Company, the current Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Matrix Trust Company, the previous Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

St. Joseph's Hospital Retirement Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

8. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Principal Trust Company and Matrix Trust Company, the Custodians of the Plan. Contributions are held and managed by the Custodian, 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.

9. Plan 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.

As disclosed in Note 2, on March 26, 2025, the plan sponsor executed an amendment to terminate the Plan effective March 31, 2025. These circumstances indicate the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

10. Tax Status

The Plan adopted a prototype plan offered by DailyAccess Corporation, a Verisight Company. The prototype plan received an IRS Determination Letter dated August 14, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the IRS 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.

11. 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.

Assumptions prescribed by law

Mortality	Before benefit payment period IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.
	During benefit payment period IRS Prescribed Mortality - Optional Combined Table for Small Plans, male and female.

Assumptions selected by actuary

Asset return	6.50% for the current plan year. The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.
Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.
Retirement	Active and inactive participants are assumed to retire at normal retirement age as defined in Plan provisions . Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, Newport Group. This assumption appears reasonable with the plan's design.
Disability	None. Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, Newport Group. This assumption appears reasonable with the plan's design.
Marriage	75% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.
Withdrawal	None. Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, Newport Group. This assumption appears reasonable with the plan's design.
Form of benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age. Due to our short tenure as actuarial provider for this plan, we do not have the plan experience necessary to set this assumption, and we are relying on the assumption set by the prior actuary, Newport Group. This assumption appears reasonable with the plan's design.
Cash balance interest crediting rate	4.00% compounded annually. Based on the plan's provisions, we are assuming the lesser of at 4.00%.

Methods prescribed by law

Lump sum payments Lump sum payments are valued using the plan's funding target interest rates, as required per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost, and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

Liability measure Funding target is the present value of the benefits accrued on the valuation date.
 Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

Methods selected by plan sponsor

Asset method The asset valuation method is prescribed by law for plans that elect to use a value other than market value.
 For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.
 The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.
 When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates 24-month average with no weighting to prior law basis. Use rates where December is the last month included in the average.

PBGC premium basis Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 01/01/2018 plan year, and the method must be used for five years before a change can be made.

Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+
5.01%	5.13%	5.15%

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	<p>A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.</p>

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.
Mortality base rates	<p>Before benefit payment period Employee amount-weighted, male and female</p> <p>During benefit payment period Retiree amount-weighted, male and female</p> <p>The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.</p> <p>Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.</p>

Mortality improvement MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities 5.75%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 3.55%/3.95%/4.95%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link.

Mortality

IRS Prescribed lump sum mortality for 2024. Future years are projected to decrement date with SOA mortality improvement scale MP-2021 as adjusted by the IRS Document Number 2023-23267.

This assumption reflects current law as provided by the IRS.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>St. Joseph's Hospital, Inc. Retirement Plan and Trust</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>St. Joseph's Hospital of Buckhannon, Inc.</u>	D Employer Identification Number (EIN) <u>55-0356996</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>11303979</u>
	b Actuarial value	2b	<u>11329700</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>148</u>	<u>7221223</u>
	b For terminated vested participants	<u>71</u>	<u>1038748</u>
	c For active participants	<u>118</u>	<u>2805518</u>
	d Total	<u>337</u>	<u>11065489</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.20 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>47000</u>
	c Target normal cost	6c	<u>47000</u>

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

SIGN HERE	 Signature of actuary	<u>08/26/2025</u> Date
	<u>Timothy Curtis</u> Type or print name of actuary	<u>2308869</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>412-394-9339</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	45308
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	45308
10	Interest on line 9 using prior year's actual return of <u>18.04</u> %	0	8174
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		344
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		18
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		362
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	53482

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.90 %
15	Adjusted funding target attainment percentage	15	102.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.46 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/10/2024	43942	0					
07/05/2024	43942	0					
			Totals ▶	18(b)	87884	18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	86162
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 47000
b Excess assets, if applicable, but not greater than line 31a			31b 47000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	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 86162
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 86162
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Schedule SB, Line 2a - Explanation of Assets
St. Joseph's Hospital, Inc. Retirement Plan and Trust
EIN 55-0356996 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$191,911 contributions received after the plan year end with a discounted value of \$185,323.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 St. Joseph's Hospital, Inc. Retirement Plan and Trust
 EIN 55-0356996 Plan No. 001

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	108.2274	1.0000	108.2274	7,034.7838
66	1.0000	1.0000	1.0000	66.0000
67	2.0000	1.0000	2.0000	134.0000
68	0.0000	1.0000	0.0000	0.0000
69	0.0000	1.0000	0.0000	0.0000
70	1.0000	1.0000	1.0000	70.0000
71	1.0000	1.0000	1.0000	71.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	0.0000	1.0000	0.0000	0.0000
77	0.0000	1.0000	0.0000	0.0000
78	0.0000	1.0000	0.0000	0.0000
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	0.0000	1.0000	0.0000	0.0000
86	0.0000	1.0000	0.0000	0.0000
87	0.0000	1.0000	0.0000	0.0000
88	0.0000	1.0000	0.0000	0.0000
89	1.0000	1.0000	1.0000	89.0000
Total			114.2274	7,464.7838
Average				65.35

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document or adoption agreement. This report reflects the provisions of the plan signed 07/21/2016 including amendments through 05/22/2024.

Plan eligibility

Service	One year of service in which at least 1,000 hours worked.
Class	Non-leased employees of St. Joseph's Hospital of Buckhannon, Inc. or any company that has adopted the plan, excluding employees covered by a collective bargaining agreement and physicians who were hired or transferred from Upshur Medical Management Services, Inc. after December 16, 2005. The plan was frozen to new participants as of January 1, 2014. No employees will become eligible to participate in the plan after this date.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life. Optional forms may be elected in advance of retirement.
Amount (accrued benefit)	The sum of (a) and (b): a) The cash balance account, if any. b) A prior plan accrued benefit, if any. The plan was frozen to principal credits as of January 1, 2014. No additional principal credits, other than receivables, will be credited to the cash balance account on or after this date.

Early retirement benefit

Age	Attained age 55.
Form	Same as normal retirement benefit.
Amount	Actuarial equivalent of accrued benefit on early retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	100% after three years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	Totally and permanently disabled.
Form	Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount	Actuarial equivalent of accrued benefit on disability date.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Interest crediting rate	The lesser of (a), (b), and (c): a) The average annual yield of 12-month U.S. Treasury Bills for the immediately preceding plan year b) The adjusted third segment rates applied for the second calendar month preceding the plan year c) Not less than the lesser of the rate described above and 4.00%
Principal Credits	The plan was frozen to principal credits as of January 1, 2014. No additional principal credits, other than receivables, will be credited to the cash balance account on or after this date.
Interest credits	Each interest credit will be calculated by multiplying the balance of the cash balance account as of the first day of the interest credit period by the interest crediting rate.

Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 5, 10, or 15 years certain and life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, or 100.

The optional form conversion basis is the applicable interest and mortality table for payments other than lump sums.

Lump sum provisions

Small amount force out (SAFO) – allowed up to \$7,000.

Lump sums in excess of SAFO – are not allowed.

Conversion – greater of the deferred or immediate rate with early retirement factor based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 25 – Change in Method
St. Joseph's Hospital, Inc. Retirement Plan and Trust
EIN 55-0356996 Plan No. 001

A change in funding method has occurred since last year due to a change in the enrolled actuary and the business organization providing actuarial services to the plan. This change meets the automatic approval requirements under Rev Proc 2017-56.

Schedule SB, Line 24 – Change in Actuarial Assumptions
St. Joseph's Hospital, Inc. Retirement Plan and Trust
EIN 55-0356996 Plan No. 001

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year is 6.50%. This rate is used in the calculation of the actuarial value of plan assets.

The interest rate basis for lump sums has changed from the applicable 417e segment interest rates to the plan's funding target interest rates, as required per IRS guidance.

	<u>CURRENT PERIOD</u>	<u>YEAR-TO-DATE</u>
BEGINNING SETTLED CASH BALANCE	0.00	0.00
<u>RECEIPTS</u>		
CONTRIBUTIONS	279,795.01	279,795.01
OTHER RECEIPTS	11,104,175.06	11,104,175.06
INTEREST COLLECTED	10,341.94	10,341.94
DIVIDENDS COLLECTED - COMMON STOCK	4,312.67	4,312.67
OTHER INCOME	33,487.60	33,487.60
SECURITIES SETTLED IN THIS PERIOD	<u>4,061,113.34</u>	<u>4,061,113.34</u>
TOTAL RECEIPTS	15,493,225.62	15,493,225.62
<u>DISBURSEMENTS</u>		
BENEFIT PAYMENTS	(759,406.86)	(759,406.86)
EXPENSES	(101,752.33)	(101,752.33)
SECURITIES SETTLED IN THIS PERIOD	<u>(14,632,066.43)</u>	<u>(14,632,066.43)</u>
TOTAL DISBURSEMENTS	(15,493,225.62)	(15,493,225.62)
ENDING SETTLED CASH BALANCE	<u>0.00</u>	<u>0.00</u>

	<u>CURRENT PERIOD</u>		<u>YEAR-TO-DATE</u>
	COST	MARKET VALUE	MARKET VALUE
BEGINNING NET ASSETS	0.00	0.00	0.00
<u>RECEIPTS</u>			
<u>CONTRIBUTIONS</u>			
EMPLOYER CONTRIBUTION	279,795.01	279,795.01	279,795.01
TOTAL CONTRIBUTIONS	279,795.01	279,795.01	279,795.01
<u>OTHER RECEIPTS</u>			
RECEIPT FROM PRIOR TRUSTEE/CUSTODIAN	11,104,175.06	11,104,175.06	11,104,175.06
RECEIPT OF SECURITY	14,956.84	16,116.58	16,116.58
UNITIZED TRANSFER RECEIPTS	0.00	0.00	0.00
TOTAL OTHER RECEIPTS	11,119,131.90	11,120,291.64	11,120,291.64
<u>EARNED INCOME</u>			
INTEREST	10,972.62	10,972.62	10,972.62
DIVIDENDS - COMMON STOCK	4,312.67	4,312.67	4,312.67
OTHER INCOME	33,487.60	33,487.60	33,487.60
TOTAL EARNED INCOME	48,772.89	48,772.89	48,772.89
NET REALIZED GAIN (LOSS)	276,159.51	276,159.51	276,159.51
TOTAL RECEIPTS	11,723,859.31	11,725,019.05	11,725,019.05

	<u>CURRENT PERIOD</u>		<u>YEAR-TO-DATE</u>
	COST	MARKET VALUE	MARKET VALUE
<u>DISBURSEMENTS</u>			
<u>BENEFIT PAYMENTS</u>			
BENEFIT PAYMENTS-NON PERIODIC	(101,519.42)	(101,519.42)	(101,519.42)
PERIODIC BENEFIT PAYMENTS	(657,887.44)	(657,887.44)	(657,887.44)
TOTAL BENEFIT PAYMENTS	(759,406.86)	(759,406.86)	(759,406.86)
<u>OTHER DISBURSEMENTS</u>			
DELIVERY OF SECURITY	(9,504.86)	(9,504.86)	(9,504.86)
UNITIZED TRANSFER DISBURSEMENTS	0.00	0.00	0.00
TOTAL OTHER DISBURSEMENTS	(9,504.86)	(9,504.86)	(9,504.86)
<u>EXPENSES</u>			
ALLOCATED WF REVENUE SHARE - RECEIPT	105.97	105.97	105.97
ALLOCATED WF TRUSTEE FEE	(1,244.98)	(1,244.98)	(1,244.98)
INVESTMENT MANAGEMENT FEE	(27,200.23)	(27,200.23)	(27,200.23)
PBGC FEE	(34,037.00)	(34,037.00)	(34,037.00)
TRUST/SETTLEMENT DIST FEE-PRN	(80.00)	(80.00)	(80.00)
TRUSTEE FEE	(132.18)	(132.18)	(132.18)
TRUSTEE FEE	(39,163.91)	(39,163.91)	(39,163.91)
TOTAL EXPENSES	(101,752.33)	(101,752.33)	(101,752.33)
	0.00	0.00	0.00
TOTAL DISBURSEMENTS	(870,664.05)	(870,664.05)	(870,664.05)
NET UNREALIZED GAIN(LOSS) AS OF			
END OF PERIOD	293,366.23		
BEGINNING OF YEAR	0.00		
BEGINNING OF PERIOD	0.00		
CHANGE IN NET UNREALIZED GAIN(LOSS)		293,366.23	293,366.23
UNREALIZED GAIN/LOSS-OTHER SECURITY CHANGES		(1,159.74)	(1,159.74)
ENDING NET ASSETS	<u>10,853,195.26</u>	<u>11,146,561.49</u>	<u>11,146,561.49</u>

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 4
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 203,969 01/02/24 BUY 3	1.0000	0	203,969	203,969	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 340 01/04/24 BUY 11	1.0000	0	340	340	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 340 01/08/24 SELL 14	1.0000	0	340	340	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 326 01/08/24 SELL 15	1.0000	0	326	326	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 4,750 01/31/24 SELL 31	1.0000	0	4,750	4,750	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 45,514 02/01/24 SELL 34	1.0000	0	45,514	45,514	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 1,478 02/08/24 SELL 37	1.0000	0	1,478	1,478	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 15,717 02/09/24 SELL 39	1.0000	0	15,717	15,717	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 760 02/23/24 BUY 41	1.0000	0	760	760	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 760 02/27/24 SELL 43	1.0000	0	760	760	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 5
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	4,574 03/01/24 BUY 68	1.0000	0	4,574	4,574	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	53,703 03/01/24 SELL 71	1.0000	0	53,703	53,703	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	680 03/04/24 BUY 80	1.0000	0	680	680	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	96 03/05/24 BUY 83	1.0000	0	96	96	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	96 03/07/24 SELL 88	1.0000	0	96	96	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	385 03/11/24 BUY 90	1.0000	0	385	385	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	184 03/25/24 BUY 107	1.0000	0	184	184	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	326 03/26/24 BUY 109	1.0000	0	326	326	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	300,000 04/01/24 BUY 111	1.0000	0	300,000	300,000	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	55,129 04/01/24 SELL 115	1.0000	0	55,129	55,129	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 6
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 394 04/02/24 SELL 119	1.0000	0	394	394	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 43,942 04/10/24 BUY 130	1.0000	0	43,942	43,942	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 332 04/11/24 BUY 132	1.0000	0	332	332	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 12,801 04/29/24 SELL 139	1.0000	0	12,801	12,801	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 53,049 05/01/24 SELL 146	1.0000	0	53,049	53,049	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 1,926 05/08/24 SELL 150	1.0000	0	1,926	1,926	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 50 05/28/24 BUY 165	1.0000	0	50	50	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 2,528 05/29/24 SELL 167	1.0000	0	2,528	2,528	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 53,109 06/03/24 SELL 179	1.0000	0	53,109	53,109	0	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 375 06/21/24 SELL 199	1.0000	0	375	375	0	

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF	NET GAIN OR (LOSS)		
		PURCHASE PRICE SELLING PRICE	EXPENSES				CURRENT VALUE	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	295,250 07/01/24 BUY	201	1.0000	0	295,250	295,250	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	53,629 07/01/24 SELL	205	1.0000	0	53,629	53,629	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	4,750 07/02/24 SELL	209	1.0000	0	4,750	4,750	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	43,942 07/05/24 BUY	211	1.0000	0	43,942	43,942	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	12,835 07/30/24 SELL	243	1.0000	0	12,835	12,835	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	820 07/31/24 SELL	247	1.0000	0	820	820	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	53,681 08/01/24 SELL	250	1.0000	0	53,681	53,681	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	2,891 08/01/24 SELL	251	1.0000	0	2,891	2,891	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	849 08/07/24 BUY	258	1.0000	0	849	849	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	576 08/08/24 SELL	260	1.0000	0	576	576	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 8
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 89 08/20/24 BUY 286	1.0000	0	89	89	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 4,237 08/30/24 SELL 288	1.0000	0	4,237	4,237	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 53,827 09/03/24 SELL 291	1.0000	0	53,827	53,827	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 109 09/04/24 BUY 294	1.0000	0	109	109	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 3,232 09/04/24 SELL 296	1.0000	0	3,232	3,232	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 191,911 09/05/24 BUY 298	1.0000	0	191,911	191,911	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 72 09/11/24 BUY 304	1.0000	0	72	72	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 72 09/13/24 SELL 312	1.0000	0	72	72	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 449 09/24/24 SELL 317	1.0000	0	449	449	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES 53,623 10/01/24 SELL 320	1.0000	0	53,623	53,623	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 9
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	4,750 10/03/24 SELL 323	1.0000	0	4,750	4,750	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	2,495 10/08/24 SELL 325	1.0000	0	2,495	2,495	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	55 10/11/24 SELL 337	1.0000	0	55	55	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	34,037 10/11/24 SELL 338	1.0000	0	34,037	34,037	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	268 10/15/24 SELL 354	1.0000	0	268	268	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	970 10/17/24 BUY 356	1.0000	0	970	970	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	970 10/21/24 SELL 361	1.0000	0	970	970	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	2,206 10/23/24 SELL 366	1.0000	0	2,206	2,206	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	54,313 11/01/24 SELL 370	1.0000	0	54,313	54,313	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	471 11/04/24 BUY 373	1.0000	0	471	471	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 10
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
		PURCHASE PRICE SELLING PRICE	EXPENSES			
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	1,178	0	1,178	1,178	0
	11/12/24 BUY 376	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	13,608	0	13,608	13,608	0
	11/12/24 SELL 379	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	2,585	0	2,585	2,585	0
	11/13/24 SELL 415	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	83,251	0	83,251	83,251	0
	11/20/24 SELL 420	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	20	0	20	20	0
	11/26/24 BUY 423	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	54,114	0	54,114	54,114	0
	12/02/24 SELL 430	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	174	0	174	174	0
	12/04/24 BUY 433	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	6,525	0	6,525	6,525	0
	12/04/24 SELL 435	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	174	0	174	174	0
	12/06/24 SELL 438	1.0000				
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES	222	0	222	222	0
	12/09/24 BUY 440	1.0000				

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 11
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF		0	5% VALUE OF	0
			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN
			SELLING PRICE				OR (LOSS)
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES						
	74 12/19/24 SELL	445	1.0000	0	74	74	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES						
	22 12/31/24 BUY	447	1.0000	0	22	22	0
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	287,624 01/02/24 BUY	23	10.0000	0	2,876,238	2,876,238	0
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	0 01/31/24 BUY	78		0	446	446	0
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	0 02/29/24 BUY	102		0	1	1	0
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	0 03/31/24 BUY	127		0	109	109	0
996999009 BROKER	WVUHS LONG CR-UNITIZED						
	0 03/31/24 RGAIN	129		0	0	108	108
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	0 04/30/24 SELL	161		0	279	279	0
996999009 BROKER	WVUHS LONG CR-UNITIZED						
	0 04/30/24 RLOSS	163		0	0	108	(108)
996999009 BROKER 5200	WVUHS LONG CR-UNITIZED MISCELLANEOUS						
	259,001 05/01/24 BUY	182	9.5366	0	2,470,000	2,470,000	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 05/31/24 SELL	189	0	5,450	5,450	0	
996999009 WVUHS BROKER	LONG CR-UNITIZED 0 05/31/24 RLOSS	191	0	0	5,469	(5,469)	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 06/30/24 BUY	220	0	4,536	4,536	0	
996999009 WVUHS BROKER	LONG CR-UNITIZED 0 06/30/24 RGAIN	223	0	0	4,490	4,490	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 20,327 07/01/24 SELL	240	9.8392	198,782	200,000	1,218	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 07/31/24 BUY	274	0	303	303	0	
996999009 WVUHS BROKER	LONG CR-UNITIZED 0 07/31/24 RGAIN	279	0	0	599	599	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 08/31/24 BUY	310	0	1	1	0	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 09/30/24 BUY	335	0	1	1	0	
996999009 WVUHS BROKER 5200	LONG CR-UNITIZED MISCELLANEOUS 0 10/31/24 BUY	413	0	0	0	0	

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 13
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF		COST OF ASSET	5% VALUE OF CURRENT VALUE	NET GAIN OR (LOSS)
			PURCHASE PRICE SELLING PRICE	EXPENSES			
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS				0		0
	515,552 01/02/24 BUY	27	10.0000	0	5,155,522	5,155,522	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	0 01/31/24 BUY	74		0	675	675	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	0 02/29/24 BUY	98		0	2	2	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	0 03/31/24 BUY	121		0	5,802	5,802	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	26,705 04/01/24 SELL	137	11.2337	0	267,388	300,000	32,612
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	0 04/30/24 BUY	153		0	5,005	5,005	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED						
	0 04/30/24 RGAIN	155		0	0	5,269	5,269
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	221,982 05/01/24 SELL	173	10.8117	0	2,280,653	2,400,000	119,347
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS						
	0 05/31/24 BUY	183		0	38,957	38,957	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED						
	0 05/31/24 RGAIN	185		0	0	38,957	38,957

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF		0	5% VALUE OF	0
			PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 06/30/24 SELL	213		0	23,239	23,239	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED MISCELLANEOUS 0 06/30/24 RLOSS	216		0	0	26,312	(26,312)
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 8,706 07/01/24 SELL	239	11.4859	0	85,955	100,000	14,045
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 07/31/24 SELL	265		0	14,569	14,569	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED MISCELLANEOUS 0 07/31/24 RLOSS	268		0	0	15,240	(15,240)
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 08/31/24 BUY	306		0	0	0	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 09/30/24 BUY	331		0	3,485	3,485	0
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 10/31/24 SELL	406		0	8,420	8,420	0
996998977 WVUHS BROKER	PERF EQTY-UNITIZED MISCELLANEOUS 0 10/31/24 RLOSS	408		0	0	8,474	(8,474)
996998977 WVUHS BROKER 5200	PERF EQTY-UNITIZED MISCELLANEOUS 0 12/31/24 BUY	467		0	144,414	144,414	0

FD493
 SCHEDULE H (FORM 5500 - 4J-1)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SINGLE TRANSACTIONS

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 15
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
996998977 BROKER	WVUHS PERF EQTY-UNITIZED						
	0 12/31/24 RGAIN	469	0	0	125,766	125,766	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	282,197 01/02/24 BUY	28	0	2,821,970	2,821,970	0	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	0 01/31/24 BUY	76	0	424	424	0	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	0 02/29/24 BUY	100	0	1	1	0	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	0 03/31/24 SELL	124	0	2,652	2,652	0	
996998993 BROKER	WVUHS STRIPS-UNITIZED						
	0 03/31/24 RLOSS	126	0	0	2,653	(2,653)	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	0 04/30/24 BUY	157	0	1,341	1,341	0	
996998993 BROKER	WVUHS STRIPS-UNITIZED						
	0 04/30/24 RGAIN	159	0	0	1,506	1,506	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	7,892 05/01/24 SELL	174	0	78,891	70,000	(8,891)	
996998993 BROKER 5200	WVUHS STRIPS-UNITIZED MISCELLANEOUS						
	0 05/31/24 SELL	186	0	11,881	11,881	0	

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			0	5% VALUE OF	0
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
996998993 WVUHS BROKER	STRIPS-UNITIZED						
	0 05/31/24 RLOSS	188	0	0	11,893	(11,893)	
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS						
	0 06/30/24 BUY	217	0	10,893	10,893	0	
996998993 WVUHS BROKER	STRIPS-UNITIZED						
	0 06/30/24 RGAIN	219	0	0	10,870	10,870	
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS						
	0 07/31/24 BUY	270	0	1,022	1,022	0	
996998993 WVUHS BROKER	STRIPS-UNITIZED						
	0 07/31/24 RGAIN	272	0	0	1,168	1,168	
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS						
	0 08/31/24 BUY	308	0	0	0	0	
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS						
	0 09/30/24 BUY	333	0	0	0	0	
996998993 WVUHS BROKER 5200	STRIPS-UNITIZED MISCELLANEOUS						
	0 10/31/24 SELL	410	0	752	752	0	
996998993 WVUHS BROKER	STRIPS-UNITIZED						
	0 10/31/24 RLOSS	412	0	0	752	(752)	

		BASED ON MARKET VALUE OF			0	5% VALUE OF		0
IDENTITY OF PARTY INVOLVED		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET		CURRENT VALUE	NET GAIN OR (LOSS)	
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM							
BROKER 1	CASH SWEEP TRADES							
	203,969 01/02/24 B BUY	3	1.0000	0	203,969	203,969	0	
	340 01/04/24 B BUY	11	1.0000	0	340	340	0	
	340 01/08/24 S SELL	14	1.0000	0	340	340	0	
	326 01/08/24 S SELL	15	1.0000	0	326	326	0	
	4,750 01/31/24 S SELL	31	1.0000	0	4,750	4,750	0	
	45,514 02/01/24 S SELL	34	1.0000	0	45,514	45,514	0	
	1,478 02/08/24 S SELL	37	1.0000	0	1,478	1,478	0	
	15,717 02/09/24 S SELL	39	1.0000	0	15,717	15,717	0	
	760 02/23/24 B BUY	41	1.0000	0	760	760	0	
	760 02/27/24 S SELL	43	1.0000	0	760	760	0	
	4,574 03/01/24 B BUY	68	1.0000	0	4,574	4,574	0	
	53,703 03/01/24 S SELL	71	1.0000	0	53,703	53,703	0	
	680 03/04/24 B BUY	80	1.0000	0	680	680	0	
	96 03/05/24 B BUY	83	1.0000	0	96	96	0	
	96 03/07/24 S SELL	88	1.0000	0	96	96	0	
	385 03/11/24 B BUY	90	1.0000	0	385	385	0	
	184 03/25/24 B BUY	107	1.0000	0	184	184	0	
	326 03/26/24 B BUY	109	1.0000	0	326	326	0	
	300,000 04/01/24 B BUY	111	1.0000	0	300,000	300,000	0	
	55,129 04/01/24 S SELL	115	1.0000	0	55,129	55,129	0	
	394 04/02/24 S SELL	119	1.0000	0	394	394	0	
	43,942 04/10/24 B BUY	130	1.0000	0	43,942	43,942	0	
	332 04/11/24 B BUY	132	1.0000	0	332	332	0	
	12,801 04/29/24 S SELL	139	1.0000	0	12,801	12,801	0	
	53,049 05/01/24 S SELL	146	1.0000	0	53,049	53,049	0	
	1,926 05/08/24 S SELL	150	1.0000	0	1,926	1,926	0	
	50 05/28/24 B BUY	165	1.0000	0	50	50	0	
	2,528 05/29/24 S SELL	167	1.0000	0	2,528	2,528	0	
	53,109 06/03/24 S SELL	179	1.0000	0	53,109	53,109	0	
	375 06/21/24 S SELL	199	1.0000	0	375	375	0	
	295,250 07/01/24 B BUY	201	1.0000	0	295,250	295,250	0	
	53,629 07/01/24 S SELL	205	1.0000	0	53,629	53,629	0	
	4,750 07/02/24 S SELL	209	1.0000	0	4,750	4,750	0	
	43,942 07/05/24 B BUY	211	1.0000	0	43,942	43,942	0	
	12,835 07/30/24 S SELL	243	1.0000	0	12,835	12,835	0	
	820 07/31/24 S SELL	247	1.0000	0	820	820	0	
	53,681 08/01/24 S SELL	250	1.0000	0	53,681	53,681	0	
	2,891 08/01/24 S SELL	251	1.0000	0	2,891	2,891	0	
	849 08/07/24 B BUY	258	1.0000	0	849	849	0	
	576 08/08/24 S SELL	260	1.0000	0	576	576	0	
	89 08/20/24 B BUY	286	1.0000	0	89	89	0	
	4,237 08/30/24 S SELL	288	1.0000	0	4,237	4,237	0	
	53,827 09/03/24 S SELL	291	1.0000	0	53,827	53,827	0	
	109 09/04/24 B BUY	294	1.0000	0	109	109	0	
	3,232 09/04/24 S SELL	296	1.0000	0	3,232	3,232	0	
	191,911 09/05/24 B BUY	298	1.0000	0	191,911	191,911	0	
	72 09/11/24 B BUY	304	1.0000	0	72	72	0	

FD495
 SCHEDULE H (FORM 5500 - 4J-3)
 SCHEDULE OF REPORTABLE TRANSACTIONS
 SERIES OF TRANSACTIONS IN SAME SECURITY

ST. JOSEPH'S HOSPITAL RETIREMENT

PAGE 18
 10196451
 DECEMBER 31, 2023
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF	0	5% VALUE OF	0	
			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
			SELLING PRICE				
	72 09/13/24 S SELL	312	1.0000	0	72	72	0
	449 09/24/24 S SELL	317	1.0000	0	449	449	0
	53,623 10/01/24 S SELL	320	1.0000	0	53,623	53,623	0
	4,750 10/03/24 S SELL	323	1.0000	0	4,750	4,750	0
	2,495 10/08/24 S SELL	325	1.0000	0	2,495	2,495	0
	55 10/11/24 S SELL	337	1.0000	0	55	55	0
	34,037 10/11/24 S SELL	338	1.0000	0	34,037	34,037	0
	268 10/15/24 S SELL	354	1.0000	0	268	268	0
	970 10/17/24 B BUY	356	1.0000	0	970	970	0
	970 10/21/24 S SELL	361	1.0000	0	970	970	0
	2,206 10/23/24 S SELL	366	1.0000	0	2,206	2,206	0
	54,313 11/01/24 S SELL	370	1.0000	0	54,313	54,313	0
	471 11/04/24 B BUY	373	1.0000	0	471	471	0
	1,178 11/12/24 B BUY	376	1.0000	0	1,178	1,178	0
	13,608 11/12/24 S SELL	379	1.0000	0	13,608	13,608	0
	2,585 11/13/24 S SELL	415	1.0000	0	2,585	2,585	0
	83,251 11/20/24 S SELL	420	1.0000	0	83,251	83,251	0
	20 11/26/24 B BUY	423	1.0000	0	20	20	0
	54,114 12/02/24 S SELL	430	1.0000	0	54,114	54,114	0
	174 12/04/24 B BUY	433	1.0000	0	174	174	0
	6,525 12/04/24 S SELL	435	1.0000	0	6,525	6,525	0
	174 12/06/24 S SELL	438	1.0000	0	174	174	0
	222 12/09/24 B BUY	440	1.0000	0	222	222	0
	74 12/19/24 S SELL	445	1.0000	0	74	74	0
	22 12/31/24 B BUY	447	1.0000	0	22	22	0
<hr/>							
	1,090,917	27	TOTAL BUYS	0	1,090,917	1,090,917	0
	806,042	45	TOTAL SELLS	0	806,042	806,042	0
<hr/>							
	1,896,959		SECURITY TOTAL	0	1,896,959	1,896,959	0
<hr/>							
996999009	WVUHS LONG CR-UNITIZED						
BROKER 5200	MISCELLANEOUS						
	287,624 01/02/24 B BUY	23	10.0000	0	2,876,238	2,876,238	0
	0 01/31/24 B BUY	78	.0000	0	446	446	0
	0 02/29/24 B BUY	102	.0000	0	1	1	0
	0 03/31/24 B BUY	127	.0000	0	109	109	0
BROKER							
	0 03/31/24 S RGAIN	129	.0000	0	0	108	108
BROKER 5200	MISCELLANEOUS						
	0 04/30/24 S SELL	161	.0000	0	279	279	0
BROKER							
	0 04/30/24 S RLOSS	163	.0000	0	0	(108)	(108)
BROKER 5200	MISCELLANEOUS						
	259,001 05/01/24 B BUY	182	9.5366	0	2,470,000	2,470,000	0
	0 05/31/24 S SELL	189	.0000	0	5,450	5,450	0
BROKER							
	0 05/31/24 S RLOSS	191	.0000	0	0	(5,469)	(5,469)
BROKER 5200	MISCELLANEOUS						

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET		BASED ON MARKET VALUE OF	0	5% VALUE OF	0	
			PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
			SELLING PRICE				
BROKER	0 06/30/24 B BUY	220	.0000	0	4,536	4,536	0
BROKER 5200	0 06/30/24 S RGAIN	223	.0000	0	0	4,490	4,490
	MISCELLANEOUS						
	20,327 07/01/24 S SELL	240	9.8392	0	198,782	200,000	1,218
BROKER	0 07/31/24 B BUY	274	.0000	0	303	303	0
BROKER 5200	0 07/31/24 S RGAIN	279	.0000	0	0	599	599
	MISCELLANEOUS						
	0 08/31/24 B BUY	310	.0000	0	1	1	0
	0 09/30/24 B BUY	335	.0000	0	1	1	0
	0 10/31/24 B BUY	413	.0000	0	0	0	0
	546,625	10	TOTAL BUYS	0	5,351,635	5,351,635	0
	20,327	8	TOTAL SELLS	0	204,511	205,349	838
	566,952		SECURITY TOTAL	0	5,556,146	5,556,984	838
996998977	WVUHS PERF EQTY-UNITIZED						
BROKER 5200	MISCELLANEOUS						
	515,552 01/02/24 B BUY	27	10.0000	0	5,155,522	5,155,522	0
	0 01/31/24 B BUY	74	.0000	0	675	675	0
	0 02/29/24 B BUY	98	.0000	0	2	2	0
	0 03/31/24 B BUY	121	.0000	0	5,802	5,802	0
	26,705 04/01/24 S SELL	137	11.2337	0	267,388	300,000	32,612
BROKER	0 04/30/24 B BUY	153	.0000	0	5,005	5,005	0
BROKER 5200	0 04/30/24 S RGAIN	155	.0000	0	0	5,269	5,269
	MISCELLANEOUS						
	221,982 05/01/24 S SELL	173	10.8117	0	2,280,653	2,400,000	119,347
BROKER	0 05/31/24 B BUY	183	.0000	0	38,957	38,957	0
BROKER 5200	0 05/31/24 S RGAIN	185	.0000	0	0	38,957	38,957
	MISCELLANEOUS						
	0 06/30/24 S SELL	213	.0000	0	23,239	23,239	0
BROKER 5200	0 06/30/24 S RLOSS	216	.0000	0	0	(26,312)	(26,312)
	MISCELLANEOUS						
	8,706 07/01/24 S SELL	239	11.4859	0	85,955	100,000	14,045
BROKER	0 07/31/24 S SELL	265	.0000	0	14,569	14,569	0
BROKER 5200	0 07/31/24 S RLOSS	268	.0000	0	0	(15,240)	(15,240)
	MISCELLANEOUS						
	0 08/31/24 B BUY	306	.0000	0	0	0	0
	0 09/30/24 B BUY	331	.0000	0	3,485	3,485	0
BROKER	0 10/31/24 S SELL	406	.0000	0	8,420	8,420	0
BROKER 5200	0 10/31/24 S RLOSS	408	.0000	0	0	(8,474)	(8,474)
	MISCELLANEOUS						