

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 06/01/1988
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) WASHINGTON REGIONAL MEDICAL CENTER 3215 N. NORTH HILLS BLVD FAYETTEVILLE, AR 72703	2b Employer Identification Number (EIN) 71-0664687
		2c Plan Sponsor's telephone number 479-463-1000
		2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	LISA LIGHTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	LISA LIGHTNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 2892
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) 2892 6a(2) 3060 6b 6c 6d 3060 6e 6f 6g(1) 6g(2) 6h
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:

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

4A 4B 4D 4E 4F 4H 4L 4Q

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 6
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	755559	4090	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 35920	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
500 W MONROE ST
SUITE 3400
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31745	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRACEY HINRICHS
7182 LIBERTY CENTRE DRIVE
SUITE Q
WEST CHESTER, OH 45069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4175			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☒ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	405865	
(2) Increase (decrease) in amount due but unpaid	9a(2)	37762	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	443627	
b Benefit charges (1) Claims paid	9b(1)	405575	
(2) Increase (decrease) in claim reserves	9b(2)	445818	
(3) Incurred claims (add (1) and (2))	9b(3)	851393	
(4) Claims charged	9b(4)	851393	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	35920	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	139714	
(D) Other expenses	9c(1)(D)	100662	
(E) Taxes	9c(1)(E)	11091	
(F) Charges for risks or other contingencies	9c(1)(F)	53236	
(G) Other retention charges	9c(1)(G)	0	
(H) Total retention	9c(1)(H)	340623	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	0

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
COMBINED INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2136262	62146	LBT	301	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 14699	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
STEPHENS INSURANCE LLC
3425 NORTH FUTRALL DRIVE
SUITE 201
FAYETTEVILLE, AR 72703

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2652	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EXPLAIN MY BENEFITS
2461 WEST STATE ROAD 426
SUITE 2021
OVIEDO, FL 32765

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10291	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LOCKTON COMPANIES LLC

444 W. 47TH ST
SUITE 900
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1756	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **LONG TERM CARE**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	137976
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	028419	4916	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 25791	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES, LLC
444 WEST 47TH STREET
KANSAS CITY, MO 64112

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25791	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☒ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	322159
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
RELIASTAR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0451140	67105	723983	2228	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 90374	(b) Total amount of fees paid 0
---	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
444 WEST 47TH ST STE 900
KANSAS CITY, MO 64112-1906

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
90374	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENT, CRITICAL ILLNESS, HOSPITAL CONFINEMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	416873
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	755559	869	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 25501	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
500 W MONROE ST
SUITE 3400
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17900	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRACEY HINRICHS
7182 LIBERTY CENTRE DRIVE
SUITE Q
WEST CHESTER, OH 45069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7601	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☒ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	313135	
(2) Increase (decrease) in amount due but unpaid	9a(2)	29588	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)		342723
b Benefit charges (1) Claims paid	9b(1)	98545	
(2) Increase (decrease) in claim reserves	9b(2)	74562	
(3) Incurred claims (add (1) and (2))	9b(3)		173107
(4) Claims charged	9b(4)		173107
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	25501	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	61483	
(D) Other expenses	9c(1)(D)	60911	
(E) Taxes	9c(1)(E)	8568	
(F) Charges for risks or other contingencies	9c(1)(F)	23990	
(G) Other retention charges	9c(1)(G)	0	
(H) Total retention	9c(1)(H)		180453
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	0

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	755559	3060	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 48233	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOCKTON COMPANIES LLC
500 W MONROE ST
SUITE 3400
CHICAGO, IL 60661

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
40423	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRACEY HINRICHS
7182 LIBERTY CENTRE DRIVE
SUITE Q
WEST CHESTER, OH 45069

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7810	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	592774	
(2) Increase (decrease) in amount due but unpaid	9a(2)	7183	
(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
(4) Earned ((1) + (2) - (3))	9a(4)	599957	
b Benefit charges (1) Claims paid	9b(1)	224000	
(2) Increase (decrease) in claim reserves	9b(2)	56314	
(3) Incurred claims (add (1) and (2))	9b(3)	280314	
(4) Claims charged	9b(4)	280314	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)	48233	
(B) Administrative service or other fees	9c(1)(B)	0	
(C) Other specific acquisition costs	9c(1)(C)	0	
(D) Other expenses	9c(1)(D)	62173	
(E) Taxes	9c(1)(E)	14999	
(F) Charges for risks or other contingencies	9c(1)(F)	46539	
(G) Other retention charges	9c(1)(G)	147697	
(H) Total retention	9c(1)(H)	319641	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	0	
(2) Claim reserves	9d(2)	39360	
(3) Other reserves	9d(3)	0	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	0	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

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

BLUEADVANTAGE ADMINISTRATIONS

OF ARKANSAS
PO BOX 3743
LITTLE ROCK, AR 72203

71-0226428

(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?
12 13 50	NONE	1174513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(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?
12 13 50	NONE	115523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPRESS SCRIPTS

43-1420563

(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?
12 13 50	NONE	203766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan WASHINGTON REGIONAL MEDICAL SYSTEM WELFARE BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 WASHINGTON REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 71-0664687

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)	674527	1582460
(2) Participant contributions.....	1b(2)	243173	613329
(3) Other	1b(3)	1309447	2585010
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		114031
(2) U.S. Government securities	1c(2)	885428	0
(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)		
(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	3112575	4894830
Liabilities			
g Benefit claims payable	1g	2307329	2001543
h Operating payables	1h	8858	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2316187	2001543
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	796388	2893287

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)	19287580	
(B) Participants	2a(1)(B)	7645094	
(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)		26932674
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	31914	
(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)		31914
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(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)		0
(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)		
(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)		
(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		26964588

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23237416	
(2) To insurance carriers for the provision of benefits	2e(2)	176756	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		23414172
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)	1453517	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1453517
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24867689

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2096899
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



Washington Regional Medical System Welfare Benefit Plan

EIN 71-0664687 PN 501

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



Washington Regional Medical System Welfare Benefit Plan
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December 31, 2024 and 2023

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Independent Auditor's Report

Employee Benefits Committee, Board of Directors,
and Plan Administrator
Washington Regional Medical System Welfare Benefit Plan
Fayetteville, Arkansas

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

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

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

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Employee Benefits Committee, Board of Directors,
and Plan Administrator
Washington Regional Medical System Welfare Benefit Plan

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Forvis Mazars, LLP

**Rogers, Arkansas
October 3, 2025**

Federal Employer Identification Number: 44-0160260

Washington Regional Medical System Welfare Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at Fair Value	\$ 114,031	\$ 885,428
Receivables		
Employer contribution	1,582,460	674,527
Participant contributions	613,329	243,173
Pharmacy rebate	2,580,529	1,309,447
COBRA receivable	4,481	-
	<u>4,780,799</u>	<u>2,227,147</u>
Total Assets	<u>4,894,830</u>	<u>3,112,575</u>
LIABILITIES		
Accounts payable	-	8,858
Net Assets Available for Benefits	<u>\$ 4,894,830.00</u>	<u>\$ 3,103,717.00</u>

Washington Regional Medical System Welfare Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment Income		
Interest	\$ 31,914	\$ 43,039
	<u>31,914</u>	<u>43,039</u>
Contributions		
Employer	19,287,580	20,262,613
Participants	<u>7,645,094</u>	<u>6,838,878</u>
	<u>26,932,674</u>	<u>27,101,491</u>
Total Additions	<u>26,964,588</u>	<u>27,144,530</u>
Deductions		
Benefits paid to participants, net	23,543,202	25,004,249
Insurance premiums and incentive program expenses	176,756	343,142
Administrative expenses	<u>1,453,517</u>	<u>1,121,485</u>
Total Deductions	<u>25,173,475</u>	<u>26,468,876</u>
Net Increase	1,791,113	675,654
Net Assets Available for Benefits, Beginning of Year	<u>3,103,717</u>	<u>2,428,063</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 4,894,830</u></u>	<u><u>\$ 3,103,717</u></u>

Washington Regional Medical System Welfare Benefit Plan
Statements of Plan's Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health and dental claims payable	\$ 385,774	\$ 624,640
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Claims incurred but not reported	<u>1,615,769</u>	<u>1,682,689</u>
Plan's Total Benefit Obligations	<u><u>\$ 2,001,543</u></u>	<u><u>\$ 2,307,329</u></u>

Washington Regional Medical System Welfare Benefit Plan
Statements of Changes in Plan's Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance at beginning of year	\$ 624,640	\$ 676,606
Claims reported and approved for payment	23,304,336	24,952,283
Claims paid	<u>(23,543,202)</u>	<u>(25,004,249)</u>
Balance at end of year	<u>385,774</u>	<u>624,640</u>
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Balance at beginning of year	1,682,689	1,699,803
Net change during year		
Claims incurred but not reported	<u>(66,920)</u>	<u>(17,114)</u>
Balance at end of year	<u>1,615,769</u>	<u>1,682,689</u>
Plan's Total Benefit Obligations, End of Year	<u><u>\$ 2,001,543</u></u>	<u><u>\$ 2,307,329</u></u>

Note 1. Description of the Plan

General

The following description of Washington Regional Medical System Welfare Benefit Plan (Plan) provides only general information about the Plan's provisions. Participants should refer to the plan document for a more complete description of the Plan's provisions, which is available from the plan administrator.

The Plan provides health and dental benefits covering all employees of Washington Regional Medical System (System) and covered dependents. Additionally, effective December 13, 2022, active employees who retire from active service and accept the 2023 Voluntary Early Retirement Incentive Plan will receive the medical benefits for a period of three years or to age 65, whichever comes first, with continuing payment of premiums. Certain plan assets are held in a trust. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

Self-Insured Benefits

The Plan provides self-insured health benefits (medical, hospital, surgical, major medical, dental, and pharmaceutical) to eligible participants and to their beneficiaries and covered dependents. The Plan also provides benefits to certain terminated employees under the *Consolidated Omnibus Budget Reconciliation Act of 1985* (COBRA). The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the general trust of the Plan.

During 2024 and 2023, Blue Advantage Administrators of Arkansas (Blue Advantage), Delta Dental Plan of Arkansas, Inc. (Delta Dental) (2023), and MetLife, Inc. Dental (2024) processed health and dental claims, respectively, of active and COBRA participants, dependents, and beneficiaries. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. There were no stop-loss refunds for 2024 or 2023.

Contributions

The System contributes an amount as determined annually by the board of directors. Employees and COBRA participants contribute specified amounts, determined periodically by the System, to maintain coverage for themselves and eligible dependents.

Plan Termination

Although it has not expressed any intent to do so, the System has the right under the Plan to modify the benefits provided to, and contributions required of, participants, to discontinue its contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the

Washington Regional Medical System Welfare Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

participants. No assets of the Plan may revert to the System or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, health claims incurred but not reported (IBNR), claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Payment of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan, if any, are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits. The third-party claims processor processes health, disability, and death claims to active participants, dependents, and beneficiaries, but the responsibility for payments to participants and providers is retained by the Plan. These payments are recorded as benefits paid to participants in the accompanying statements of changes in net assets available for benefits.

Pharmacy Rebates

Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable, with the offset being netted against benefits paid. Pharmacy rebates totaling \$5,493,691 and \$2,829,648 have been netted with benefits paid in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, which equals the cost of the investment; therefore, there is no gain or loss recorded on investments.

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.

Plan Benefit Obligations

Plan obligations for health and dental claims IBNR are estimated based upon historical claims experience and actual claims reported subsequent to the Plan's year-end. Additional accruals are included for the estimated ultimate cost of future claims only if such claims are covered as of the Plan's fiscal year-end and the Plan is obligated to pay for the care regardless of continued participation in the Plan.

Administrative Expenses

Administrative expenses may be paid by the System or the Plan, at the System's discretion.

Washington Regional Medical System Welfare Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Certification of Plan Trustee

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

- Investments as shown in the accompanying statements of net assets available for benefits and related disclosures as of December 31, 2024 and 2023
- Interest income as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024

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

Note 4. Related-Party and Party-in-Interest Transactions

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

The Plan's investments are held by the trustee. The Plan has a number of service providers. Such providers are parties in interest under ERISA. Funds in the amount of \$1,688,253 and \$1,464,627 for the years ended December 31, 2024 and 2023, respectively, were paid by the Plan to The Bank of Fayetteville, Blue Advantage, Delta Dental, MetLife, Inc. Dental, Express Scripts, Aon Consulting, USABLE Partners, US Corporate Wellness, and HealthScope Benefits, Inc. for premiums, incentive program expenses, and administrative expenses. The Plan incurs expenses related to general administration, record-keeping, and certain accounting and auditing fees, which are paid by the System.

Note 5. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 4,894,830	\$ 3,103,717
Benefit obligations currently payable (health claims, death, and disability benefits)	<u>(2,001,543)</u>	<u>(2,307,329)</u>
Net assets available for benefits per Form 5500	<u>\$ 2,893,287</u>	<u>\$ 796,388</u>

Washington Regional Medical System Welfare Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 23,543,202	\$ 25,004,249
Add amounts payable at end of year	2,001,543	2,307,329
Less amounts payable at beginning of year	<u>(2,307,329)</u>	<u>-</u>
Benefits paid to participants per Form 5500	<u>\$ 23,237,416</u>	<u>\$ 27,311,578</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on Form 5500 for benefit claims that have been processed and approved for payment and claims IBNR prior to December 31 but not yet paid as of that date.

Note 6. Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	<u>Fair Value Measurements Using</u>		
	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
December 31, 2024			
Federated Treasury Obligation			
Fund #398	<u>\$ 114,031</u>	<u>\$ 114,031</u>	<u>\$ -</u>

Washington Regional Medical System Welfare Benefit Plan
Notes to Financial Statements
December 31, 2024 and 2023

	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Fair Value			
December 31, 2023			
Federated Treasury Obligation			
Fund #398	\$ 885,428	\$ 885,428	\$ -

The following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities and maintains deposits in certain financial institutions that are exposed to various risks such as interest rate, market, custodial, 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 assets will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

Note 8. Tax Status

No request for tax-exempt status has been filed with the Internal Revenue Service. However, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 9. Subsequent Events

Subsequent events have been evaluated through October 3, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 114,031 shares	\$ 114,031	\$ 114,031

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred With Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) - Individual Transactions in Excess of 5% of Plan Assets							
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 825,857 shares	\$ 825,857	\$ -	\$ -	\$ 825,857	\$ 825,857	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 961,613 shares	\$ 961,613	\$ -	\$ -	\$ 961,613	\$ 961,613	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 952,098 shares	\$ 952,098	\$ -	\$ -	\$ 952,098	\$ 952,098	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 800,007 shares	\$ 800,007	\$ -	\$ -	\$ 800,007	\$ 800,007	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 524,285 shares	\$ 524,285	\$ -	\$ -	\$ 524,285	\$ 524,285	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 966,129 shares	\$ 966,129	\$ -	\$ -	\$ 966,129	\$ 966,129	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 996,933 shares	\$ 996,933	\$ -	\$ -	\$ 996,933	\$ 996,933	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 971,625 shares	\$ 971,625	\$ -	\$ -	\$ 971,625	\$ 971,625	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 775,352 shares	\$ 775,352	\$ -	\$ -	\$ 775,352	\$ 775,352	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 233,474 shares	\$ 233,474	\$ -	\$ -	\$ 233,474	\$ 233,474	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 968,044 shares	\$ 968,044	\$ -	\$ -	\$ 968,044	\$ 968,044	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 866,544 shares	\$ 866,544	\$ -	\$ -	\$ 866,544	\$ 866,544	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 865,077 shares	\$ 865,077	\$ -	\$ -	\$ 865,077	\$ 865,077	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 785,162 shares	\$ 785,162	\$ -	\$ -	\$ 785,162	\$ 785,162	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 871,938 shares	\$ 871,938	\$ -	\$ -	\$ 871,938	\$ 871,938	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 880,844 shares	\$ 880,844	\$ -	\$ -	\$ 880,844	\$ 880,844	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,105,748 shares	\$ 1,105,748	\$ -	\$ -	\$ 1,105,748	\$ 1,105,748	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 994,088 shares	\$ 994,088	\$ -	\$ -	\$ 994,088	\$ 994,088	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 987,406 shares	\$ 987,406	\$ -	\$ -	\$ 987,406	\$ 987,406	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 846,689 shares	\$ 846,689	\$ -	\$ -	\$ 846,689	\$ 846,689	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 989,080 shares	\$ 989,080	\$ -	\$ -	\$ 989,080	\$ 989,080	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,005,850 shares	\$ 1,005,850	\$ -	\$ -	\$ 1,005,850	\$ 1,005,850	\$ -

Washington Regional Medical System Welfare Benefit Plan

EIN 71-0664687 PN 501

Schedule H, Line 4j – Schedule of Reportable Transactions

(Continued)

Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,007,557 shares	\$ 1,007,557	\$ -	\$ -	\$ 1,007,557	\$ 1,007,557	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,013,078 shares	\$ 1,013,078	\$ -	\$ -	\$ 1,013,078	\$ 1,013,078	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,017,155 shares	\$ 1,017,155	\$ -	\$ -	\$ 1,017,155	\$ 1,017,155	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,022,772 shares	\$ 1,022,772	\$ -	\$ -	\$ 1,022,772	\$ 1,022,772	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 924,921 shares	\$ 924,921	\$ -	\$ -	\$ 924,921	\$ 924,921	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 901,073 shares	\$ 901,073	\$ -	\$ -	\$ 901,073	\$ 901,073	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 901,255 shares	\$ 901,255	\$ -	\$ -	\$ 901,255	\$ 901,255	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,013,286 shares	\$ 1,013,286	\$ -	\$ -	\$ 1,013,286	\$ 1,013,286	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,018,953 shares	\$ 1,018,953	\$ -	\$ -	\$ 1,018,953	\$ 1,018,953	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 903,002 shares	\$ 903,002	\$ -	\$ -	\$ 903,002	\$ 903,002	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 487,497 shares	\$ -	\$ 487,497	\$ -	\$ 487,497	\$ 487,497	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 499,731 shares	\$ -	\$ 499,731	\$ -	\$ 499,731	\$ 499,731	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 417,929 shares	\$ -	\$ 417,929	\$ -	\$ 417,929	\$ 417,929	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 187,907 shares	\$ -	\$ 187,907	\$ -	\$ 187,907	\$ 187,907	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 547,470 shares	\$ -	\$ 547,470	\$ -	\$ 547,470	\$ 547,470	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 324,402 shares	\$ -	\$ 324,402	\$ -	\$ 324,402	\$ 324,402	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 388,281 shares	\$ -	\$ 388,281	\$ -	\$ 388,281	\$ 388,281	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 303,696 shares	\$ -	\$ 303,696	\$ -	\$ 303,696	\$ 303,696	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 268,713 shares	\$ -	\$ 268,713	\$ -	\$ 268,713	\$ 268,713	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 637,574 shares	\$ -	\$ 637,574	\$ -	\$ 637,574	\$ 637,574	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 464,799 shares	\$ -	\$ 464,799	\$ -	\$ 464,799	\$ 464,799	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 194,225 shares	\$ -	\$ 194,225	\$ -	\$ 194,225	\$ 194,225	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
(Continued)
Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 283,073 shares	\$ -	\$ 283,073	\$ -	\$ 283,073	\$ 283,073	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 196,499 shares	\$ -	\$ 196,499	\$ -	\$ 196,499	\$ 196,499	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 423,903 shares	\$ -	\$ 423,903	\$ -	\$ 423,903	\$ 423,903	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 539,469 shares	\$ -	\$ 539,469	\$ -	\$ 539,469	\$ 539,469	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 307,066 shares	\$ -	\$ 307,066	\$ -	\$ 307,066	\$ 307,066	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 244,932 shares	\$ -	\$ 244,932	\$ -	\$ 244,932	\$ 244,932	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 193,939 shares	\$ -	\$ 193,939	\$ -	\$ 193,939	\$ 193,939	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 272,418 shares	\$ -	\$ 272,418	\$ -	\$ 272,418	\$ 272,418	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 374,324 shares	\$ -	\$ 374,324	\$ -	\$ 374,324	\$ 374,324	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 355,867 shares	\$ -	\$ 355,867	\$ -	\$ 355,867	\$ 355,867	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 253,374 shares	\$ -	\$ 253,374	\$ -	\$ 253,374	\$ 253,374	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 280,391 shares	\$ -	\$ 280,391	\$ -	\$ 280,391	\$ 280,391	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 389,845 shares	\$ -	\$ 389,845	\$ -	\$ 389,845	\$ 389,845	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 293,149 shares	\$ -	\$ 293,149	\$ -	\$ 293,149	\$ 293,149	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 198,949 shares	\$ -	\$ 198,949	\$ -	\$ 198,949	\$ 198,949	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 337,075 shares	\$ -	\$ 337,075	\$ -	\$ 337,075	\$ 337,075	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 514,278 shares	\$ -	\$ 514,278	\$ -	\$ 514,278	\$ 514,278	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 526,606 shares	\$ -	\$ 526,606	\$ -	\$ 526,606	\$ 526,606	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 303,379 shares	\$ -	\$ 303,379	\$ -	\$ 303,379	\$ 303,379	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 218,639 shares	\$ -	\$ 218,639	\$ -	\$ 218,639	\$ 218,639	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 256,174 shares	\$ -	\$ 256,174	\$ -	\$ 256,174	\$ 256,174	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 311,763 shares	\$ -	\$ 311,763	\$ -	\$ 311,763	\$ 311,763	\$ -

Washington Regional Medical System Welfare Benefit Plan

EIN 71-0664687 PN 501

Schedule H, Line 4j – Schedule of Reportable Transactions

(Continued)

Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 565,709 shares	\$ -	\$ 565,709	\$ -	\$ 565,709	\$ 565,709	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 492,824 shares	\$ -	\$ 492,824	\$ -	\$ 492,824	\$ 492,824	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 346,774 shares	\$ -	\$ 346,774	\$ -	\$ 346,774	\$ 346,774	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 354,022 shares	\$ -	\$ 354,022	\$ -	\$ 354,022	\$ 354,022	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 517,923 shares	\$ -	\$ 517,923	\$ -	\$ 517,923	\$ 517,923	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 320,881 shares	\$ -	\$ 320,881	\$ -	\$ 320,881	\$ 320,881	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 385,718 shares	\$ -	\$ 385,718	\$ -	\$ 385,718	\$ 385,718	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 388,634 shares	\$ -	\$ 388,634	\$ -	\$ 388,634	\$ 388,634	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 432,630 shares	\$ -	\$ 432,630	\$ -	\$ 432,630	\$ 432,630	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 440,988 shares	\$ -	\$ 440,988	\$ -	\$ 440,988	\$ 440,988	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 540,110 shares	\$ -	\$ 540,110	\$ -	\$ 540,110	\$ 540,110	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 295,499 shares	\$ -	\$ 295,499	\$ -	\$ 295,499	\$ 295,499	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 701,840 shares	\$ -	\$ 701,840	\$ -	\$ 701,840	\$ 701,840	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 247,719 shares	\$ -	\$ 247,719	\$ -	\$ 247,719	\$ 247,719	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 457,020 shares	\$ -	\$ 457,020	\$ -	\$ 457,020	\$ 457,020	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 168,252 shares	\$ -	\$ 168,252	\$ -	\$ 168,252	\$ 168,252	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 300,931 shares	\$ -	\$ 300,931	\$ -	\$ 300,931	\$ 300,931	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 281,645 shares	\$ -	\$ 281,645	\$ -	\$ 281,645	\$ 281,645	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 452,332 shares	\$ -	\$ 452,332	\$ -	\$ 452,332	\$ 452,332	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 207,525 shares	\$ -	\$ 207,525	\$ -	\$ 207,525	\$ 207,525	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 493,268 shares	\$ -	\$ 493,268	\$ -	\$ 493,268	\$ 493,268	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 476,435 shares	\$ -	\$ 476,435	\$ -	\$ 476,435	\$ 476,435	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price		Selling Price		Expenses Incurred with Transaction		Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 468,929 shares	\$	-	\$	468,929	\$	-	\$ 468,929	\$ 468,929	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 311,171 shares	\$	-	\$	311,171	\$	-	\$ 311,171	\$ 311,171	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 312,964 shares	\$	-	\$	312,964	\$	-	\$ 312,964	\$ 312,964	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 317,274 shares	\$	-	\$	317,274	\$	-	\$ 317,274	\$ 317,274	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 641,247 shares	\$	-	\$	641,247	\$	-	\$ 641,247	\$ 641,247	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 554,417 shares	\$	-	\$	554,417	\$	-	\$ 554,417	\$ 554,417	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 405,331 shares	\$	-	\$	405,331	\$	-	\$ 405,331	\$ 405,331	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 318,934 shares	\$	-	\$	318,934	\$	-	\$ 318,934	\$ 318,934	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 627,302 shares	\$	-	\$	627,302	\$	-	\$ 627,302	\$ 627,302	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 156,314 shares	\$	-	\$	156,314	\$	-	\$ 156,314	\$ 156,314	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 359,611 shares	\$	-	\$	359,611	\$	-	\$ 359,611	\$ 359,611	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 417,043 shares	\$ -	\$ 417,043	\$ -	\$ 417,043	\$ 417,043	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 333,414 shares	\$ -	\$ 333,414	\$ -	\$ 333,414	\$ 333,414	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 348,067 shares	\$ -	\$ 348,067	\$ -	\$ 348,067	\$ 348,067	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 556,827 shares	\$ -	\$ 556,827	\$ -	\$ 556,827	\$ 556,827	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 527,100 shares	\$ -	\$ 527,100	\$ -	\$ 527,100	\$ 527,100	\$ -
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets							
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 28,896,895 shares	\$ 28,896,895	\$ -	\$ -	\$ 28,896,895	\$ 28,896,895	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 27,321,960 shares	\$ -	\$ 27,321,960	\$ -	\$ 27,321,960	\$ 27,321,960	\$ -

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information --- enter all requested information	
1a Name of plan Washington Regional Medical System Welfare Benefit Plan	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 06/01/1988
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) Washington Regional Medical Center 3215 N. North Hills Blvd US Fayetteville AR 72703	2b Employer Identification Number (EIN) 71-0664687
	2c Plan Sponsor's telephone number (479) 463-1000
	2d Business code (see instructions) 622000

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

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

SIGN HERE		10/14/2025	Lisa Lightner
	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 ☒ 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 and 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 2,892
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	6a(1) 2,892
a(2) Total number of active participants at the end of the plan year	6a(2) 3,060
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 3,060
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:

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

4A 4B 4D 4E 4F 4H 4L 4Q

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information - Small Plan)
- (3)** ☒ **A** (Insurance Information) - Number Attached 6
- (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 _____

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024

Identity of Issue	Description of Investment	Cost	Current Value
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 114,031 shares	\$ 114,031	\$ 114,031

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

<u>Identity</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expenses Incurred With Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) - Individual Transactions in Excess of 5% of Plan Assets							
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 825,857 shares	\$ 825,857	\$ -	\$ -	\$ 825,857	\$ 825,857	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 961,613 shares	\$ 961,613	\$ -	\$ -	\$ 961,613	\$ 961,613	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 952,098 shares	\$ 952,098	\$ -	\$ -	\$ 952,098	\$ 952,098	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 800,007 shares	\$ 800,007	\$ -	\$ -	\$ 800,007	\$ 800,007	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 524,285 shares	\$ 524,285	\$ -	\$ -	\$ 524,285	\$ 524,285	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 966,129 shares	\$ 966,129	\$ -	\$ -	\$ 966,129	\$ 966,129	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 996,933 shares	\$ 996,933	\$ -	\$ -	\$ 996,933	\$ 996,933	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 971,625 shares	\$ 971,625	\$ -	\$ -	\$ 971,625	\$ 971,625	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 775,352 shares	\$ 775,352	\$ -	\$ -	\$ 775,352	\$ 775,352	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 233,474 shares	\$ 233,474	\$ -	\$ -	\$ 233,474	\$ 233,474	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 968,044 shares	\$ 968,044	\$ -	\$ -	\$ 968,044	\$ 968,044	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 866,544 shares	\$ 866,544	\$ -	\$ -	\$ 866,544	\$ 866,544	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 865,077 shares	\$ 865,077	\$ -	\$ -	\$ 865,077	\$ 865,077	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 785,162 shares	\$ 785,162	\$ -	\$ -	\$ 785,162	\$ 785,162	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 871,938 shares	\$ 871,938	\$ -	\$ -	\$ 871,938	\$ 871,938	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 880,844 shares	\$ 880,844	\$ -	\$ -	\$ 880,844	\$ 880,844	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,105,748 shares	\$ 1,105,748	\$ -	\$ -	\$ 1,105,748	\$ 1,105,748	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 994,088 shares	\$ 994,088	\$ -	\$ -	\$ 994,088	\$ 994,088	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 987,406 shares	\$ 987,406	\$ -	\$ -	\$ 987,406	\$ 987,406	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 846,689 shares	\$ 846,689	\$ -	\$ -	\$ 846,689	\$ 846,689	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 989,080 shares	\$ 989,080	\$ -	\$ -	\$ 989,080	\$ 989,080	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,005,850 shares	\$ 1,005,850	\$ -	\$ -	\$ 1,005,850	\$ 1,005,850	\$ -

Washington Regional Medical System Welfare Benefit Plan

EIN 71-0664687 PN 501

Schedule H, Line 4j – Schedule of Reportable Transactions

(Continued)

Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,007,557 shares	\$ 1,007,557	\$ -	\$ -	\$ 1,007,557	\$ 1,007,557	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,013,078 shares	\$ 1,013,078	\$ -	\$ -	\$ 1,013,078	\$ 1,013,078	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,017,155 shares	\$ 1,017,155	\$ -	\$ -	\$ 1,017,155	\$ 1,017,155	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,022,772 shares	\$ 1,022,772	\$ -	\$ -	\$ 1,022,772	\$ 1,022,772	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 924,921 shares	\$ 924,921	\$ -	\$ -	\$ 924,921	\$ 924,921	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 901,073 shares	\$ 901,073	\$ -	\$ -	\$ 901,073	\$ 901,073	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 901,255 shares	\$ 901,255	\$ -	\$ -	\$ 901,255	\$ 901,255	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,013,286 shares	\$ 1,013,286	\$ -	\$ -	\$ 1,013,286	\$ 1,013,286	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 1,018,953 shares	\$ 1,018,953	\$ -	\$ -	\$ 1,018,953	\$ 1,018,953	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 903,002 shares	\$ 903,002	\$ -	\$ -	\$ 903,002	\$ 903,002	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 487,497 shares	\$ -	\$ 487,497	\$ -	\$ 487,497	\$ 487,497	\$ -

Washington Regional Medical System Welfare Benefit Plan
EIN 71-0664687 PN 501
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024

(Continued)

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 499,731 shares	\$ -	\$ 499,731	\$ -	\$ 499,731	\$ 499,731	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 417,929 shares	\$ -	\$ 417,929	\$ -	\$ 417,929	\$ 417,929	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 187,907 shares	\$ -	\$ 187,907	\$ -	\$ 187,907	\$ 187,907	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 547,470 shares	\$ -	\$ 547,470	\$ -	\$ 547,470	\$ 547,470	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 324,402 shares	\$ -	\$ 324,402	\$ -	\$ 324,402	\$ 324,402	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 388,281 shares	\$ -	\$ 388,281	\$ -	\$ 388,281	\$ 388,281	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 303,696 shares	\$ -	\$ 303,696	\$ -	\$ 303,696	\$ 303,696	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 268,713 shares	\$ -	\$ 268,713	\$ -	\$ 268,713	\$ 268,713	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 637,574 shares	\$ -	\$ 637,574	\$ -	\$ 637,574	\$ 637,574	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 464,799 shares	\$ -	\$ 464,799	\$ -	\$ 464,799	\$ 464,799	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 194,225 shares	\$ -	\$ 194,225	\$ -	\$ 194,225	\$ 194,225	\$ -

Washington Regional Medical System Welfare Benefit Plan

EIN 71-0664687 PN 501

Schedule H, Line 4j – Schedule of Reportable Transactions

(Continued)

Year Ended December 31, 2024

Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 283,073 shares	\$ -	\$ 283,073	\$ -	\$ 283,073	\$ 283,073	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 196,499 shares	\$ -	\$ 196,499	\$ -	\$ 196,499	\$ 196,499	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 423,903 shares	\$ -	\$ 423,903	\$ -	\$ 423,903	\$ 423,903	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 539,469 shares	\$ -	\$ 539,469	\$ -	\$ 539,469	\$ 539,469	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 307,066 shares	\$ -	\$ 307,066	\$ -	\$ 307,066	\$ 307,066	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 244,932 shares	\$ -	\$ 244,932	\$ -	\$ 244,932	\$ 244,932	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 193,939 shares	\$ -	\$ 193,939	\$ -	\$ 193,939	\$ 193,939	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 272,418 shares	\$ -	\$ 272,418	\$ -	\$ 272,418	\$ 272,418	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 374,324 shares	\$ -	\$ 374,324	\$ -	\$ 374,324	\$ 374,324	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 355,867 shares	\$ -	\$ 355,867	\$ -	\$ 355,867	\$ 355,867	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 253,374 shares	\$ -	\$ 253,374	\$ -	\$ 253,374	\$ 253,374	\$ -

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Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 280,391 shares	\$ -	\$ 280,391	\$ -	\$ 280,391	\$ 280,391	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 389,845 shares	\$ -	\$ 389,845	\$ -	\$ 389,845	\$ 389,845	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 293,149 shares	\$ -	\$ 293,149	\$ -	\$ 293,149	\$ 293,149	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 198,949 shares	\$ -	\$ 198,949	\$ -	\$ 198,949	\$ 198,949	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 337,075 shares	\$ -	\$ 337,075	\$ -	\$ 337,075	\$ 337,075	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 514,278 shares	\$ -	\$ 514,278	\$ -	\$ 514,278	\$ 514,278	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 526,606 shares	\$ -	\$ 526,606	\$ -	\$ 526,606	\$ 526,606	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 303,379 shares	\$ -	\$ 303,379	\$ -	\$ 303,379	\$ 303,379	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 218,639 shares	\$ -	\$ 218,639	\$ -	\$ 218,639	\$ 218,639	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 256,174 shares	\$ -	\$ 256,174	\$ -	\$ 256,174	\$ 256,174	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 311,763 shares	\$ -	\$ 311,763	\$ -	\$ 311,763	\$ 311,763	\$ -

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Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 565,709 shares	\$ -	\$ 565,709	\$ -	\$ 565,709	\$ 565,709	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 492,824 shares	\$ -	\$ 492,824	\$ -	\$ 492,824	\$ 492,824	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 346,774 shares	\$ -	\$ 346,774	\$ -	\$ 346,774	\$ 346,774	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 354,022 shares	\$ -	\$ 354,022	\$ -	\$ 354,022	\$ 354,022	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 517,923 shares	\$ -	\$ 517,923	\$ -	\$ 517,923	\$ 517,923	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 320,881 shares	\$ -	\$ 320,881	\$ -	\$ 320,881	\$ 320,881	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 385,718 shares	\$ -	\$ 385,718	\$ -	\$ 385,718	\$ 385,718	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 388,634 shares	\$ -	\$ 388,634	\$ -	\$ 388,634	\$ 388,634	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 432,630 shares	\$ -	\$ 432,630	\$ -	\$ 432,630	\$ 432,630	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 440,988 shares	\$ -	\$ 440,988	\$ -	\$ 440,988	\$ 440,988	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 540,110 shares	\$ -	\$ 540,110	\$ -	\$ 540,110	\$ 540,110	\$ -

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Identity	Description	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 295,499 shares	\$ -	\$ 295,499	\$ -	\$ 295,499	\$ 295,499	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 701,840 shares	\$ -	\$ 701,840	\$ -	\$ 701,840	\$ 701,840	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 247,719 shares	\$ -	\$ 247,719	\$ -	\$ 247,719	\$ 247,719	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 457,020 shares	\$ -	\$ 457,020	\$ -	\$ 457,020	\$ 457,020	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 168,252 shares	\$ -	\$ 168,252	\$ -	\$ 168,252	\$ 168,252	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 300,931 shares	\$ -	\$ 300,931	\$ -	\$ 300,931	\$ 300,931	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 281,645 shares	\$ -	\$ 281,645	\$ -	\$ 281,645	\$ 281,645	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 452,332 shares	\$ -	\$ 452,332	\$ -	\$ 452,332	\$ 452,332	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 207,525 shares	\$ -	\$ 207,525	\$ -	\$ 207,525	\$ 207,525	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 493,268 shares	\$ -	\$ 493,268	\$ -	\$ 493,268	\$ 493,268	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 476,435 shares	\$ -	\$ 476,435	\$ -	\$ 476,435	\$ 476,435	\$ -

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Identity	Description	Purchase Price		Selling Price		Expenses Incurred with Transaction		Cost of Asset	Current Value of of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 468,929 shares	\$	-	\$	468,929	\$	-	\$ 468,929	\$ 468,929	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 311,171 shares	\$	-	\$	311,171	\$	-	\$ 311,171	\$ 311,171	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 312,964 shares	\$	-	\$	312,964	\$	-	\$ 312,964	\$ 312,964	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 317,274 shares	\$	-	\$	317,274	\$	-	\$ 317,274	\$ 317,274	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 641,247 shares	\$	-	\$	641,247	\$	-	\$ 641,247	\$ 641,247	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 554,417 shares	\$	-	\$	554,417	\$	-	\$ 554,417	\$ 554,417	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 405,331 shares	\$	-	\$	405,331	\$	-	\$ 405,331	\$ 405,331	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 318,934 shares	\$	-	\$	318,934	\$	-	\$ 318,934	\$ 318,934	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 627,302 shares	\$	-	\$	627,302	\$	-	\$ 627,302	\$ 627,302	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 156,314 shares	\$	-	\$	156,314	\$	-	\$ 156,314	\$ 156,314	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 359,611 shares	\$	-	\$	359,611	\$	-	\$ 359,611	\$ 359,611	\$ -

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Identity	Description	Purchase Price	Selling Price	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 417,043 shares	\$ -	\$ 417,043	\$ -	\$ 417,043	\$ 417,043	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 333,414 shares	\$ -	\$ 333,414	\$ -	\$ 333,414	\$ 333,414	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 348,067 shares	\$ -	\$ 348,067	\$ -	\$ 348,067	\$ 348,067	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 556,827 shares	\$ -	\$ 556,827	\$ -	\$ 556,827	\$ 556,827	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 527,100 shares	\$ -	\$ 527,100	\$ -	\$ 527,100	\$ 527,100	\$ -
Category (iii) – Series of Transactions in Excess of 5% of Plan Assets							
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 28,896,895 shares	\$ 28,896,895	\$ -	\$ -	\$ 28,896,895	\$ 28,896,895	\$ -
Federated Treasury Obligation Fund #398	Money Market Mutual Fund, 27,321,960 shares	\$ -	\$ 27,321,960	\$ -	\$ 27,321,960	\$ 27,321,960	\$ -