

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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

<p>1a Name of plan <u>GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>006</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE GUTHRIE CLINIC</u></p> <p><u>1 GUTHRIE SQUARE</u> <u>SAYRE, PA 18840</u></p>	<p>1c Effective date of plan <u>01/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>23-3055017</u></p> <p>2c Plan Sponsor's telephone number <u>570-887-5004</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9547
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)	7589
	6a(2)	11376
	6b	45
	6c	2176
	6d	13597
	6e	25
	6f	13622
	6g(1)	7489
	6g(2)	10942
h	469	
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:
2F 2G 2L 2M 3H 2S 2T

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

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

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>006</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GUTHRIE CLINIC</p>	<p>D Employer Identification Number (EIN) 23-3055017</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(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
13-1624203	69345	346997	112	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	(b) Total amount of fees paid
---	--------------------------------------

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

(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	

(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	980957
5	Current value of plan's interest under this contract in separate accounts at year end.....	4387729
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 959280
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 43595
	(4) Transferred from separate account	7c(4) 18559
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 62154
d	Total of balance and additions (add lines 7b and 7c(6))	7d 1021434
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 35692
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ MISC	7e(4) 4785
(5) Total deductions	7e(5) 40477	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 980957

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)	0
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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		
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		

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	---

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

<p>A Name of plan GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>006</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GUTHRIE CLINIC</p>	<p>D Employer Identification Number (EIN) 23-3055017</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE OF CT

(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
06-0566090	87726	1014192-02	6	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	(b) Total amount of fees paid
---	--------------------------------------

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

(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	

(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. **6d**
 Specify nature of costs ▶

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	18623
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	576
	7c(4)	1626
	7c(5)	75
▶ LOAN REPAYMENTS		
(6) Total additions	7c(6)	2277
d Total of balance and additions (add lines 7b and 7c(6))	7d	20900
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	20900

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)	0
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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	
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	

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. ▶

(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 15704172
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 664928
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ MISC	7c(5) 7574
	(6) Total additions	7c(6) 672502
d	Total of balance and additions (add lines 7b and 7c(6))	7d 16376674
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 1224010
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ MISC	7e(4) 6131
(5) Total deductions	7e(5) 1230141	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 15146533

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)	0
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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	
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	

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. ▶

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

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

<p>A Name of plan GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>006</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 THE GUTHRIE CLINIC</p>	<p>D Employer Identification Number (EIN) 23-3055017</p>	

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.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL 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
36-6071399	70688	L755E134	0	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	(b) Total amount of fees paid
---	--------------------------------------

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

(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	

(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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 449008
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2) 14364
	(3) Interest credited during the year.....	7c(3)
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ MISC	7c(5) 10693
	(6) Total additions	7c(6) 25057
d	Total of balance and additions (add lines 7b and 7c(6))	7d 474065
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)..... ▶ MKT ADJ/WITHDRWALS	7e(4) 87046
(5) Total deductions	7e(5) 87046	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 387019

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)	0
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)	0
	(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)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	
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	

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

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

A Name of plan GUTHRIE 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 THE GUTHRIE CLINIC	D Employer Identification Number (EIN) 23-3055017	

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

TIAA

13-1624203

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

FID INV INST OPS CO

04-2647786

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

METROPOLITAN LIFE INSURANCE COMPANY **300 DAVIDSON AVENUE**
SOMERSET, NJ 08873

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

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

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

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

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

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

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

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

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

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

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

FID INV INST OPS CO

04-2647786

(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?
64 65 50	RECORDKEEPER	401882	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
HARBOR CAP APPR INST 34-1953399	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DODGE & COX INC 1345 AVE OF THE AMERICAS NEW YORK, NY 10105	0.08%, 0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
WW QUAL SMCAP INST 31-1663251	0.15%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE GUTHRIE CLINIC</u>	D Employer Identification Number (EIN) <u>23-3055017</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>197769</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOVERNMENT FIXED FUND</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INS. CO.</u>		
c EIN-PN <u>36-6071399-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>150980</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GUTHRIE 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 THE GUTHRIE CLINIC	D Employer Identification Number (EIN) 23-3055017

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10256245	13695643
(2) Participant contributions	1b(2)	2169710	1485113
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8808609	9147699
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	4805096	6324267
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	353731	348749
(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)	429137694	582382326
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17044623	16451329
(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	472575708	629835126
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	472575708	629835126

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)	29152796	
(B) Participants.....	2a(1)(B)	46797156	
(C) Others (including rollovers).....	2a(1)(C)	57966333	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		133916285
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	489575	
(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)	391766	
(F) Other.....	2b(1)(F)	41023	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		922364
(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)	21183687	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		21183687
(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)		-8521
(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)		42914671
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		198928486

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41145909	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		41145909
f Corrective distributions (see instructions)	2f		76584
g Certain deemed distributions of participant loans (see instructions)	2g		36096
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2400	
(3) Recordkeeping fees	2i(3)	408079	
(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)		410479
j Total expenses. Add all expense amounts in column (b) and enter total	2j		41669068

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		157259418
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: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

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

A Name of plan <u>GUTHRIE 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE GUTHRIE CLINIC</u>	D Employer Identification Number (EIN) <u>23-3055017</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-6568107 13-1624203

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**GUTHRIE 403(b) RETIREMENT
SAVINGS PLAN**

**Financial Statements
as of December 31, 2024 and 2023
Together with
Independent Auditor's Report**

INDEPENDENT AUDITOR'S REPORT

October 13, 2025

To the Plan Administrator of the
Guthrie 403(b) Retirement Savings Plan:

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

We have performed audits of the accompanying financial statements of the Guthrie 403(b) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the 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 qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements referred to above, 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 (GAAP).
- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

171 Sully's Trail
Pittsford, NY 14534
p (585) 381-1000
f (585) 381-3131

www.bonadio.com

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, 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 GAAP.

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 GAAP.

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 Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedule Required by ERISA (Continued)

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS, at fair value:		
Money market funds	\$ 9,403,750	\$ 9,059,002
Registered investment companies	574,229,541	421,877,923
Non-benefit responsive fixed annuity contracts	850,877	977,903
Pooled separate accounts	<u>8,245,483</u>	<u>7,363,107</u>
	<u>592,729,651</u>	<u>439,277,935</u>
INVESTMENTS, at contract value:		
Fixed annuity contracts	<u>15,600,452</u>	<u>16,066,721</u>
Total investments	<u>608,330,103</u>	<u>455,344,656</u>
RECEIVABLES:		
Employer contributions	13,695,643	10,256,245
Employee contributions	1,485,113	2,169,710
Notes receivable from participants	<u>6,324,267</u>	<u>4,805,097</u>
Total receivables	<u>21,505,023</u>	<u>17,231,052</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 629,835,126</u>	<u>\$ 472,575,708</u>

The accompanying notes are an integral part of these statements.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Contributions -		
Employee	\$ 46,797,156	\$ 33,050,453
Employer	29,152,796	19,601,536
Rollover	<u>57,966,333</u>	<u>5,425,097</u>
Total contributions	<u>133,916,285</u>	<u>58,077,086</u>
Investment income -		
Net appreciation in fair value of investments	42,906,150	55,369,893
Interest and dividends	<u>21,714,285</u>	<u>11,865,631</u>
Net investment income	<u>64,620,435</u>	<u>67,235,524</u>
Interest on notes receivable from participants	<u>391,766</u>	<u>235,984</u>
Total additions	<u>198,928,486</u>	<u>125,548,594</u>
DEDUCTIONS:		
Benefits paid to participants	41,258,589	34,409,684
Administrative expenses	<u>410,479</u>	<u>330,583</u>
Total deductions	<u>41,669,068</u>	<u>34,740,267</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	<u>157,259,418</u>	<u>90,808,327</u>
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>472,575,708</u>	<u>381,767,381</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 629,835,126</u>	<u>\$ 472,575,708</u>

The accompanying notes are an integral part of these statements.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF PLAN

The following description of the Guthrie 403(b) Retirement Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Prior to January 1, 2015, certain employees of Guthrie Medical Group, P.C. (Guthrie Medical) and Guthrie Clinic (Plan Sponsor) and their tax-exempt affiliates were permitted to participate in the Guthrie 401(k) Retirement Savings Plan. Effective January 1, 2015, all employees of Guthrie Medical, the Guthrie Clinic and their tax-exempt affiliates ceased actively participating in the Guthrie 401(k) Retirement Savings Plan and instead are permitted to elect making deferrals to and receiving matching contributions under this Plan. Employees of the Twin Tier Management Corporation and any other taxable affiliate of Guthrie Medical or Guthrie Clinic may continue to participate in the Guthrie 401(k) Retirement Savings Plan.

In April 2015, Towanda Memorial Hospital, located in Towanda, Pennsylvania, merged with the Guthrie Clinic and was renamed Guthrie Towanda Memorial Hospital. Effective May 15, 2017, the Memorial Hospital, Inc. of Towanda, PA 403(b) Plan (Towanda) merged into the Plan. As a result, all Towanda plan assets were transferred to the Plan.

Guthrie Cortland Medical Center (the Hospital) is an affiliate of the Plan Sponsor. In October 2021, the Hospital's Board of Directors approved a resolution to amend the Guthrie Cortland Medical Center 403(b) Plan (the Guthrie Cortland Plan) to freeze participation and cease contributions effective December 26, 2021 and merge the Guthrie Cortland Plan into this Plan on December 31, 2021. The Hospital's Board of Directors also approved a resolution, effective December 28, 2021, to designate the Guthrie Clinic Retirement Savings Committee, a sub-committee of the Guthrie Clinic Board of Trustees' Finance Committee, as Plan Administrator of the Guthrie Cortland Plan. Through designation of the Plan Administrator, the Hospital transferred control of the Guthrie Cortland Plan. All assets of the Guthrie Cortland Plan were transferred to the Plan in January 2022.

General

The Plan is a 403(b) plan that covers substantially all employees of the participating employers (as defined in the Plan document). Participants are eligible to receive employer contributions as of the later of the date that employment is commenced or the date that the participant attains the age of eighteen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Plan Sponsor. Teachers Insurance and Annuity Association (TIAA), College Retirement Equities Fund (CREF), Metropolitan Life Insurance Company (MetLife), and Fidelity Workplace Services, LLC (FWS) are the Plan's recordkeepers. Fidelity Management Trust Company (Fidelity) is the custodian of certain Plan's assets. TIAA, CREF, and MetLife are the insurance companies of the Plan. MetLife serves as an authorized agent of Reliance Trust Company, a directed custodian of certain assets of the Plan recordkept by MetLife.

1. DESCRIPTION OF PLAN (Continued)

General (Continued)

Additionally, in 2022, in conjunction with the Guthrie Cortland Plan merger, Lincoln Life and Annuity Company of New York (Lincoln) and Transamerica Financial Life Insurance Company (TransAmerica) became the insurance companies for certain assets of the Plan; Transamerica Retirement Solutions, LLC (Transamerica, LLC) became a recordkeeper of the Plan; and State Street Bank and Trust Company (State Street) became the custodian for certain assets recordkept by Transamerica, LLC.

Eligibility

All common law employees of the participating employers are eligible to begin salary deferrals as soon as administratively feasible following their date of employment or reemployment, pursuant to properly completing a valid salary deferral agreement, and or the date the employee attains the age of 18.

Contributions

The Plan Sponsor automatically enrolls and sets an elective deferral amount at 3% of eligible compensation for eligible participants, unless the participant elects to not defer any amount. The automatic deferrals will increase at 1% at the beginning of each plan year until the deferral reaches 6%. Participants in the Plan may contribute a percentage of their compensation up to the maximum amount allowed by the Internal Revenue Code (IRC), as defined in the Plan document. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Plan allows for employer matching contributions for eligible participants. Regular employees, as defined in the Plan document, are eligible to receive matching contributions under the same eligibility conditions for making elective deferrals. Employees who are not regular employees, as defined in the Plan document, will receive matching contributions upon the later of attaining age 18 or completing 1,000 hours of service. Employer matching contributions are equal to 50% of elective deferrals up to a maximum of 6% of an eligible employee's eligible compensation.

The Plan also allows for an annual age-based contribution made in an amount equal to a percentage of the eligible participant's compensation based on the employee's age as of the last day of the plan year, as follows:

<u>Age</u>	<u>Percentage</u>
29 years or younger	1.00%
30 to 39 years	1.50%
40 to 49 years	2.25%
50 to 59 years	3.00%
60 years or over	3.50%

Participant Accounts

The Plan Administrator maintains separate accounts in the name of each participant. Participants direct the investment of all contributions into various investment options offered by the Plan. All employee contributions and any earnings/losses thereon are credited to the participants' accounts. Participants are also charged with an allocation of administrative expenses. Allocations are based on participant earnings/losses or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (Continued)

Vesting

Participants are fully vested in their elective deferrals made into the Plan. Participants who are terminated prior to normal retirement age, for any reason other than death or disability, are zero percent vested until obtaining three years of service, upon which they become fully vested in employer contributions. Participants are fully vested in employer contributions in an event of death or disability.

Payment of Plan Benefits

On termination of service due to death, disability, retirement, or other reasons, the normal form of payment is a lump-sum distribution. A participant may elect to receive his or her benefit payment in regular annual installments over a period not to exceed ten years. Benefits are recorded when paid.

Hardship Withdrawals

Hardship withdrawals from the Plan are permitted from participant accounts. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

Notes Receivable from Participants

The Plan provides that participants may borrow the lesser of \$50,000 or 50% of their vested account balance, but not less than \$1,000. The loan shall be repaid by the participant on at least a quarterly basis, but not over a period greater than five years, unless the loan is taken for the purpose of purchasing a primary residence, in which case the loan may be repaid over a period not greater than 15 years. The loans are collateralized by the balance in the participant's account. The loans bear interest at a rate commensurate with local prevailing rates as determined by the investment provider in conjunction with federal regulations.

Forfeited Accounts

Forfeitures of non-vested account balances are used to reduce the employer contributions or to pay for administrative expenses. Unallocated forfeitures totaled \$511,485 and \$936,850 as of December 31, 2024 and 2023, respectively. Forfeitures in the amount of \$1,357,364 and \$1,776,922, respectively, were applied to reduce employer contributions for the years ended December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Allowance for Credit Losses

The Plan records a receivable for employer contributions remitted to the Plan subsequent to the Plan's year-end. The Plan considers an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current, and expected future conditions. The Plan has not experienced any historical credit losses relative to contributions receivable, current and future economic conditions are not expected to change relative to historical financial information and the full amounts outstanding at December 31, 2024 and 2023 were received subsequent to year-end, therefore management has determined that no allowance for credit losses is necessary as of December 31, 2024 and 2023.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments

Investments are reported at fair value, except for fully-benefit responsive fixed annuity contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. All investments are participant directed.

The Plan utilizes Group Retirement Annuity (GRA) contracts, which are included in the non-benefit responsive fixed annuity contracts on the statements of net assets available for benefits. Plan contributions are maintained in separate accounts. Under GRA contracts, lump-sum withdrawals are not permitted. Participant initiated transfers or withdrawals may only be made in 10 annual installments over a period of approximately nine years.

The Plan's fixed annuity contracts are comprised of a fixed annuity account, held with Lincoln, and a fixed fund, held with TransAmerica. Contract value for the fixed account and fixed fund is calculated as accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. Contract value is the relevant measure for the portion of net assets available for benefits attributable to fully-benefit responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

The guaranteed minimum contract rate for the fixed annuity account differs based on the period during which the funds were deposited in the account. Funds deposited in the fixed annuity account on or after April 29, 2019 earned a minimum contract rate of 2.00% beginning on July 1, 2024, prior to that the funds earned 1.85% in 2024 and 2023. Funds deposited in the fixed annuity account prior to April 29, 2019 earned a minimum contract rate of 4.50% in both 2024 and 2023. The contract rate is evaluated quarterly based on current economic rates. Participant accounts are credited with the greater of the guaranteed minimum contract rate or the declared contract rate.

The fixed fund is provided under a group annuity contract, a traditional investment contract (guaranteed investment contract), which does not have a maturity date and contains a minimum guaranteed interest rate, which was 3.5% for the years ended December 31, 2024 and 2023. The crediting rate is determined by TransAmerica but may not be less than the minimum guaranteed rate. TransAmerica establishes a crediting rate for new deposits received during a calendar quarter, which will be applicable to such assets through the end of the calendar year. For other existing fixed fund assets, the crediting rate is established by TransAmerica on a calendar year basis.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (Continued)

Certain events, which Plan management believes are not probable of occurring, may limit the ability of the Plan to currently transact at contract value and may result in a deferral of the payment at contract value for up to twelve months. Such events include but may not be limited to a participant termination of employment due to: (1) removal of a group of participants from plan coverage as a result of temporary absence, change in position or other occurrence qualifying as a temporary break in service under the plan; (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; or (3) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the plan sponsor's business. Such events also include: (1) removal from the plan of one or more groups or classifications of participants; (2) partial or complete plan and contract termination of the contract (3) partial or complete plan terminations; or (4) plan disqualification.

Fair Value Measurement

Financial Accounting Standards Board *Accounting Standards Codification 820* (ASC 820) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.
- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

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

The following is a description of the valuation methodology used for assets measured at fair value.

Money market funds: Valued using closing quoted prices in active markets.

Registered investment companies: Valued using closing quoted prices in active markets.

Non-benefit responsive fixed annuity contracts: Value is calculated as accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement (Continued)

Pooled separate accounts: The TIAA Real Estate separate account invested in real estate properties and real estate related investments is valued using closing quoted prices in active markets.

Pooled separate accounts also include investment vehicles, which purchase specific equity and fixed income mutual funds. These investments are valued using the net asset value (NAV) of the participation units as a practical expedient to estimate fair value. The unit values of participation units in the subaccounts are determined by Lincoln based on the value of the underlying mutual fund held in the subaccount, minus the fund's liabilities, which are the contract charges imposed by Lincoln, divided by the number of participation units outstanding. The pooled separate account NAV is not a publicly quoted price in an active market. This NAV calculation is in accordance with the American Institute of Certified Public Accountants Audit and Accounting Guide, *Investment Companies*. The separate accounts do not have a market value adjustment and are redeemable daily at NAV. There are no restrictions on redemptions and no unfunded commitments related to these investments. The investment strategies of these accounts are to invest in global and domestic equity and fixed income investments with the goal of producing favorable long-term returns primarily through appreciation of assets, dividends and interest.

The methods previously described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Risks and Uncertainties

The Plan provides for various investment options in any combination of selected investment securities. Investment securities are exposed to various risks, such as interest rate, market, currency, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Notes receivable from participants bear interest at the primes rate plus 1%. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan documents.

Administrative Expenses

Substantially all administrative expenses associated with the Plan are paid by Plan participants as a reduction of investment income. Management fees and operating expenses charged to the Plan for investments in registered investment companies are deducted from income earned on a daily basis and are not separately reflected.

Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

3. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 9,403,750	\$ -	\$ -	\$ 9,403,750
Pooled separate accounts	197,769	-	-	197,769
Non benefit responsive fixed annuity contracts	-	-	850,877	850,877
Registered investment companies	<u>574,229,541</u>	<u>-</u>	<u>-</u>	<u>574,229,541</u>
	<u>\$ 583,831,060</u>	<u>\$ -</u>	<u>\$ 850,877</u>	584,681,937
Investments, at NAV				<u>8,047,714</u>
Total investments, at fair value				<u>\$ 592,729,651</u>

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 9,059,002	\$ -	\$ -	\$ 9,059,002
Pooled separate accounts	207,100	-	-	207,100
Non benefit responsive fixed annuity contracts	-	-	977,903	977,903
Registered investment companies	<u>421,877,923</u>	<u>-</u>	<u>-</u>	<u>421,877,923</u>
	<u>\$ 431,144,025</u>	<u>\$ -</u>	<u>\$ 977,903</u>	432,121,928
Investments, at NAV				<u>7,156,007</u>
Total investments, at fair value				<u>\$ 439,277,935</u>

There were no changes to valuation methodologies during 2024 or 2023.

During the years ended December 31, 2024 and 2023, investments classified as Level 3 within the fair value hierarchy totaling \$20,260 and \$587, respectively, were purchased and investments totaling \$40,478 and \$42,720, respectively, were sold.

3. FAIR VALUE MEASUREMENTS (Continued)

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy:

<u>Type</u>	<u>2024 Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range</u>
Non-benefit responsive fixed annuity contracts	\$ 1,001,857	Discounted cash flow and theoretical transfer rate	Risk-adjusted discount rate applied *	GRA 3.65% - 6.50%

<u>Type</u>	<u>2023 Fair Value</u>	<u>Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range</u>
Non-benefit responsive fixed annuity contracts	\$ 977,903	Discounted cash flow and theoretical transfer rate	Risk-adjusted discount rate applied *	GRA 4.00% - 6.75%

* Unobservable inputs include discount rate applied

4. PARTY-IN-INTEREST TRANSACTIONS

TIAA, CREF, MetLife, Lincoln and TransAmerica were the insurance companies of the Plan. Fidelity and State Street held certain of the Plan's investments and served as custodians of the Plan. TIAA, CREF, MetLife, FWS and Transamerica, LLC were the Plan's recordkeepers. As such, transactions between TIAA, CREF, MetLife, Lincoln, TransAmerica, Fidelity, State Street, FWS and Transamerica LLC and the Plan qualify as party-in-interest transactions. MetLife served as an authorized agent of Reliance Trust Company, a directed custodian of certain assets of the Plan record kept by MetLife. As such, transactions between Reliance Trust Company and the Plan also qualify as party-in-interest transactions. Additionally, notes receivable from participants qualify as party-in-interest transactions.

5. TAX STATUS

The Plan is exempt from federal income tax under Section 403(b) of the IRC.

The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully percent vested in their employer contributions.

7. CERTIFIED INFORMATION

The following information was certified as complete and accurate by TIAA, CREF, Fidelity, TransAmerica, Lincoln, MetLife, Reliance Trust Company, and State Street and is included in the financial statements and accompanying supplemental schedule as of and for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Investments	<u>\$ 608,330,103</u>	<u>\$455,344,656</u>
Notes receivable from participants	<u>\$ 6,324,267</u>	<u>\$ 4,805,097</u>
Net appreciation in fair value of investments	<u>\$ 42,906,150</u>	<u>\$ 55,369,893</u>
Interest and dividends	<u>\$ 21,714,285</u>	<u>\$ 11,865,631</u>
Interest on notes receivable from participants	<u>\$ 391,766</u>	<u>\$ 235,984</u>

Schedule I – Schedule of Assets (Held at End of Year)

8. RECONCILIATION TO FORM 5500

The classification of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 may differ between these financial statements and Form 5500. However, the net assets available for benefits at December 31, 2024 and 2023 and the changes in net assets available for benefits for the years then ended agree in total between these financial statements and Form 5500.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 13, 2025, which is the date the financial statements were available to be issued.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER 23-3055017

PLAN #006

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

DECEMBER 31, 2024

(a)	(b) <u>Identity of Issuer</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
MONEY MARKET FUNDS:				
	Vanguard Federal Money Market	Money Market	**	\$ 9,146,600
*	CREF Money Market	Money Market	**	245,038
*	Fidelity Government Money Market	Money Market	**	12,101
*	Transamerica Partners Money Market	Money Market	**	11
				<u>9,403,750</u>
REGISTERED INVESTMENT COMPANIES:				
	Vanguard Inst Target Retirement 2030	Registered investment company	**	77,660,051
	Vanguard Inst Target Retirement 2035	Registered investment company	**	70,504,835
	Vanguard Inst Target Retirement 2045	Registered investment company	**	57,325,315
	Vanguard Inst Target Retirement 2040	Registered investment company	**	53,968,970
	Vanguard Inst Target Retirement 2025	Registered investment company	**	53,379,273
	Vanguard Inst Target Retirement 2050	Registered investment company	**	51,354,005
*	Fidelity 500 Index	Registered investment company	**	46,303,684
	Vanguard Inst Target Retirement 2055	Registered investment company	**	37,524,677
	Harbor Capital Appreciation Investment	Registered investment company	**	23,460,000
	Vanguard Inst Target Retirement 2060	Registered investment company	**	17,845,494
	Vanguard Inst Target Retirement 2020	Registered investment company	**	16,277,004
	Dodge & Cox Stock	Registered investment company	**	13,453,741
*	Fidelity Small Cap Index	Registered investment company	**	8,740,979
	Vanguard Inst Target Retirement Income	Registered investment company	**	8,126,194
	DFA US Targeted Value Portfolio Institutional Class	Registered investment company	**	7,200,747
	Vanguard Inst Target Retirement 2065	Registered investment company	**	6,009,875
	Dodge & Cox Intl Stock	Registered investment company	**	5,286,601
	Meridian Small Cap Growth Institutional	Registered investment company	**	4,526,284
*	Fidelity U.S. Bond Index Fund	Registered investment company	**	3,244,940
*	Fidelity Global XUS Index Fund	Registered investment company	**	2,446,062
	William Blair International Growth	Registered investment company	**	2,295,395
	Westwood Quality Small Cap Institutional	Registered investment company	**	2,047,761
*	CREF Growth	Registered investment company	**	1,223,042
*	CREF Stock	Registered investment company	**	935,134
*	CREF Equity Index	Registered investment company	**	687,170
*	CREF Global Equities	Registered investment company	**	639,896
	PIMCO All Asset Inst	Registered investment company	**	564,383
	M&N Pro Blend Extended Term Series Class R	Registered investment company	**	403,920
*	CREF Core Bond	Registered investment company	**	255,444
*	CREF Social Choice	Registered investment company	**	145,396
	M&N Pro Blend Maximum Term Series Class R	Registered investment company	**	141,967
	M&N Pro Blend Conservative Term Series Class R	Registered investment company	**	72,608
*	CREF Inflation-Linked Bond	Registered investment company	**	58,840
	T. Rowe Price Total Equity Market Index	Registered investment company	**	56,530
	American Beacon Large Cap Value	Registered investment company	**	22,289
	T. Rowe Price New Horizons	Registered investment company	**	14,618
	MFS International Intrinsic Value	Registered investment company	**	14,008
	DFA US Targeted Value	Registered investment company	**	9,060
	PIMCO Total Return	Registered investment company	**	3,022
	M&N Pro Blend Moderate Term Series Class R	Registered investment company	**	327
				<u>574,229,541</u>
INSURANCE COMPANY ANNUITY CONTRACTS:				
*	Lincoln - Fixed Account	Annuity Contracts	**	15,062,453
*	TIAA Traditional Annuity	Annuity Contracts	**	980,957
*	Transamerica Insurance Company General Account	Annuity Contracts	**	387,019
	GTS Fixed Account (Liquid)	Annuity Contracts	**	20,900
				<u>16,451,329</u>

The accompanying notes are an integral part of this schedule.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN**EMPLOYER IDENTIFICATION NUMBER 23-3055017****PLAN #006****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2024**

(a)	(b) <u>Identity of Issuer</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
POOLED SEPARATE ACCOUNTS:				
*	LVIP SSGA S&P 500 Index	Pooled Separate Account	**	1,777,791
*	Fidelity Growth Portfolio	Pooled Separate Account	**	1,402,146
	American Funds Growth Fund	Pooled Separate Account	**	1,169,429
*	Fidelity Contrafund Portfolio	Pooled Separate Account	**	1,010,921
*	LVIP Baron Growth Opportunities	Pooled Separate Account	**	436,241
	NB AMT Sustainable EQ Port	Pooled Separate Account	**	354,011
	Janus Henderson GLB Research	Pooled Separate Account	**	286,485
*	LVIP T.Rowe Price Structured	Pooled Separate Account	**	259,886
*	TIAA Real Estate	Pooled Separate Account	**	197,769
*	LVIP Macquire US REIT Fund	Pooled Separate Account	**	197,720
*	Transamerica Government Fixed Fund	Pooled Separate Account	**	150,980
*	Fidelity Asset Manager	Pooled Separate Account	**	149,895
	Macquire VIP Small Cap Value	Pooled Separate Account	**	101,832
	American Funds Growth-Income	Pooled Separate Account	**	95,781
*	American Funds International	Pooled Separate Account	**	86,309
*	LVIP SSGA Small-Cap Index	Pooled Separate Account	**	84,761
	AB VPS Sust GL Thematic Port	Pooled Separate Account	**	71,516
*	American Funds Global Growth	Pooled Separate Account	**	68,535
*	LVIP Macquire SMID Cap Core Fund	Pooled Separate Account	**	56,270
*	Transamerica Partners Large Growth	Pooled Separate Account	**	40,792
*	American Century VP Balanced	Pooled Separate Account	**	37,584
	T.Rowe Price Int'l Stock	Pooled Separate Account	**	32,452
*	LVIP Dimensional US Core Equity 1	Pooled Separate Account	**	30,116
*	Transamerica Partners Large Core	Pooled Separate Account	**	29,928
*	LVIP Mondrian Int'l Value	Pooled Separate Account	**	18,631
*	Transamerica Large Value Opp Variable	Pooled Separate Account	**	15,818
	AB VPS Large Cap Growth Port	Pooled Separate Account	**	14,656
*	LVIP T.Rowe Price 2040	Pooled Separate Account	**	12,002
*	LVIP Global Growth Allocation MR	Pooled Separate Account	**	9,734
*	LVIP JPMorgan Retirement Income	Pooled Separate Account	**	8,399
*	LVIP BlackRock Global Alloc	Pooled Separate Account	**	6,389
*	LVIP Macquire Bond Fund	Pooled Separate Account	**	6,378
*	LVIP FT Emerging Market Equity Fund	Pooled Separate Account	**	5,966
*	Transamerica Balanced II Variable	Pooled Separate Account	**	3,524
*	Transamerica Partners International Equity	Pooled Separate Account	**	3,374
*	Transamerica Core Bond	Pooled Separate Account	**	1,788
*	LVIP T.Rowe Price 2050	Pooled Separate Account	**	1,474
*	LVIP Macquire Wealth Builder	Pooled Separate Account	**	1,373
*	Transamerica Inflation Opportunities	Pooled Separate Account	**	1,228
*	LVIP BR Inflation Protected	Pooled Separate Account	**	1,140
*	LVIP Macquire DIVSFD Income FND	Pooled Separate Account	**	821
*	Transamerica Partners High Yield Bd	Pooled Separate Account	**	753
*	LVIP Macquire High Yield Fund	Pooled Separate Account	**	682
*	Transamerica Small Cap Growth Subaccount	Pooled Separate Account	**	610
*	Transamerica Small Cap Value Subaccount	Pooled Separate Account	**	588
*	Transamerica Short-Term Bond	Pooled Separate Account	**	465
*	LVIP T.Rowe Price 2030	Pooled Separate Account	**	376
*	LVIP Blended LC Growth Mngd VolQL	Pooled Separate Account	**	161
*	LVIP Global Moderate Allocation MR	Pooled Separate Account	**	3
				8,245,483
*	NOTES RECEIVABLE FROM PARTICIPANTS	Participant loans ranging 2.6% - 10.25% maturing at various dates through August 2040		6,324,267
				\$ 614,654,370

* Denotes party-in-interest

** Cost omitted as these investments are participant-directed

The accompanying notes are an integral part of this schedule.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER 23-3055017

PLAN #006

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

DECEMBER 31, 2024

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
MONEY MARKET FUNDS:				
	Vanguard Federal Money Market	Money Market	**	\$ 9,146,600
*	CREF Money Market	Money Market	**	245,038
*	Fidelity Government Money Market	Money Market	**	12,101
*	Transamerica Partners Money Market	Money Market	**	11
				<u>9,403,750</u>
REGISTERED INVESTMENT COMPANIES:				
	Vanguard Inst Target Retirement 2030	Registered investment company	**	77,660,051
	Vanguard Inst Target Retirement 2035	Registered investment company	**	70,504,835
	Vanguard Inst Target Retirement 2045	Registered investment company	**	57,325,315
	Vanguard Inst Target Retirement 2040	Registered investment company	**	53,968,970
	Vanguard Inst Target Retirement 2025	Registered investment company	**	53,379,273
	Vanguard Inst Target Retirement 2050	Registered investment company	**	51,354,005
*	Fidelity 500 Index	Registered investment company	**	46,303,684
	Vanguard Inst Target Retirement 2055	Registered investment company	**	37,524,677
	Harbor Capital Appreciation Investment	Registered investment company	**	23,460,000
	Vanguard Inst Target Retirement 2060	Registered investment company	**	17,845,494
	Vanguard Inst Target Retirement 2020	Registered investment company	**	16,277,004
	Dodge & Cox Stock	Registered investment company	**	13,453,741
*	Fidelity Small Cap Index	Registered investment company	**	8,740,979
	Vanguard Inst Target Retirement Income	Registered investment company	**	8,126,194
	DFA US Targeted Value Portfolio Institutional Class	Registered investment company	**	7,200,747
	Vanguard Inst Target Retirement 2065	Registered investment company	**	6,009,875
	Dodge & Cox Intl Stock	Registered investment company	**	5,286,601
	Meridian Small Cap Growth Institutional	Registered investment company	**	4,526,284
*	Fidelity U.S. Bond Index Fund	Registered investment company	**	3,244,940
*	Fidelity Global XUS Index Fund	Registered investment company	**	2,446,062
	William Blair International Growth	Registered investment company	**	2,295,395
	Westwood Quality Small Cap Institutional	Registered investment company	**	2,047,761
*	CREF Growth	Registered investment company	**	1,223,042
*	CREF Stock	Registered investment company	**	935,134
*	CREF Equity Index	Registered investment company	**	687,170
*	CREF Global Equities	Registered investment company	**	639,896
	PIMCO All Asset Inst	Registered investment company	**	564,383
	M&N Pro Blend Extended Term Series Class R	Registered investment company	**	403,920
*	CREF Core Bond	Registered investment company	**	255,444
*	CREF Social Choice	Registered investment company	**	145,396
	M&N Pro Blend Maximum Term Series Class R	Registered investment company	**	141,967
	M&N Pro Blend Conservative Term Series Class R	Registered investment company	**	72,608
*	CREF Inflation-Linked Bond	Registered investment company	**	58,840
	T. Rowe Price Total Equity Market Index	Registered investment company	**	56,530
	American Beacon Large Cap Value	Registered investment company	**	22,289
	T. Rowe Price New Horizons	Registered investment company	**	14,618
	MFS International Intrinsic Value	Registered investment company	**	14,008
	DFA US Targeted Value	Registered investment company	**	9,060
	PIMCO Total Return	Registered investment company	**	3,022
	M&N Pro Blend Moderate Term Series Class R	Registered investment company	**	327
				<u>574,229,541</u>
INSURANCE COMPANY ANNUITY CONTRACTS:				
*	Lincoln - Fixed Account	Annuity Contracts	**	15,062,453
*	TIAA Traditional Annuity	Annuity Contracts	**	980,957
*	Transamerica Insurance Company General Account	Annuity Contracts	**	387,019
	GTS Fixed Account (Liquid)	Annuity Contracts	**	20,900
				<u>16,451,329</u>

The accompanying notes are an integral part of this schedule.

GUTHRIE 403(b) RETIREMENT SAVINGS PLAN**EMPLOYER IDENTIFICATION NUMBER 23-3055017****PLAN #006****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2024**

(a)	(b) <u>Identity of Issuer</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
POOLED SEPARATE ACCOUNTS:				
*	LVIP SSGA S&P 500 Index	Pooled Separate Account	**	1,777,791
*	Fidelity Growth Portfolio	Pooled Separate Account	**	1,402,146
	American Funds Growth Fund	Pooled Separate Account	**	1,169,429
*	Fidelity Contrafund Portfolio	Pooled Separate Account	**	1,010,921
*	LVIP Baron Growth Opportunities	Pooled Separate Account	**	436,241
	NB AMT Sustainable EQ Port	Pooled Separate Account	**	354,011
	Janus Henderson GLB Research	Pooled Separate Account	**	286,485
*	LVIP T.Rowe Price Structured	Pooled Separate Account	**	259,886
*	TIAA Real Estate	Pooled Separate Account	**	197,769
*	LVIP Macquire US REIT Fund	Pooled Separate Account	**	197,720
*	Transamerica Government Fixed Fund	Pooled Separate Account	**	150,980
*	Fidelity Asset Manager	Pooled Separate Account	**	149,895
	Macquire VIP Small Cap Value	Pooled Separate Account	**	101,832
	American Funds Growth-Income	Pooled Separate Account	**	95,781
*	American Funds International	Pooled Separate Account	**	86,309
*	LVIP SSGA Small-Cap Index	Pooled Separate Account	**	84,761
	AB VPS Sust GL Thematic Port	Pooled Separate Account	**	71,516
*	American Funds Global Growth	Pooled Separate Account	**	68,535
*	LVIP Macquire SMID Cap Core Fund	Pooled Separate Account	**	56,270
*	Transamerica Partners Large Growth	Pooled Separate Account	**	40,792
*	American Century VP Balanced	Pooled Separate Account	**	37,584
	T.Rowe Price Int'l Stock	Pooled Separate Account	**	32,452
*	LVIP Dimensional US Core Equity 1	Pooled Separate Account	**	30,116
*	Transamerica Partners Large Core	Pooled Separate Account	**	29,928
*	LVIP Mondrian Int'l Value	Pooled Separate Account	**	18,631
*	Transamerica Large Value Opp Variable	Pooled Separate Account	**	15,818
	AB VPS Large Cap Growth Port	Pooled Separate Account	**	14,656
*	LVIP T.Rowe Price 2040	Pooled Separate Account	**	12,002
*	LVIP Global Growth Allocation MR	Pooled Separate Account	**	9,734
*	LVIP JPMorgan Retirement Income	Pooled Separate Account	**	8,399
*	LVIP BlackRock Global Alloc	Pooled Separate Account	**	6,389
*	LVIP Macquire Bond Fund	Pooled Separate Account	**	6,378
*	LVIP FT Emerging Market Equity Fund	Pooled Separate Account	**	5,966
*	Transamerica Balanced II Variable	Pooled Separate Account	**	3,524
*	Transamerica Partners International Equity	Pooled Separate Account	**	3,374
*	Transamerica Core Bond	Pooled Separate Account	**	1,788
*	LVIP T.Rowe Price 2050	Pooled Separate Account	**	1,474
*	LVIP Macquire Wealth Builder	Pooled Separate Account	**	1,373
*	Transamerica Inflation Opportunities	Pooled Separate Account	**	1,228
*	LVIP BR Inflation Protected	Pooled Separate Account	**	1,140
*	LVIP Macquire DIVSFD Income FND	Pooled Separate Account	**	821
*	Transamerica Partners High Yield Bd	Pooled Separate Account	**	753
*	LVIP Macquire High Yield Fund	Pooled Separate Account	**	682
*	Transamerica Small Cap Growth Subaccount	Pooled Separate Account	**	610
*	Transamerica Small Cap Value Subaccount	Pooled Separate Account	**	588
*	Transamerica Short-Term Bond	Pooled Separate Account	**	465
*	LVIP T.Rowe Price 2030	Pooled Separate Account	**	376
*	LVIP Blended LC Growth Mngd VolQL	Pooled Separate Account	**	161
*	LVIP Global Moderate Allocation MR	Pooled Separate Account	**	3
				8,245,483
* NOTES RECEIVABLE FROM PARTICIPANTS		Participant loans ranging 2.6% - 10.25%		
		maturing at various dates through August 2040		6,324,267
				\$ 614,654,370

* Denotes party-in-interest

** Cost omitted as these investments are participant-directed

The accompanying notes are an integral part of this schedule.