

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p style="font-size: x-small;">OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="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><b>1a</b> Name of plan<br/><u>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</u></p>  | <p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>   |
| <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/><u>MEMORIAL HOSPITAL ASSOCIATION</u></p> <p><u>1454 N COUNTY ROAD 2050 PO BOX 160</u><br/><u>CARTHAGE, IL 62321-3551</u></p> | <p><b>1c</b> Effective date of plan<br/><u>01/01/1990</u></p> <p><b>2b</b> Employer Identification Number (EIN)<br/><u>37-0684691</u></p> <p><b>2c</b> Plan Sponsor's telephone number<br/><u>217-357-8500</u></p> <p><b>2d</b> Business code (see instructions)<br/><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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2025 | TERESA SMITH   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 443 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 361 |
|   | <b>6a(2)</b>                               | 381 |
|   | <b>6b</b>                                  | 9   |
|   | <b>6c</b>                                  | 80  |
|   | <b>6d</b>                                  | 470 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 470 |
|   | <b>6g(1)</b>                               | 254 |
| <b>6g(2)</b>  | 264  |     |
| <b>6h</b>   | 4  |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2K 2T 3D 3H

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input 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)

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</b>                             |  | <b>B</b> Three-digit plan number (PN) ▶ <b>004</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEMORIAL HOSPITAL ASSOCIATION</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>37-0684691</b> |

**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  
**THE LINCOLN NATIONAL LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>35-0472300</b> | <b>65676</b>         | <b>MP53572</b>                               | <b>264</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|  |  |
|--|--|
| <b>(a)</b> Total amount of commissions paid<br><b>6381</b> | <b>(b)</b> Total amount of fees paid<br><b>0</b> |
|--|--|

**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  
**RAYMOND JAMES FINANCIAL SERVICE** **880 CARILLON PKWY, ST PETERSBURG, FL 33716**

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
| <b>6381</b>  |  |                    | <b>4</b>                     |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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 VARIABLE ANNUITY W/GUAR FUND**

|  |                            |              |
|--|----------------------------|--------------|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>                  | 869136       |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>               | 40803        |
|  | <b>7c(2)</b>               |              |
|  | <b>7c(3)</b>               | 27765        |
|  | <b>7c(4)</b>               |              |
|  | <b>7c(5)</b>               |              |
| (6) Total additions .....  | <b>7c(6)</b>               | 68568        |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>                  | 937704       |
| <b>e</b> Deductions:   | <b>7e(1)</b>               | 146643       |
|  | <b>7e(2)</b>               | 460          |
|  | <b>7e(3)</b>               | 9105         |
|  | <b>7e(4)</b>               |              |
|  | (5) Total deductions ..... | <b>7e(5)</b> |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>                  | 781496       |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</b></p>                             | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>004</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>MEMORIAL HOSPITAL ASSOCIATION</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>37-0684691</b></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  
**AMERICAN UNITED 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     |
| 35-0145825 | 60895         | G93126                                | 7   | 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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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 |                       |
|   |                                 |             |                       |

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|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|   |                                 |             |                       |

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|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                    |
|----------------------------|--|--------------------|
|                            | 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.   |                    |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 37702              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 15431              |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                    |
| <b>a</b>                   | State the basis of premium rates ▶   |                    |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>          |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>          |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶  | <b>6d</b>          |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                    |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                    |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                    |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |                    |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 58375    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>       |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 1859  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>       |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>       |
|                            | (6) Total additions .....  | <b>7c(6)</b> 1859  |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 60234    |
| <b>e</b>                   | Deductions:  |                    |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 22532 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>       |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>       |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>       |
| (5) Total deductions ..... | <b>7e(5)</b> 22532   |                    |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 37702    |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>004</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEMORIAL HOSPITAL ASSOCIATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>37-0684691</b> |

**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  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>35-0145825</b> | <b>60895</b>         | <b>G91934</b>                                | <b>1</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                                |
|----------------------------|--|--------------------------------|
|                            | 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.   |                                |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 4452                           |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 5                              |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                                |
| <b>a</b>                   | State the basis of premium rates ▶   |                                |
| <b>b</b>                   | Premiums paid to carrier .....   | 6b                             |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | 6c                             |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶  | 6d                             |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                                |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                                |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                                |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment                      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |                                |
| <b>b</b>                   | Balance at the end of the previous year .....  | 7b                      4291   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | 7c(1)                          |
|                            | (2) Dividends and credits.....   | 7c(2)                          |
|                            | (3) Interest credited during the year.....   | 7c(3)                      161 |
|                            | (4) Transferred from separate account .....  | 7c(4)                          |
|                            | (5) Other (specify below).....<br>▶  | 7c(5)                          |
|                            | (6) Total additions .....  | 7c(6)                      161 |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....  | 7d                      4452   |
| <b>e</b>                   | 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).....<br>▶  | 7e(4)                          |
| (5) Total deductions ..... | 7e(5)                      0   |                                |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....   | 7f                      4452   |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |  |
|----------|--|------------|--|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |  |
| <b>b</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. .... | <b>10b</b> |  |  |

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. ▶

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

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <b>004</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEMORIAL HOSPITAL ASSOCIATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>37-0684691</b> |            |

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

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

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

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

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

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

**AMERICAN UNITED LIFE INSURANCE CO**

**35-0145825**

**(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

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

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

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

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

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13                     | SERVICE PROVIDER  | 842  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

| (b)<br>Service Code(s)           | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------|---|--|--|--|---|--|
| 15 64 59 63<br>67 38 52 60<br>66 | NONE  | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 416   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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      |
|--|---|--|
| AMERICAN UNITED LIFE INSURANCE CO  | 52 59 60 63   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br>FIDELITY<br>04-2270522        | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA |  |
| (a) Enter service provider name as it appears on line 2<br>AMERICAN UNITED LIFE INSURANCE CO         | (b) Service Codes (see instructions)<br>52 59 60 63   | (c) Enter amount of indirect compensation<br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br>GOLDMAN SACHS<br>13-4166989   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA |  |
| (a) Enter service provider name as it appears on line 2<br>AMERICAN UNITED LIFE INSURANCE CO         | (b) Service Codes (see instructions)<br>52 59 60 63   | (c) Enter amount of indirect compensation<br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br>JANUS HENDERSON<br>75-3019319 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA |  |

**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      |
|---|---|--|
| AMERICAN UNITED LIFE INSURANCE CO   | 52 59 60 63   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br>PIONEER<br><br>13-1961193      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA |  |
| (a) Enter service provider name as it appears on line 2<br>AMERICAN UNITED LIFE INSURANCE CO          | (b) Service Codes (see instructions)<br>52 59 60 63   | (c) Enter amount of indirect compensation<br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br>STATE STREET<br><br>04-2456637 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br>REVENUE SHARING FORMULA |  |
| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)  | (c) Enter amount of indirect compensation      |
| (d) Enter name and EIN (address) of source of indirect compensation                                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.                            |  |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN)                              | <u>004</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>MEMORIAL HOSPITAL ASSOCIATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>37-0684691</u> |            |

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

|   |  |   |              |
|---|--|---|--------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>SEPARATE ACCOUNT II</u>               |   |              |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>AMERICAN UNITED LIFE INSURANCE CO</u> |   |              |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |              |
| <u>35-0145825-000</u>                             | <u>P</u>                                 |   | <u>15431</u> |

  

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

  

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

  

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

  

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

  

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

  

|   |                      |   |  |
|---|----------------------|---|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |  |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |  |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> 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)



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</b>                                | <b>B</b> Three-digit plan number (PN) ▶ <b>004</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MEMORIAL HOSPITAL ASSOCIATION</b>    | <b>D</b> Employer Identification Number (EIN)<br><b>37-0684691</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|   |                 | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 8396                  | 0               |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 14308                 | 15431           |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 2447211               | 2998275         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 931802                | 823650          |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 3401717               | 3837356         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 3401717               | 3837356         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 279306     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 279306    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 29785      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 29785     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 1592      |
| (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) |            | 455900    |
| <b>c</b> Other income .....   | 2c     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d     |            | 766583    |

**Expenses**

|   |        |        |        |
|---|--------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 330291 |        |
| (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)  |        | 330291 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |        |
| <b>h</b> Interest expense .....   | 2h     |        |        |
| <b>i</b> Administrative expenses:   |        |        |        |
| (1) Salaries and allowances .....   | 2i(1)  |        |        |
| (2) Contract administrator fees .....   | 2i(2)  | 653    |        |
| (3) Recordkeeping fees .....  | 2i(3)  |        |        |
| (4) IQPA audit fees .....   | 2i(4)  |        |        |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |        |        |
| (7) Actuarial fees .....  | 2i(7)  |        |        |
| (8) Legal fees .....  | 2i(8)  |        |        |
| (9) Valuation/appraisal fees .....  | 2i(9)  |        |        |
| (10) Other trustee fees and expenses .....  | 2i(10) |        |        |
| (11) Other expenses .....   | 2i(11) |        |        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) |        | 653    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |        | 330944 |

**Net Income and Reconciliation**

|   |       |  |        |
|---|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 435639 |
| <b>l</b> 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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>MEMORIAL HOSPITAL EMPLOYEE'S PENSION PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>004</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEMORIAL HOSPITAL ASSOCIATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>37-0684691</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

**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): 35-1140070 35-0145825

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

|  |   |    |
|--|---|----|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 17 |
|--|---|----|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703197A.

Financial Statements  
December 31, 2024 and 2023

# Memorial Hospital Employee's Pension Plan

# Memorial Hospital Employee's Pension Plan

Table of Contents

December 31, 2024 and 2023

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|  |    |
|--|----|
| Independent Auditor's Report .....                                 | 1  |
| Financial Statements   |    |
| Statements of Net Assets Available for Benefits .....              | 5  |
| Statement of Changes in Net Assets Available for Benefits .....    | 6  |
| Notes to Financial Statements .....                                | 7  |
| Supplementary Information  |    |
| Schedule H, Line 4i – Schedule of Assets Held at End of Year ..... | 16 |



## Independent Auditor's Report

The Plan Administrator  
Memorial Hospital Employee's Pension Plan  
Carthage, Illinois

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

We have performed audits of the financial statements of Memorial Hospital Employee's Pension 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 December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024, and December 31, 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Memorial Hospital Employee's Pension 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.

### **Correction of Error**

As discussed in Note 9 to the financial statements, certain errors resulting in the incorrect presentation of the group variable annuity fixed account being presented at contract value rather than fair value as of December 31, 2023, were discovered by management of Memorial Hospital Employee's Pension Plan during the current year. Accordingly, amounts reported for the group variable annuity fixed account have been restated in the 2023 financial statements now presented. There was no adjustment made to net assets available for benefits as of December 31, 2023, to correct the error. Our opinion is not modified with respect to that matter.

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

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

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

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Memorial Hospital Employee's Pension 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 Memorial Hospital Employee's Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## Other Matter – Supplemental Schedule Required by ERISA

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

In forming our opinion on the supplemental 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 DOL'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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Eide Bailly LLP*

Mankato, Minnesota  
October 14, 2025

Memorial Hospital Employee's Pension Plan  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

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|                                   | <u>2024</u>         | <u>2023</u><br>(restated) |
|-----------------------------------|---------------------|---------------------------|
| Assets                            |                     |                           |
| Investments, at fair value        | \$ 3,795,202        | \$ 3,330,655              |
| Investments, at contract value    | 42,154              | 62,666                    |
| Employer contributions receivable | <u>-</u>            | <u>8,396</u>              |
| Net Assets Available for Benefits | <u>\$ 3,837,356</u> | <u>\$ 3,401,717</u>       |

Memorial Hospital Employee's Pension Plan  
Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2024

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|   |                            |
|---|----------------------------|
| Additions                                     |                            |
| Investment income                             |                            |
| Interest and dividends                        | \$ 29,785                  |
| Net appreciation in fair value of investments | 457,492                    |
|   | <u>487,277</u>             |
| Employer contributions                        | <u>279,306</u>             |
| Total additions                               | <u>766,583</u>             |
| Deductions                                    |                            |
| Benefits paid to participants                 | 330,291                    |
| Administrative expenses                       | 653                        |
| Total deductions                              | <u>330,944</u>             |
| Net Increase                                  | 435,639                    |
| Net Assets Available for Benefits             |                            |
| Beginning of year                             | <u>3,401,717</u>           |
| End of year                                   | <u><u>\$ 3,837,356</u></u> |

## **Note 1 - Description of Plan**

The following brief description of the Memorial Hospital Employee's Pension 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.

### **General**

The Plan is a defined contribution plan covering qualified employees of Memorial Hospital Association (Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (the ERISA). The Plan Administrator is responsible for oversight of the Plan.

### **Eligibility**

Employees are eligible to receive an employer contribution if they have completed 30 days of service and are 21 years of age.

### **Entry Date**

Employees may enter the Plan on the date on which eligibility requirements are satisfied.

### **Contributions**

An eligible participant is entitled to Organization contributions for plan years where the participant makes employee contributions to the Memorial Hospital Tax Deferred Annuity Plan (403(b) Plan) sponsored by the Organization. The Organization may make a discretionary matching contribution. The Organization contributed 100% of the first 2% of base compensation that a participant contributed to the 403(b) Plan for the year-ended December 31, 2024. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Organization may also contribute non-forfeitable qualified non-elective contributions. No such contribution was made for the year ended December 31, 2024.

### **Participant Accounts**

Each participant's account is credited with the Organization's discretionary matching contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant's compensation, account balances, or specific participant transactions, 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.

### **Investment Options**

Upon enrollment to the Plan, a participant may direct the Organization's contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

**Vesting**

Vesting in the Organization’s contributions is based on years of credited service as set forth in the following table:

| <u>Participant's<br/>Years of Service</u> | <u>Vested<br/>Percentage</u> |
|---|------------------------------|
| 0 - 2                                     | 0%                           |
| 3 or more                                 | 100%                         |

A year of credited service for purposes of vesting is a Plan year during which the employee has 1,000 or more hours of service.

In the event of termination of service with the Organization because of early retirement age, death or disability, a participant shall become 100% vested in all Organization contributions.

**Forfeitures**

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$4,158 and \$4,006, respectively. These accounts will be used to offset plan expenses or reduce future employer contributions. During the year ended December 31, 2024, employer contributions were reduced by \$1,009 from forfeited non-vested accounts.

**Payment of Benefits**

Participants may elect to receive either a lump-sum amount equal to the value of their vested interest or annuity or installments as defined in the Plan document upon retirement, termination of service, death or disability. A terminated employee with a balance of less than \$5,000 may be automatically rolled over by the Plan upon termination if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant’s election prior to termination upon attainment of age 59½ as defined by the Plan document.

**Plan Termination**

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**Note 2 - Significant Accounting Policies**

**Basis of Accounting**

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

### **Use of Estimates**

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

### **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which is 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. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan 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 Organization determines the Plan's valuation policies utilizing information provided by the investment advisor, custodians, and insurance companies. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings reported in the statement of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### **Contributions**

Organization matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Expenses**

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

**Note 3 - Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

Group variable annuity fixed account – Investments in non-fully benefit-responsive contract are reported at fair value, which approximates contract value. As these investments are contract-based, observable prices for identical or similar investments do not exist, and accordingly, these investments are valued using unobservable inputs (Level 3). The fair value is equal to the accumulated cash contributions and interest credited to the contract, less any withdrawals. Liquidity restrictions apply to the contract that could impact the value realized upon exiting the contract.

# Memorial Hospital Employee's Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Pooled separate accounts – Valued at fair value based on the net asset value (NAV) of units as determined by the insurance company. The NAV is based on the observable market prices of the underlying assets within the account less liabilities. The NAV for the underlying assets of the account is a readily determinable measure of their fair value and is the basis for current transactions.

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

|   | 2024            |              |            |              |
|---|-----------------|--------------|------------|--------------|
|   | Level 1         | Level 2      | Level 3    | Total        |
| Pooled separate accounts                | \$ -            | \$ 3,013,706 | \$ -       | \$ 3,013,706 |
| Group variable annuity<br>fixed account | -               | -            | 781,496    | 781,496      |
| Total investments at fair value         | \$ -            | \$ 3,013,706 | \$ 781,496 | \$ 3,795,202 |
|   | 2023 (restated) |              |            |              |
|   | Level 1         | Level 2      | Level 3    | Total        |
| Pooled separate accounts                | \$ -            | \$ 2,461,519 | \$ -       | \$ 2,461,519 |
| Group variable annuity<br>fixed account | -               | -            | 869,136    | 869,136      |
| Total investments at fair value         | \$ -            | \$ 2,461,519 | \$ 869,136 | \$ 3,330,655 |

### Changes in Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significant transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

The table below sets forth certain changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

|               | Guaranteed<br>Investment<br>Contract |
|---------------|--------------------------------------|
| Transfers in  | \$ -                                 |
| Transfers out | (9,105)                              |
| Purchases     | 40,803                               |
| Issuances     | (147,103)                            |

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, respectively, and the significant unobservable inputs and the ranges of values for those inputs:

| 2024                                 |            |                                  |                      |                                   |                  |
|--------------------------------------|------------|----------------------------------|----------------------|-----------------------------------|------------------|
| Instrument                           | Fair Value | Principal Valuation Technique    | Unobservable Inputs  | Range of Significant Input Values | Weighted Average |
| Group variable annuity fixed account | \$ 781,496 | Fair value equals contract value | Annual interest rate | 1.75% for all years               | 1.75%            |
| 2023 (restated)                      |            |                                  |                      |                                   |                  |
| Instrument                           | Fair Value | Principal Valuation Technique    | Unobservable Inputs  | Range of Significant Input Values | Weighted Average |
| Group variable annuity fixed account | \$ 869,136 | Fair value equals contract value | Annual interest rate | 1.75% for all years               | 1.75%            |

**Note 4 - Certified Information**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln National Life Insurance Company and American United Life Insurance Company (the custodians of the Plan).

**Note 5 - Tax Status**

The Plan uses a pre-approved plan document sponsored by Lincoln Retirement Services Company LLC, which received an opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020, stating that the prototype document satisfies the applicable provisions of the IRC. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **Note 6 - Contracts with Insurance Companies**

The Plan entered into a traditional fully benefit-responsive guaranteed investment contracts (GIC) with American United Life Insurance Company (AUL). AUL maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 3.75 – 4.00%. Such interest rates are reviewed on a quarterly basis for resetting.

Because the GIC is fully benefit-responsive, contract value is the relevant measure for the GIC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2024 and 2023 were \$42,154 and \$62,666, respectively.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligations under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

The Organization entered into an investment contract with Lincoln National Life Insurance Company (Lincoln). As part of the contract, Lincoln maintains a portion of the contributions in a guaranteed account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Lincoln. The guaranteed account is included in the financial statements at fair value.

**Note 7 - Related Party and Party-in-Interest Transactions**

Certain Plan investments are pooled separate accounts, guaranteed investment contract, and group variable annuity fixed account managed by Lincoln and AUL, the custodians as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

**Note 8 - Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

**Note 9 - Restatement**

During 2024, the Plan identified misstatements within the 2023 financial statements related to presentation and disclosure of the group variable annuity fixed account investment holding. The Plan restated its previously issued financial statements to appropriately reflect the December 31, 2023, amounts for investments at fair value and investments at contract value.

The following is a summary of the effects of the restatement of the Plan's December 31, 2023, statement of net assets available for benefits:

|                                | <u>As Previously<br/>Reported</u> | <u>Adjustment</u> | <u>As Restated</u> |
|--------------------------------|-----------------------------------|-------------------|--------------------|
| As of December 31, 2023        |                                   |                   |                    |
| Investments, at fair value     | \$ 2,461,519                      | \$ 869,136        | \$ 3,330,655       |
| Investments, at contract value | 931,802                           | (869,136)         | 62,666             |

**Note 10 - Plan Amendments**

In connection with the SECURE 2.0 Act, the Plan has not yet been formally amended. However, the Plan is required to operate in accordance with required provisions in accordance with the effective date of each new provision.

**Note 11 - Subsequent Events**

Effective January 1, 2025, Voya Financial acquired the OneAmerica Financial full-service retirement plan business. As part of that transaction, Voya purchased OneAmerica Retirement Services LLC and OneAmerica Investment Advisory Services. Group annuity contracts issued by AUL will be administered by Voya Retirement Insurance and Annuity Company (VRIAC).

Administrative and recordkeeping services will be provided by VRIAC or Voya Institutional Plan Services, LLC. Certain registered representatives of OneAmerica Securities, Inc. who support the affected businesses are now registered with Voya Financial Partners, LLC or Voya Financial Advisors, Inc. OneAmerica Financial continues to provide information and services to Voya through a transition services agreement.

The plan sponsor has evaluated subsequent events through October 14, 2025, the date which the financial statements were available to be issued.

Supplementary Information  
December 31, 2024

# Memorial Hospital Employee's Pension Plan

Memorial Hospital Employee's Pension Plan  
Schedule H, Line 4i – Schedule of Assets Held at End of Year  
December 31, 2024  
Plan: 004

EIN: 37-0684691

| (a)  | (b)  | (c)  | (d)              | (e)     |
|--|--|------|------------------|---------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value |         |
| * American United Life Insurance Company                 |  |      |                  |         |
| Fidelity VIP Asset Manager                               | Pooled Separate Account  | N/A  | \$               | 342     |
| Fidelity VIP Growth                                      | Pooled Separate Account  | N/A  |                  | 1,094   |
| Fidelity VIP Overseas                                    | Pooled Separate Account  | N/A  |                  | 3,275   |
| Goldman Sachs Money Market                               | Pooled Separate Account  | N/A  |                  | 30      |
| Janus Henderson Balanced Portfolio                       | Pooled Separate Account  | N/A  |                  | 917     |
| Pioneer Equity Income Y                                  | Pooled Separate Account  | N/A  |                  | 8,481   |
| State Street Equity 500 Index                            | Pooled Separate Account  | N/A  |                  | 1,292   |
| * Lincoln National Life Insurance Company                |  |      |                  |         |
| AB Global Thematic Growth                                | Pooled Separate Account  | N/A  |                  | 12,497  |
| American Funds Global Growth                             | Pooled Separate Account  | N/A  |                  | 78,006  |
| American Funds Growth                                    | Pooled Separate Account  | N/A  |                  | 644,771 |
| American Funds Growth-Income                             | Pooled Separate Account  | N/A  |                  | 466,487 |
| American Funds International                             | Pooled Separate Account  | N/A  |                  | 72,193  |
| Delaware VIP Diversified Inc                             | Pooled Separate Account  | N/A  |                  | 2,279   |
| Delaware VIP High Yield                                  | Pooled Separate Account  | N/A  |                  | 7,163   |
| Delaware VIP U.S. REIT                                   | Pooled Separate Account  | N/A  |                  | 133,566 |
| Delaware VIP Small Cap Value                             | Pooled Separate Account  | N/A  |                  | 34,220  |
| Delaware VIP Small/Mid Cap Core                          | Pooled Separate Account  | N/A  |                  | 101,960 |
| Delaware VIP Value                                       | Pooled Separate Account  | N/A  |                  | 94,497  |
| Fidelity VIP Contrafund                                  | Pooled Separate Account  | N/A  |                  | 84,822  |
| Fidelity VIP Growth                                      | Pooled Separate Account  | N/A  |                  | 162,084 |
| Fidelity VIP Freedom Target Date 2025                    | Pooled Separate Account  | N/A  |                  | 10,553  |
| Fidelity VIP Freedom Target Date 2030                    | Pooled Separate Account  | N/A  |                  | 39,353  |
| Fidelity VIP Freedom Target Date 2035                    | Pooled Separate Account  | N/A  |                  | 58,472  |
| Fidelity VIP Freedom Target Date 2040                    | Pooled Separate Account  | N/A  |                  | 20,249  |
| Fidelity VIP Freedom Target Date 2045                    | Pooled Separate Account  | N/A  |                  | 26,270  |
| Fidelity VIP Freedom Target Date 2050                    | Pooled Separate Account  | N/A  |                  | 97,412  |
| Fidelity VIP Freedom Target Date 2055                    | Pooled Separate Account  | N/A  |                  | 5,005   |
| Fidelity VIP Freedom Target Date 2060                    | Pooled Separate Account  | N/A  |                  | 38,573  |
| LVIP Baron Growth Opportunities                          | Pooled Separate Account  | N/A  |                  | 21,292  |
| LVIP BlackRock Dividend Value                            | Pooled Separate Account  | N/A  |                  | 42,973  |
| LVIP BlackRock Real Estate                               | Pooled Separate Account  | N/A  |                  | 8,094   |
| LVIP Blended Large Cap Growth                            | Pooled Separate Account  | N/A  |                  | 43,791  |
| LVIP Blended Mid Cap Managed                             | Pooled Separate Account  | N/A  |                  | 5,352   |
| LVIP Delaware Bond                                       | Pooled Separate Account  | N/A  |                  | 46,105  |
| LVIP Delaware Social Awareness                           | Pooled Separate Account  | N/A  |                  | 108,160 |
| LVIP Delaware Mid Cap Value                              | Pooled Separate Account  | N/A  |                  | 35,752  |
| LVIP Delaware Wealth Builder Fund                        | Pooled Separate Account  | N/A  |                  | 26,557  |
| LVIP Dimensional U.S. Core Equity                        | Pooled Separate Account  | N/A  |                  | 21,689  |

Memorial Hospital Employee's Pension Plan  
Schedule H, Line 4i – Schedule of Assets Held at End of Year  
December 31, 2024  
Plan: 004

EIN: 37-0684691

| (a)  | (b)  | (c)                                  | (d)              | (e)                 |
|--|--|--------------------------------------|------------------|---------------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost                                 | Current<br>Value |                     |
| * Lincoln National Life Insurance Company (continued)    |  |                                      |                  |                     |
|  | LVIP Global Conservative Allocation  | Pooled Separate Account              | N/A              | \$ 5,012            |
|  | LVIP Global Growth Allocation  | Pooled Separate Account              | N/A              | 14,860              |
|  | LVIP Global Moderate Allocation  | Pooled Separate Account              | N/A              | 52,931              |
|  | LVIP Government Money Market   | Pooled Separate Account              | N/A              | 2,874               |
|  | LVIP JPMorgan Retirement Income Fund   | Pooled Separate Account              | N/A              | 16,885              |
|  | LVIP TRP Managed Risk Profile 2030   | Pooled Separate Account              | N/A              | 56,888              |
|  | LVIP TRP Managed Risk Profile 2040   | Pooled Separate Account              | N/A              | 18,469              |
|  | LVIP TRP Managed Risk Profile 2060   | Pooled Separate Account              | N/A              | 1,909               |
|  | LVIP Mondrian International Value  | Pooled Separate Account              | N/A              | 8,393               |
|  | LVIP SSGA Bond Index   | Pooled Separate Account              | N/A              | 20,194              |
|  | LVIP Franklin Templeton MF EM EQ   | Pooled Separate Account              | N/A              | 13,166              |
|  | LVIP SSGA Global Tactical Allocation   | Pooled Separate Account              | N/A              | 822                 |
|  | LVIP SSGA International Index  | Pooled Separate Account              | N/A              | 12,955              |
|  | LVIP SSGA International Mngd Volatility  | Pooled Separate Account              | N/A              | 931                 |
|  | LVIP SSGA S&P 500 Index  | Pooled Separate Account              | N/A              | 104,257             |
|  | LVIP SSGA Small-Cap Index  | Pooled Separate Account              | N/A              | 8,840               |
|  | LVIP T. Rowe Price Mid Cap Growth  | Pooled Separate Account              | N/A              | 20,290              |
|  | LVIP T. Rowe Price Structured Mid-Cap  | Pooled Separate Account              | N/A              | 17,623              |
|  | LVIP Vanguard Domestic Equity ETF  | Pooled Separate Account              | N/A              | 5,206               |
|  | LVIP Vanguard International Equity ETF   | Pooled Separate Account              | N/A              | 5,252               |
|  | MFS Utilities  | Pooled Separate Account              | N/A              | 60,321              |
| * Lincoln National Life Insurance Company                |  |                                      |                  |                     |
|  | Lincoln Financial Group Fixed Account  | Group variable annuity fixed account | N/A              | 781,496             |
| * American United Life Insurance Company                 |  |                                      |                  |                     |
|  | Fixed Account #91934   | Guaranteed Investment Contracts      | N/A              | 4,452               |
|  | Fixed Account #93126   | Guaranteed Investment Contracts      | N/A              | 12,824              |
|  | Alternate Fixed Account #93126   | Guaranteed Investment Contracts      | N/A              | 24,878              |
|  |  |                                      |                  | <u>\$ 3,837,356</u> |

\* - A party-in-interest as defined by the ERISA.  
N/A - Not applicable for participant-directed plan.

Supplementary Information  
December 31, 2024

# Memorial Hospital Employee's Pension Plan

Memorial Hospital Employee's Pension Plan  
Schedule H, Line 4i – Schedule of Assets Held at End of Year  
December 31, 2024  
Plan: 004

EIN: 37-0684691

| (a)  | (b)  | (c)  | (d)              | (e)     |
|--|--|------|------------------|---------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value |         |
| * American United Life Insurance Company                 |  |      |                  |         |
| Fidelity VIP Asset Manager                               | Pooled Separate Account  | N/A  | \$               | 342     |
| Fidelity VIP Growth                                      | Pooled Separate Account  | N/A  |                  | 1,094   |
| Fidelity VIP Overseas                                    | Pooled Separate Account  | N/A  |                  | 3,275   |
| Goldman Sachs Money Market                               | Pooled Separate Account  | N/A  |                  | 30      |
| Janus Henderson Balanced Portfolio                       | Pooled Separate Account  | N/A  |                  | 917     |
| Pioneer Equity Income Y                                  | Pooled Separate Account  | N/A  |                  | 8,481   |
| State Street Equity 500 Index                            | Pooled Separate Account  | N/A  |                  | 1,292   |
| * Lincoln National Life Insurance Company                |  |      |                  |         |
| AB Global Thematic Growth                                | Pooled Separate Account  | N/A  |                  | 12,497  |
| American Funds Global Growth                             | Pooled Separate Account  | N/A  |                  | 78,006  |
| American Funds Growth                                    | Pooled Separate Account  | N/A  |                  | 644,771 |
| American Funds Growth-Income                             | Pooled Separate Account  | N/A  |                  | 466,487 |
| American Funds International                             | Pooled Separate Account  | N/A  |                  | 72,193  |
| Delaware VIP Diversified Inc                             | Pooled Separate Account  | N/A  |                  | 2,279   |
| Delaware VIP High Yield                                  | Pooled Separate Account  | N/A  |                  | 7,163   |
| Delaware VIP U.S. REIT                                   | Pooled Separate Account  | N/A  |                  | 133,566 |
| Delaware VIP Small Cap Value                             | Pooled Separate Account  | N/A  |                  | 34,220  |
| Delaware VIP Small/Mid Cap Core                          | Pooled Separate Account  | N/A  |                  | 101,960 |
| Delaware VIP Value                                       | Pooled Separate Account  | N/A  |                  | 94,497  |
| Fidelity VIP Contrafund                                  | Pooled Separate Account  | N/A  |                  | 84,822  |
| Fidelity VIP Growth                                      | Pooled Separate Account  | N/A  |                  | 162,084 |
| Fidelity VIP Freedom Target Date 2025                    | Pooled Separate Account  | N/A  |                  | 10,553  |
| Fidelity VIP Freedom Target Date 2030                    | Pooled Separate Account  | N/A  |                  | 39,353  |
| Fidelity VIP Freedom Target Date 2035                    | Pooled Separate Account  | N/A  |                  | 58,472  |
| Fidelity VIP Freedom Target Date 2040                    | Pooled Separate Account  | N/A  |                  | 20,249  |
| Fidelity VIP Freedom Target Date 2045                    | Pooled Separate Account  | N/A  |                  | 26,270  |
| Fidelity VIP Freedom Target Date 2050                    | Pooled Separate Account  | N/A  |                  | 97,412  |
| Fidelity VIP Freedom Target Date 2055                    | Pooled Separate Account  | N/A  |                  | 5,005   |
| Fidelity VIP Freedom Target Date 2060                    | Pooled Separate Account  | N/A  |                  | 38,573  |
| LVIP Baron Growth Opportunities                          | Pooled Separate Account  | N/A  |                  | 21,292  |
| LVIP BlackRock Dividend Value                            | Pooled Separate Account  | N/A  |                  | 42,973  |
| LVIP BlackRock Real Estate                               | Pooled Separate Account  | N/A  |                  | 8,094   |
| LVIP Blended Large Cap Growth                            | Pooled Separate Account  | N/A  |                  | 43,791  |
| LVIP Blended Mid Cap Managed                             | Pooled Separate Account  | N/A  |                  | 5,352   |
| LVIP Delaware Bond                                       | Pooled Separate Account  | N/A  |                  | 46,105  |
| LVIP Delaware Social Awareness                           | Pooled Separate Account  | N/A  |                  | 108,160 |
| LVIP Delaware Mid Cap Value                              | Pooled Separate Account  | N/A  |                  | 35,752  |
| LVIP Delaware Wealth Builder Fund                        | Pooled Separate Account  | N/A  |                  | 26,557  |
| LVIP Dimensional U.S. Core Equity                        | Pooled Separate Account  | N/A  |                  | 21,689  |

Memorial Hospital Employee's Pension Plan  
Schedule H, Line 4i – Schedule of Assets Held at End of Year  
December 31, 2024  
Plan: 004

EIN: 37-0684691

| (a)  | (b)  | (c)                                  | (d)              | (e)                 |
|--|--|--------------------------------------|------------------|---------------------|
| Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost                                 | Current<br>Value |                     |
| * Lincoln National Life Insurance Company (continued)    |  |                                      |                  |                     |
|  | LVIP Global Conservative Allocation  | Pooled Separate Account              | N/A              | \$ 5,012            |
|  | LVIP Global Growth Allocation  | Pooled Separate Account              | N/A              | 14,860              |
|  | LVIP Global Moderate Allocation  | Pooled Separate Account              | N/A              | 52,931              |
|  | LVIP Government Money Market   | Pooled Separate Account              | N/A              | 2,874               |
|  | LVIP JPMorgan Retirement Income Fund   | Pooled Separate Account              | N/A              | 16,885              |
|  | LVIP TRP Managed Risk Profile 2030   | Pooled Separate Account              | N/A              | 56,888              |
|  | LVIP TRP Managed Risk Profile 2040   | Pooled Separate Account              | N/A              | 18,469              |
|  | LVIP TRP Managed Risk Profile 2060   | Pooled Separate Account              | N/A              | 1,909               |
|  | LVIP Mondrian International Value  | Pooled Separate Account              | N/A              | 8,393               |
|  | LVIP SSGA Bond Index   | Pooled Separate Account              | N/A              | 20,194              |
|  | LVIP Franklin Templeton MF EM EQ   | Pooled Separate Account              | N/A              | 13,166              |
|  | LVIP SSGA Global Tactical Allocation   | Pooled Separate Account              | N/A              | 822                 |
|  | LVIP SSGA International Index  | Pooled Separate Account              | N/A              | 12,955              |
|  | LVIP SSGA International Mngd Volatility  | Pooled Separate Account              | N/A              | 931                 |
|  | LVIP SSGA S&P 500 Index  | Pooled Separate Account              | N/A              | 104,257             |
|  | LVIP SSGA Small-Cap Index  | Pooled Separate Account              | N/A              | 8,840               |
|  | LVIP T. Rowe Price Mid Cap Growth  | Pooled Separate Account              | N/A              | 20,290              |
|  | LVIP T. Rowe Price Structured Mid-Cap  | Pooled Separate Account              | N/A              | 17,623              |
|  | LVIP Vanguard Domestic Equity ETF  | Pooled Separate Account              | N/A              | 5,206               |
|  | LVIP Vanguard International Equity ETF   | Pooled Separate Account              | N/A              | 5,252               |
|  | MFS Utilities  | Pooled Separate Account              | N/A              | 60,321              |
| * Lincoln National Life Insurance Company                |  |                                      |                  |                     |
|  | Lincoln Financial Group Fixed Account  | Group variable annuity fixed account | N/A              | 781,496             |
| * American United Life Insurance Company                 |  |                                      |                  |                     |
|  | Fixed Account #91934   | Guaranteed Investment Contracts      | N/A              | 4,452               |
|  | Fixed Account #93126   | Guaranteed Investment Contracts      | N/A              | 12,824              |
|  | Alternate Fixed Account #93126   | Guaranteed Investment Contracts      | N/A              | 24,878              |
|  |  |                                      |                  | <u>\$ 3,837,356</u> |

\* - A party-in-interest as defined by the ERISA.  
N/A - Not applicable for participant-directed plan.