

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] 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. [x]
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 04/01/1970
2a Plan sponsor's name (employer, if for a single-employer plan): CABELL HUNTINGTON HOSPITAL INC.
2b Employer Identification Number (EIN): 55-0675666
2c Plan Sponsor's telephone number: 304-526-2063
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2480
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	555
	6a(2)	555
	6b	1067
	6c	761
	6d	2383
	6e	63
	6f	2446
	6g(1)	0
6g(2)	0	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CABELL HUNTINGTON HOSPITAL INC.		D Employer Identification Number (EIN) 55-0675666	

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
PRINCIPAL 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
42-0127290	61271	446487	2446	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5813886

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CABELL HUNTINGTON HOSPITAL INC.</u>	D Employer Identification Number (EIN) <u>55-0675666</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>254672588</u>
	b Actuarial value	2b	<u>261616976</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1046</u>	<u>148502924</u>
	b For terminated vested participants	<u>835</u>	<u>59066103</u>
	c For active participants	<u>585</u>	<u>59466432</u>
	d Total	<u>2466</u>	<u>267035459</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>530000</u>
	c Target normal cost	6c	<u>530000</u>

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

SIGN HERE	
Signature of actuary	<u>09/19/2025</u>
<u>MATTHEW J. SAMPOGNA</u>	Date
Type or print name of actuary	<u>23-08222</u>
<u>PRINCIPAL FINANCIAL GROUP</u>	Most recent enrollment number
Firm name	<u>412-394-9692</u>
<u>PO BOX 9394</u>	Telephone number (including area code)
<u>DES MOINES, IA 50306-9394</u>	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	549066
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	549066
10	Interest on line 9 using prior year's actual return of <u>17.07</u> %	0	93726
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	642792

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.69 %
15	Adjusted funding target attainment percentage	15	97.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/11/2024	125000	0					
01/15/2025	261253	0					
04/15/2025	160247	0					
			Totals ▶	18(b)	546500	18(c)	

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	518332

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	530000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6165737	631124	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1161124
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	642792	642792
36 Additional cash requirement (line 34 minus line 35)			36 518332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 518332
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CABELL HUNTINGTON HOSPITAL INC.	D Employer Identification Number (EIN) 55-0675666	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	163423	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)

FIRST STATE TRUST COMPANY

1 RIGHTER PARKWAY, SUITE 120
WILMINGTON, DE 19803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	7454	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 50	CONSULTANT	30207	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

UBS FINANCIAL SERVICES, INC

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	28228	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CABELL HUNTINGTON HOSPITAL INC.</u>	D Employer Identification Number (EIN) <u>55-0675666</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL SMALLCAP SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-029</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5813886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI LONG DURATION SA-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-104</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LDI INTRM DUR SEP ACCT-Z</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-0127290-128</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CABELL HUNTINGTON HOSPITAL INC.	D Employer Identification Number (EIN) 55-0675666

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-8027	-340271
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	464474	421500
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	193046	2949936
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	749122	1053210
(2) U.S. Government securities	1c(2)	14502824	24267485
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	6776639	224299601
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	14577555	122929
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	29734898	5813886
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4166289	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	71156820	258588276
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71156820	258588276

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	546500	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		546500
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5721	
(B) U.S. Government securities.....	2b(1)(B)	519804	
(C) Corporate debt instruments.....	2b(1)(C)	275942	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		801467
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	142372	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	90759	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		233131
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	269479745	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	269469850	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		9895
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4169	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4169

		(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)		12325079
(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)		108563
c Other income	2c		14180
d Total income. Add all income amounts in column (b) and enter total	2d		14034646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9717907	
(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)		9717907
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	163423	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	58435	
(6) Bank or trust company trustee/custodial fees	2i(6)	7454	
(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)	976526	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1205838
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10923745

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3110901
l Transfers of assets:			
(1) To this plan	2l(1)		184320555
(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: **SUTTLE & STALNAKER, PLLC**

(2) EIN: **55-0538163**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561256.

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

A Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CABELL HUNTINGTON HOSPITAL INC.</u>	D Employer Identification Number (EIN) <u>55-0675666</u>	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

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

3		9
---	--	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 46.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.2 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.5 % Other: 21.8 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705206A.

Structured Attachment Department of the Treasury Internal Revenue Service	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		

Name of Plan	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0675666	PN	002

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

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	2	0	0	0	0	0
35 to 39	36	0	0	5	0	0
40 to 44	46	0	0	37	0	0
45 to 49	33	0	0	35	0	0
50 to 54	27	0	0	48	0	0
55 to 59	19	0	0	29	0	0
60 to 64	12	0	0	23	0	0
65 to 69	5	0	0	6	0	0
70 & Up	0	0	0	1	0	0

Name of Plan	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0675666	PN	002

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	5	0	0	0	0	0
45 to 49	16	0	0	3	0	0
50 to 54	33	0	0	20	0	0
55 to 59	21	0	0	19	0	0
60 to 64	10	0	0	16	0	0
65 to 69	1	0	0	3	0	0
70 & Up	0	0	0	0	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	4	0	0	0	0	0
55 to 59	26	0	0	3	0	0
60 to 64	18	0	0	12	0	0
65 to 69	2	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Name of Plan	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0675666	PN	002

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

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2024****This Form is Open to**
Public Inspection

Name of Plan	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0675666	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	524491	732548	13330892	14587931
2025	1048245	1150083	13100071	15298399
2026	1513872	1659160	12847286	16020318
2027	1909026	2011829	12578134	16498989
2028	2248401	2345382	12287715	16881498
2029	2660284	2705609	11974951	17340844
2030	2909949	2968162	11657704	17535815
2031	3142295	3278462	11321904	17742661
2032	3411081	3524218	10962412	17897711
2033	3647546	3799500	10587168	18034214
2034	3845757	4055224	10194350	18095331
2035	4072150	4280901	9777097	18130148
2036	4262150	4471919	9336833	18070902
2037	4403888	4666193	8875891	17945972
2038	4546261	4785608	8408620	17740489
2039	4640871	4928259	7924996	17494126
2040	4711588	5042201	7434431	17188220
2041	4750866	5162122	6934951	16847939
2042	4781195	5223937	6429664	16434796
2043	4804700	5277537	5922055	16004292
2044	4791355	5302048	5415978	15509381
2045	4791104	5329213	4915619	15035936
2046	4759375	5296979	4425435	14481789
2047	4695893	5261982	3950002	13907877
2048	4606703	5189645	3493871	13290219

Name of Plan	CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	55-0675666	PN	002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	4501171	5105140	3061392	12667703
2050	4375608	4992483	2656445	12024536
2051	4208663	4855658	2282213	11346534
2052	4040769	4694048	1941030	10675847
2053	3851994	4498473	1634260	9984727
2054	3651367	4288855	1362245	9302467
2055	3441489	4067408	1124412	8633309
2056	3234443	3840172	919352	7993967
2057	3022401	3607308	744980	7374689
2058	2811767	3370924	598729	6781420
2059	2604174	3136995	477684	6218853
2060	2400993	2907424	378777	5687194
2061	2203572	2683027	298945	5185544
2062	2012900	2465514	235245	4713659
2063	1829953	2255840	184953	4270746
2064	1655550	2054793	145609	3855952
2065	1490343	1862998	115066	3468407
2066	1334810	1680979	91499	3107288
2067	1189284	1509100	73390	2771774
2068	1053902	1347575	59509	2460986
2069	928642	1196521	48862	2174025
2070	813385	1055959	40665	1910009
2071	707912	925848	34306	1668066
2072	611942	806089	29312	1447343
2073	525135	696518	25316	1246969

CABELL HUNTINGTON HOSPITAL, INC.
EMPLOYEES' RETIREMENT PLAN

Financial Statements

December 31, 2024 and 2023

With Independent Auditor's Report



A Professional Limited Liability Company



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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Cabell Huntington Hospital, Inc. Employees' Retirement Plan
Huntington, West Virginia

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

We have performed audits of the accompanying financial statements of Cabell Huntington Hospital, Inc. Employees' Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related 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 Cabell Huntington Hospital, Inc. Employees' Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 Virginia Center
1411 Virginia Street, East
Suite 100
Charleston, WV 25301

MAIN (304) 343-4126
FAX (304) 343-8008

The Rivers Office Park
200 Star Avenue
Suite 220
Parkersburg, WV 26101

MAIN (304) 485-6584
FAX (304) 485-0971

Suncrest Towne Centre
453 Suncrest Towne Centre Drive
Suite 201
Morgantown, WV 26505

MAIN (304) 554-3371
FAX (304) 554-3410

The Somerville Building
501 5th Avenue
Suite 1
Huntington, WV 25701

MAIN (304) 525-0301
FAX (304) 522-1569

- 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. 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 Cabell Huntington Hospital, Inc. Employees' Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Cabell Huntington Hospital, Inc. Employees' Retirement 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 Cabell Huntington Hospital, Inc. Employees' Retirement 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 Matters - Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Huntington, West Virginia
October 15, 2025

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value	\$ 255,216,840	\$ 70,499,300
Accrued investment income	-	193,046
Receivables		
Employer contributions	421,500	464,474
Other	2,949,936	-
Total receivables	3,371,436	464,474
Total assets	258,588,276	71,156,820
Net assets available for benefits	\$ 258,588,276	\$ 71,156,820

The Accompanying Notes Are An Integral
Part Of These Financial Statements

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 12,453,548
Interest and dividends	<u>1,034,598</u>
Total investment income	<u>13,488,146</u>
Contributions	
Employer contributions	<u>546,500</u>
Total additions	<u>14,034,646</u>
Deductions	
Benefits paid to participants	9,717,907
Administrative expenses (Note 8)	<u>1,205,838</u>
Total deductions	<u>10,923,745</u>
Net increase	3,110,901
Transfer of plan assets due to merger	184,320,555
Net assets available for benefits:	
Beginning of year	<u>71,156,820</u>
End of year	<u><u>\$ 258,588,276</u></u>

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Cabell Huntington Hospital, Inc. ("Company") Employees' Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan provides defined retirement and death benefits to employees of the Company. The amount of monthly retirement, which generally begins upon retirement, is based upon the employee's accumulated period of service and compensation during such period of service. Normal retirement age is 65 years, but early retirement and postponement of retirement are permitted. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA). Plan participants should refer to the Plan document for more complete information.

Vesting - Vesting service means the sum of the participant's periods of service. A period of service begins when the participant starts working for the Company; it ends on the earlier of the date the participant stopped working (participant quit or is discharged) or the date the participant was absent from work one year. Any period of time of less than one year when either the participant was not working for the Company, or the participant was absent from work because of vacation or some other reason, will count as a period of service. The participant will have a break in vesting service if a period of service ends and the participant does not work another hour for the Company within one year. Federal law delays a break in service for pregnancy, birth of a child, placement of a child with participant by reason of adoption of such child, or caring for such child following such birth or placement.

The Plan was amended to freeze participation effective January 1, 2011. No employees hired on or after January 1, 2011 will become participants in the Plan. The Plan was frozen on December 31, 2010.

The Plan was amended March 1, 2013, to freeze the accrual of future benefits for employees classified as Anesthesiologists.

The Plan was amended, effective September 30, 2015, to freeze accrued benefits for all participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - The investment in the group annuity contract is recorded at fair value by discounting the related cash flows based on the current yields of similar instruments with comparable durations. The contract is to be used for the payment of future participant benefits. Investments in equity securities are stated at fair value, which equals the quoted market price on the last business day of the Plan year.

Method of Funding - Annual contributions to the Plan by the Company generally consist of at least the current service cost for that year, as calculated under the projected unit credit actuarial cost method. Contributions by the Company are invested under a group annuity contract with Principal Life Insurance Company (Principal Life) to accumulate investment performance (which is experience-based and credited to the Plan's account as earned).

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (Note 7) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' five highest compensations during their last ten years of credited service. The accumulated plan benefits for active employees are based on the five highest compensations during the ten years preceding the valuation date. Benefits payable under all circumstances, retirement, death, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Principal Life and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 using measurement dates of January 1, 2024 and 2023 were:

Mortality	During Benefit Payment Period: IRS Prescribed Mortality - Generational Annuitant, male and female.		
	Before Benefit Payment Period: IRS Prescribed Mortality - Generational Non-Annuitant, male and female.		
Asset Return	6.75% for 2024 and 2023 Plan years.		
Retirement Age	Active Participant:	<u>Age</u>	<u>Union Retirement Probability</u>
		62-64	50%
		65-69	25%
		70	100%
	Active Participant:	<u>Age</u>	<u>Non-Union Retirement Probability</u>
		62-64	25%
		65	50%
		66-69	25%
		70	100%
Salary Scale	None.		
Inflation	2.40% increase per year.		

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

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Payment of Benefits - Benefit payments to participants are recorded upon distributions.

NOTE 3 - MERGER

The primary employer previously established the Cabell Huntington Hospital, Inc. Union Employees' Retirement Plan and the Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan on April 1, 1970. The Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan has been merged into the Cabell Huntington Hospital, Inc. Union Employees' Retirement Plan as of January 1, 2024. The name of the merged Plan is the Cabell Huntington Hospital, Inc. Employees' Retirement Plan. The Plan is restated effective January 1, 2024. The restated Plan continues to be for the exclusive benefit of employees of the employer. All persons covered under the Plan before the effective date of this restatement shall continue to be covered under the restated Plan, if such persons are still eligible employees as of the restatement date, with no loss of benefits.

Because the Plan merger occurred on January 1, 2024, the prior year financial information presented herein represents only Cabell Huntington Hospital, Inc. Union Employees' Retirement Plan, the surviving Plan. Accordingly, the prior year amounts for December 31, 2023 are not directly comparable to the current year's merged Plan balances. The assets transferred into the Plan totaled \$184,320,555.

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest income and investment expenses for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustees, Principal Life Insurance Company and First State Trust Company.

All assets are invested in either a Group Annuity Contract (#GA4-46488) with Principal Life Insurance Company or in a trust account with First State Trust Company. Principal Life Insurance Company also disburses the amounts to pay Plan expenses and benefit costs.

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEES (Continued)

The following table presents the fair values of the Plan's investments as of December 31, 2024 and 2023, as certified by the trustees:

	2024	2023
Investments:		
Money market funds	\$ 712,939	\$ 741,095
U.S. treasury obligations	24,239,288	12,646,264
U.S. government agencies	28,197	1,856,560
Corporate & foreign bonds	224,299,601	6,527,886
Municipal obligations	-	248,753
Fixed income mutual funds	-	2,391,880
Common equity securities	122,929	14,577,555
Equity mutual funds	-	189,799
Exchanged traded funds	-	1,584,610
Pooled separate accounts	5,813,886	29,734,898
	<u>\$ 255,216,840</u>	<u>\$ 70,499,300</u>
Total:		

The net investment income for year ended December 31, 2024 was as follows:

Net appreciation in fair value of investments	\$ 12,453,548
Interest and dividends	1,034,598
	<u>\$ 13,488,146</u>

NOTE 5 - 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 are described as follows:

Level 1 Fair Value Measurements

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. Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets.

Level 2 Fair Value Measurements

Inputs other than quoted prices that are observable for the asset or liability or 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.

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 Fair Value Measurements

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

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

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

Money market funds: Valued using quoted prices in active markets for identical assets.

U.S. treasury obligations: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

U.S. government agencies: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

Corporate & foreign bonds: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

Municipal obligations: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

Fixed income mutual funds: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

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

Equity mutual funds: Valued using observable inputs, other than quoted prices, that are derived principally from or corroborated by observable market data.

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

Pooled separate accounts ("PSAs") invest mainly in domestic stocks, short term securities, and fixed securities. The majority of the underlying securities have observable Level 1 quoted pricing inputs. While the underlying asset values are quoted prices, the net asset value ("NAV") of a separate account is not publicly quoted. Accounting Standards Codification ("ASC") 820 allows NAV per share to serve as a practical expedient to estimate fair value of a PSA as long as certain requirements are met.

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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

	Fair Value Measurements at Reporting Date Using:		
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
<u>December 31, 2024</u>			
Money market funds	\$ 712,939	\$ -	\$ 712,939
U.S. treasury obligations	-	24,239,288	24,239,288
U.S. government agencies	-	28,197	28,197
Corporate & foreign bonds	-	224,299,601	224,299,601
Common equity securities	122,929	-	122,929
Total investments in fair value hierarchy	\$ 835,868	\$ 248,567,086	249,402,954
Investments measured at net asset value: (a)			
Pooled separate accounts			5,813,886
Investments, at fair value			\$ 255,216,840

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation for the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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

	Fair Value Measurements at Reporting Date Using:		
	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
<u>December 31, 2023</u>			
Money market funds	\$ 741,095	\$ -	\$ 741,095
U.S. treasury obligations	-	12,646,264	12,646,264
U.S. government agencies	-	1,856,560	1,856,560
Corporate & foreign bonds	-	6,527,886	6,527,886
Municipal obligations	-	248,753	248,753
Fixed income mutual funds	-	2,391,880	2,391,880
Common equity securities	14,577,555	-	14,577,555
Equity mutual funds	-	189,799	189,799
Exchanged traded funds	1,584,610	-	1,584,610
	<u>\$ 16,903,260</u>	<u>\$ 23,861,142</u>	<u>40,764,402</u>
Investments measured at net asset value: (a)			
Pooled separate accounts			<u>29,734,898</u>
Investments, at fair value			<u>\$ 70,499,300</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation for the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - INVESTMENTS MEASURED USING THE NAV PER SHARE PRACTICAL EXPEDIENT

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023:

	2024	2023
Pooled separate accounts		
Large U.S. equity	\$ -	\$ 26,147,939
Short-term fixed income	5,813,886	2,786,966
Small/Mid U.S. equity	-	799,993
Total pooled separate accounts	\$ 5,813,886	\$ 29,734,898

NOTE 7 - ACCUMULATED PLAN BENEFITS

An actuary from Principal Life estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions (Note 2) to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal, or retirement) between the valuation date and the expected date of payment. Measurement dates of January 1, 2024 and 2023 were used for the calculations.

	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested:		
Retirees currently receiving benefits	\$ 135,510,244	\$ 35,090,820
Other	103,629,999	32,667,682
Total vested benefits	239,140,243	67,758,502
Nonvested	74,485	-
Total at end of year	\$ 239,214,728	\$ 67,758,502

	2024	2023
Actuarial present value of accumulated plan benefits		
beginning of the year:	\$ 67,758,502	\$ 69,838,208
Transferred in due to merger	180,322,636	-
Increase for interest due to decrease in discount period	14,236,582	3,919,261
Benefit payments	(21,928,937)	(3,401,829)
Change in benefits accumulated and plan experience	(1,174,055)	(589,338)
Change in assumptions	-	(2,007,800)

Actuarial present value of accumulated plan benefits, end of year	\$ 239,214,728	\$ 67,758,502
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CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 8 - ADMINISTRATIVE EXPENSES

The following table summarizes administrative expenses for the year ended December 31, 2024:

Administrative expenses		
PBGC premium	\$	957,400
Investment advisory and investment management fees		58,435
Bank or trust company trustee/custodial fees		7,454
Contract administrator fees		163,423
Other fees		<u>19,126</u>
 Total	 \$	 <u>1,205,838</u>

NOTE 9 - PLAN TERMINATION

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan documents.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. If the Plan terminates, vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefits, payable at age 65.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

NOTE 10 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated February 28, 2023, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

NOTE 10 - TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

NOTE 11 - RISKS AND UNCERTAINTIES

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

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

NOTE 12 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

The Company provides the Plan with certain accounting and administrative services for which no fees are charged.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 13 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 EIN: 55-0675666, PLAN NUMBER 002
 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS
 (HELD AT YEAR END)
 DECEMBER 31, 2024

Party in (a) interest	(b) Identity of issue	(c) Description of Investment	(d) Cost	(e) Current Value
	CASH ACCOUNT	NonInterest-Bearing Cash	(\$340,271.25)	(\$340,271.25)
	MORGAN STANLEY BANK DEPOSIT	Interest-Bearing Cash	\$1,053,209.95	\$1,053,209.95
*	LIQUID ASSETS SEPARATE ACCOUNT	Pooled Separate Accounts	\$5,791,956.05	\$5,813,886.09
		Total Pooled Separate Accounts	\$5,791,956.05	\$5,813,886.09
	US TREASURY OBLIGATIONS	Government Securities	\$25,991,504.00	\$24,239,288.20
	GOVERNMENT CMOS & REMICS	Government Securities	\$7,843.17	\$7,741.15
	GOVERNMENT PASS THRU POOLS	Government Securities	\$21,795.69	\$20,456.07
		Total Government Securities	\$26,021,142.86	\$24,267,485.42
	GAZPROM	Corporate Stocks-Common	\$56,311.34	\$9,871.40
	MOBILE TELESYSTEMS	Corporate Stocks-Common	\$103,390.23	\$48,614.50
	PJSC LUKOIL	Corporate Stocks-Common	\$73,330.00	\$8,282.40
	SBERBANK RUSSIA	Corporate Stocks-Common	\$62,654.12	\$56,160.85
		Total Corporate Stocks-Common	\$295,685.69	\$122,929.15
	ABBVIE INC	Corporate Debt Instruments	\$3,572,524.50	\$3,214,342.89
	AEP TEX INC	Corporate Debt Instruments	\$1,502,756.00	\$1,396,800.48
	ALTRIA GROUP INC	Corporate Debt Instruments	\$884,090.00	\$815,295.10
	AMERICAN HOMES 4 RENT	Corporate Debt Instruments	\$1,372,196.50	\$1,311,690.38
	AMERICAN INTL GROUP INC	Corporate Debt Instruments	\$1,115,037.50	\$1,034,497.00
	ANHEUSER-BUSCH INBEV	Corporate Debt Instruments	\$851,895.00	\$763,995.45
	ANHEUSER-BUSCH COS	Corporate Debt Instruments	\$3,218,486.40	\$2,951,014.36
	AON NORTH AMERICA INC	Corporate Debt Instruments	\$1,651,401.00	\$1,511,958.66
	APPLE INC	Corporate Debt Instruments	\$1,109,476.50	\$979,961.07
	ARTHER J GALLAGHER & CO	Corporate Debt Instruments	\$2,367,080.00	\$2,216,381.60
	AT&T INC	Corporate Debt Instruments	\$8,162,382.50	\$7,554,837.51
	ATHENE HOLDING LTD	Corporate Debt Instruments	\$1,596,195.00	\$1,501,343.40
	ATMOS ENERGY	Corporate Debt Instruments	\$1,491,800.75	\$1,367,181.11
	AMGEN INC	Corporate Debt Instruments	\$4,870,466.00	\$4,431,882.10
	BANK AMERICA CORP	Corporate Debt Instruments	\$1,075,362.00	\$989,586.26
	BAT CAP CORP	Corporate Debt Instruments	\$2,480,576.70	\$2,332,418.59
	BECTON DICKINSON & CO	Corporate Debt Instruments	\$2,002,230.50	\$1,843,711.86
	BERKSHIRE HATHAWAY ENERGY CO	Corporate Debt Instruments	\$2,007,292.00	\$1,819,634.95
	BOEING CO	Corporate Debt Instruments	\$3,129,951.00	\$3,052,157.44
	BP CAP MARKETS AMERICA INC	Corporate Debt Instruments	\$781,572.00	\$693,385.55
	BRISTOL MYERS	Corporate Debt Instruments	\$1,032,220.00	\$937,598.11
	BROADCOM INC	Corporate Debt Instruments	\$3,860,448.00	\$3,678,620.85
	BURLINGTON NORTHERN SANTA FE	Corporate Debt Instruments	\$1,948,743.00	\$1,791,557.64
	CENTENE CORP	Corporate Debt Instruments	\$2,308,400.00	\$2,224,980.50
	CF INDUSTRIES INC	Corporate Debt Instruments	\$891,033.50	\$837,560.95
	CHARTER COMMUNICATION OPER	Corporate Debt Instruments	\$2,753,437.50	\$2,680,424.41
	CIGNA CORP	Corporate Debt Instruments	\$1,063,531.50	\$955,286.68
	COMCAST CORP	Corporate Debt Instruments	\$3,599,328.50	\$3,254,763.87
	CONSOLIDATED EDISON CO NY	Corporate Debt Instruments	\$1,106,770.00	\$1,017,193.70
	COREBRIDGE FINANCIAL	Corporate Debt Instruments	\$1,288,230.00	\$1,206,547.35
	CROWN CASTLE INTL CORP	Corporate Debt Instruments	\$1,296,662.50	\$1,215,109.35
	CSX CORP	Corporate Debt Instruments	\$1,098,298.25	\$1,008,518.86
	CVS HEALTH CORP	Corporate Debt Instruments	\$1,955,569.00	\$1,764,295.23
	DEVON ENERGY	Corporate Debt Instruments	\$497,385.00	\$462,403.90
	DIAMONDBACK	Corporate Debt Instruments	\$1,875,917.50	\$1,705,109.55
	DTE ENERGY CO	Corporate Debt Instruments	\$1,011,572.25	\$930,374.51
	DUKE ENERGY CORP	Corporate Debt Instruments	\$3,391,285.50	\$3,104,712.85
	ENERGY TRANSFER OPERATING LP	Corporate Debt Instruments	\$849,296.25	\$794,222.96

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 EIN: 55-0675666, PLAN NUMBER 002
 SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS
 (HELD AT YEAR END)
 DECEMBER 31, 2024

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ENERGY TRANSFER PARTNERS LP	Corporate Debt Instruments	\$2,347,450.00	\$2,191,186.25
ENTERPRISE PRODS OPER	Corporate Debt Instruments	\$1,609,490.75	\$1,512,338.57
EVEREST REINS HOLDINGS INC	Corporate Debt Instruments	\$1,005,000.00	\$927,995.25
EXELON CORP	Corporate Debt Instruments	\$1,923,180.00	\$1,775,273.22
EXXON MOBIL CORP	Corporate Debt Instruments	\$860,871.00	\$773,015.54
FORD MOTOR CO	Corporate Debt Instruments	\$1,143,477.00	\$1,065,495.60
GA GLOBAL FUNDING TRUST	Corporate Debt Instruments	\$1,950,058.50	\$1,922,520.02
GENERAL MOTORS	Corporate Debt Instruments	\$711,436.50	\$666,900.54
GOLDMAN SACHS GROUP INC	Corporate Debt Instruments	\$1,369,375.50	\$1,317,405.48
HCA INC	Corporate Debt Instruments	\$3,972,329.25	\$3,592,756.69
HEWLETT PACKARD ENTERPRISE	Corporate Debt Instruments	\$2,426,617.25	\$2,352,713.75
HOME DEPOT INC	Corporate Debt Instruments	\$1,625,862.00	\$1,457,302.56
INDIANAPOLIS POWER & LIGHT CO	Corporate Debt Instruments	\$2,262,615.00	\$2,091,234.60
INTEL CORP	Corporate Debt Instruments	\$1,334,934.00	\$1,195,325.82
INTERNATIONAL FLAVORS & FRAGRANCES	Corporate Debt Instruments	\$2,129,880.00	\$1,963,475.10
KEYBANK NATIONAL	Corporate Debt Instruments	\$2,575,378.00	\$2,491,934.38
KINDER MORGAN INC	Corporate Debt Instruments	\$1,589,600.00	\$1,490,264.32
KIA CORP	Corporate Debt Instruments	\$1,440,183.50	\$1,316,941.62
L3HARRIS TECH	Corporate Debt Instruments	\$1,463,350.00	\$1,396,673.32
LAM RESEARCH CORP	Corporate Debt Instruments	\$1,159,257.00	\$1,039,219.83
LOWE'S COMPANIES, INC.	Corporate Debt Instruments	\$1,462,472.25	\$1,345,681.13
MARKEL GROUP INC	Corporate Debt Instruments	\$1,027,325.00	\$960,251.05
MARVELL TECHNOLOGY	Corporate Debt Instruments	\$1,502,942.00	\$1,452,863.16
MASSACHUSETTS MUTUAL LIFE	Corporate Debt Instruments	\$885,804.00	\$801,440.40
META PLATFORM	Corporate Debt Instruments	\$2,491,423.00	\$2,294,101.73
MICRON TECHNOLOGY INC	Corporate Debt Instruments	\$2,410,164.75	\$2,324,201.60
MICROSOFT CORP	Corporate Debt Instruments	\$812,823.75	\$715,860.90
MOLSON COORS BEVERAGE CO	Corporate Debt Instruments	\$1,176,336.00	\$1,101,094.20
MPLX LP SR GLOBAL	Corporate Debt Instruments	\$996,640.00	\$933,407.60
NETFLIX INC	Corporate Debt Instruments	\$1,405,268.50	\$1,291,836.44
NEXTERA ENERGY CAPITAL HOLDINGS	Corporate Debt Instruments	\$2,256,435.00	\$2,066,943.15
NISOURCE FIN	Corporate Debt Instruments	\$1,528,409.75	\$1,443,546.95
NORFOLK SOUTHERN	Corporate Debt Instruments	\$3,090,506.25	\$2,874,257.45
OCCIDENTAL PETEROLEUM CORPT	Corporate Debt Instruments	\$1,794,804.75	\$1,652,121.69
ONCOR ELECTRIC DELIVERY CO LLC	Corporate Debt Instruments	\$1,850,905.00	\$1,702,078.88
ONEOK INC	Corporate Debt Instruments	\$2,358,846.00	\$2,209,847.01
ORACLE CORP	Corporate Debt Instruments	\$5,091,632.75	\$4,698,850.19
OWENS CORNING	Corporate Debt Instruments	\$1,488,410.00	\$1,386,702.38
PACIFIC GAS & ELECTRIC CO	Corporate Debt Instruments	\$2,785,038.00	\$2,650,516.46
PACIFICORP	Corporate Debt Instruments	\$1,491,576.00	\$1,386,281.04
PHILIP MORRIS	Corporate Debt Instruments	\$1,117,662.00	\$1,029,206.88
PUBLIC SERVICE COMPANY	Corporate Debt Instruments	\$757,783.50	\$717,519.09
REALTY INCOM CORP	Corporate Debt Instruments	\$1,808,878.50	\$1,750,919.24
RTX CORPORATION	Corporate Debt Instruments	\$2,834,568.00	\$2,608,548.48
SONOCO PRODUCTS	Corporate Debt Instruments	\$553,489.25	\$545,613.59
SOUTHERN CAL EDISON	Corporate Debt Instruments	\$1,307,264.00	\$1,213,366.70
SOUTHWESTERN PUBLIC SERVICES CO	Corporate Debt Instruments	\$2,021,111.50	\$1,893,772.69
T MOBILE USA INC	Corporate Debt Instruments	\$2,897,183.00	\$2,664,466.72
TAKE-TWO INTERACTIVE SOFTWARE	Corporate Debt Instruments	\$1,126,143.50	\$1,086,303.60
TEACHERS INS & ANNUITY ASSN	Corporate Debt Instruments	\$997,682.50	\$921,544.91
UNION PAC CORP GLOBAL	Corporate Debt Instruments	\$1,238,992.00	\$1,106,134.64
UNITED HEALTHCARE GROUP INC	Corporate Debt Instruments	\$2,505,320.50	\$2,266,207.55
UNITED TECHNOLOGIES CORP	Corporate Debt Instruments	\$2,717,072.70	\$2,587,593.82
UNITEDHEALTH CORP	Corporate Debt Instruments	\$1,886,014.00	\$1,703,907.11
VALERO ENERGY CORP	Corporate Debt Instruments	\$931,332.00	\$853,544.00
VERIZON COMMUNICATIONS	Corporate Debt Instruments	\$3,844,440.00	\$3,556,481.85
VODFONE GROUP PUBLIC LTD	Corporate Debt Instruments	\$2,317,608.00	\$2,165,578.20
WARNERMEDIA HOLDINGS	Corporate Debt Instruments	\$2,369,420.65	\$2,316,049.66
VMWARE INC	Corporate Debt Instruments	\$1,631,226.00	\$1,575,427.56
WASTE MANAGEMENT INC	Corporate Debt Instruments	\$900,873.00	\$866,937.87
WELLS FARGO & CO	Corporate Debt Instruments	\$1,262,288.00	\$1,164,761.76
WESTLAKE CHEMICAL CORP	Corporate Debt Instruments	\$1,682,300.00	\$1,548,403.00
ZOETIS INC	Corporate Debt Instruments	\$2,481,232.00	\$2,309,297.12
AERCAP IRELAND CAPITAL LTD	Corporate Debt Instruments	\$1,580,477.50	\$1,525,494.43
ARCH CAP GROUP LTD	Corporate Debt Instruments	\$910,378.25	\$838,495.86
BAE SYSTEMS PLC	Corporate Debt Instruments	\$1,408,887.00	\$1,348,027.79

BANK OF MONTREAL	Corporate Debt Instruments	\$1,242,041.25	\$1,219,673.03
COMMONWEALTH BANK OF AUSTRALIA	Corporate Debt Instruments	\$1,766,991.00	\$1,688,573.87
CSL FIN PLC	Corporate Debt Instruments	\$937,220.00	\$855,980.80
IBM INTERNATIONAL CAPITAL	Corporate Debt Instruments	\$1,857,777.50	\$1,706,786.42
JBS USA	Corporate Debt Instruments	\$2,443,054.25	\$2,299,696.04
KRAFT HEINZ FOODS	Corporate Debt Instruments	\$776,754.00	\$703,315.14
NATIONAL AUSTRALIA BK LTD	Corporate Debt Instruments	\$2,354,562.00	\$2,296,403.46
PFIZER INVT ENTERPRISES	Corporate Debt Instruments	\$1,531,130.00	\$1,396,547.58
SAUDI ARABIAN OIL COMPANY	Corporate Debt Instruments	\$1,713,893.50	\$1,565,215.64
SMURFIT KAPPA TREASURY	Corporate Debt Instruments	\$2,360,028.00	\$2,177,835.66
WESTPAC BANKING CORP	Corporate Debt Instruments	\$2,320,344.00	\$2,260,051.92
XSTRATA FIN CANADA LTD	Corporate Debt Instruments	\$1,428,519.75	\$1,339,445.00
AIB GROUP PUBLIC LIMITED CO	Corporate Debt Instruments	\$1,058,520.00	\$1,000,490.80
BANK AMERICA CORP	Corporate Debt Instruments	\$517,374.50	\$459,971.32
BANK AMERICA CORP SUB NT	Corporate Debt Instruments	\$1,713,659.00	\$1,631,568.93
CITIGROUP INC	Corporate Debt Instruments	\$991,390.00	\$970,378.10
DANBNK	Corporate Debt Instruments	\$2,504,544.00	\$2,433,170.64
FIFTH THIRD BANK	Corporate Debt Instruments	\$633,156.25	\$615,626.50
GOLDMAN SACHS GROUP INC	Corporate Debt Instruments	\$2,353,788.50	\$2,270,095.07
HSBC HOLDINGS	Corporate Debt Instruments	\$1,396,815.00	\$1,338,063.97
HUNTINGTON BANCSHARES	Corporate Debt Instruments	\$2,239,246.50	\$2,146,597.63
JPMORGAN CHASE	Corporate Debt Instruments	\$3,497,115.00	\$3,272,044.84
PNC FINANCIAL SERVICES GROUP INC	Corporate Debt Instruments	\$2,043,714.75	\$1,945,514.73
SCHWAB CHARLES CORP	Corporate Debt Instruments	\$1,178,932.50	\$1,158,982.76
TRUIST FINANCIAL	Corporate Debt Instruments	\$1,689,072.00	\$1,613,662.08
UBS GROUP AG	Corporate Debt Instruments	\$1,973,772.00	\$1,881,716.40
US BANCORP	Corporate Debt Instruments	\$741,524.00	\$705,374.81
Total Corporate Debt Instruments		\$240,233,574.70	\$224,299,600.16

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
<i>Allianz GI Inv Fxd Inc Sh-C</i>						
8,880 Units Bought On 05/23/2024	8.75000000	0.00	77,700.00	77,700.00		0.06%
430,910 Units Bought On 05/28/2024	8.72000000	0.00	3,757,535.20	3,757,535.20		2.73%
112,610 Units Bought On 01/23/2024	8.74000000	0.00	984,211.40	984,211.40		0.72%
84,510 Units Bought On 05/06/2024	8.73000000	0.00	737,772.30	737,772.30		0.54%
56,300 Units Bought On 01/23/2024	8.74000000	0.00	492,062.00	492,062.00		0.36%
226,790 Units Bought On 05/06/2024	8.73000000	0.00	1,979,876.70	1,979,876.70		1.44%
630,000 Units Sold On 05/30/2024	8.72000000	0.00	5,488,921.50	5,493,600.00	4,678.50	4.00%
440,170 Units Sold On 05/22/2024	8.78000000	0.00	3,828,694.70	3,864,692.60	35,997.90	2.81%
				17,387,450.20	40,676.40	12.65%
<i>Allianz GI Inv Fxd Inc Sh-M</i>						
445,460 Units Bought On 05/28/2024	8.43000000	0.00	3,755,227.80	3,755,227.80		2.73%
58,040 Units Bought On 01/23/2024	8.51000000	0.00	493,920.40	493,920.40		0.36%
87,830 Units Bought On 05/06/2024	8.46000000	0.00	743,041.80	743,041.80		0.54%
9,620 Units Bought On 05/23/2024	8.46000000	0.00	81,385.20	81,385.20		0.06%
235,360 Units Bought On 05/06/2024	8.46000000	0.00	1,991,145.60	1,991,145.60		1.45%
116,090 Units Bought On 01/23/2024	8.51000000	0.00	987,925.90	987,925.90		0.72%
651,590 Units Sold On 05/30/2024	8.43000000	0.00	5,497,938.40	5,492,903.70	-5,034.70	4.00%
454,750 Units Sold On 05/22/2024	8.48000000	0.00	3,844,725.50	3,856,280.00	11,554.50	2.81%
				17,401,830.40	6,519.80	12.66%
<i>Ishares 7-10 Year Treasury Bond ETF</i>						
785,000 Units Bought On 06/04/2024	93.45000000	0.00	73,358,250.00	73,358,250.00		53.38%
193 Units Bought On 06/07/2024	93.05740900	0.00	17,960.08	17,960.08		0.01%
3,330 Units Bought On 07/08/2024	94.18730000	0.00	313,643.71	313,643.71		0.23%
70,000 Units Bought On 06/05/2024	93.85990000	0.00	6,570,193.00	6,570,193.00		4.78%
4,871 Units Bought On 09/12/2024	98.54280000	0.00	480,001.98	480,001.98		0.35%

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

Schedule of Reportable 5% Transactions

Reported By Issue

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
2,364 Units Bought On 06/07/2024	93.08010100	0.00	220,041.36	220,041.36		0.16%
865,758 Units Sold On 09/23/2024	98.01737500	0.00	80,960,090.13	84,859,326.58	3,899,236.45	61.74%
				165,819,416.71	3,899,236.45	120.65%
<i>Ishares Barclays 20+ Year TR</i>						
237 Units Bought On 07/10/2024	92.60000000	0.00	21,946.20	21,946.20		0.02%
220 Units Bought On 06/07/2024	91.64500000	0.00	20,161.90	20,161.90		0.01%
2,512 Units Bought On 06/07/2024	91.56500000	0.00	230,011.28	230,011.28		0.17%
4,003 Units Bought On 09/12/2024	99.92940000	0.00	400,017.39	400,017.39		0.29%
610,000 Units Bought On 06/04/2024	92.22000000	0.00	56,254,200.00	56,254,200.00		40.93%
55,000 Units Bought On 06/05/2024	93.08760000	0.00	5,119,818.00	5,119,818.00		3.73%
2,050 Units Bought On 07/08/2024	92.71230200	0.00	190,060.22	190,060.22		0.14%
674,022 Units Sold On 09/23/2024	98.18757000	0.00	62,236,214.99	66,180,582.51	3,944,367.52	48.15%
				128,416,797.50	3,944,367.52	93.44%
<i>Morgan Stanley Bank Deposit</i>						
593,320,486.5 Units Bought In 1257 Transactions	100.00000000	0.00	593,320,486.50	593,320,486.50		431.70%
594,685,289.45 Units Sold In 631 Transactions	100.00000000	0.00	594,685,289.45	594,685,289.45	0.00	432.69%
				1,188,005,775.95	0.00	864.39%
<i>Morgan Stanley Instl Liquidity</i>						
350,814,240.96 Units Bought In 4 Transactions	100.00000000	0.00	350,814,240.96	350,814,240.96		255.25%
350,814,240.96 Units Sold In 5 Transactions	100.00000000	0.00	350,814,240.96	350,814,240.96	0.00	255.25%
				701,628,481.92	0.00	510.50%
<i>U S Treas Sec Stripped Int Pmt 02/15/34</i>						
17,000,000 Units Bought On 09/25/2024	69.42100000	0.00	11,801,570.00	11,801,570.00		8.59%
				11,801,570.00	0.00	8.59%
<i>U S Treasury Strip 05/15/34</i>						
17,000,000 Units Bought On 09/25/2024	68.66100000	0.00	11,672,370.00	11,672,370.00		8.49%

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

						11,672,370.00	0.00	8.49%
<i>United States Treas Nts 4.1250% 02/15/27</i>								
242,000	Units Bought On 02/14/2024	99.27760000	0.00	240,252.03	240,252.03			0.17%
244,000	Units Bought On 03/01/2024	99.43390000	0.00	242,618.72	242,618.72			0.18%
607,000	Units Bought On 05/06/2024	98.57450000	0.00	598,347.82	598,347.82			0.44%
439,000	Units Bought On 03/26/2024	99.18760000	0.00	435,434.00	435,434.00			0.32%
324,000	Units Bought On 02/28/2024	99.08620000	0.00	321,039.61	321,039.61			0.23%
278,000	Units Bought On 02/28/2024	99.08620000	0.00	275,459.91	275,459.91			0.20%
215,000	Units Bought On 05/06/2024	98.57460000	0.00	211,935.39	211,935.39			0.15%
215,000	Units Bought On 02/14/2024	99.27770000	0.00	213,447.06	213,447.06			0.16%
735,000	Units Bought On 04/02/2024	98.89880000	0.00	726,906.18	726,906.18			0.53%
237,000	Units Bought On 03/26/2024	99.18770000	0.00	235,074.85	235,074.85			0.17%
21,000	Units Bought On 03/27/2024	99.30500000	0.00	20,854.05	20,854.05			0.02%
117,000	Units Bought On 04/02/2024	98.89880000	0.00	115,711.60	115,711.60			0.08%
102,000	Units Bought On 04/30/2024	97.97690000	0.00	99,936.44	99,936.44			0.07%
676,000	Units Sold On 05/30/2024	98.37480000	0.00	670,508.85	665,013.65	-5,495.20		0.48%
2,181,000	Units Sold On 05/30/2024	98.35110000	0.00	2,158,137.46	2,145,039.67	-13,097.79		1.56%
919,000	Units Sold On 05/30/2024	98.35120000	0.00	908,371.35	903,847.53	-4,523.82		0.66%
						7,450,918.51	-23,116.81	5.42%

NOTE : TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 137,438,446.22

(5 % = 6,871,922.31)

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
* No Broker Specified *						
Allianz GI Inv Fxd Inc Sh-C						
440,170 Units Sold On 05/22/2024	8.78000000	0.00	3,828,694.70	3,864,692.60	35,997.90	2.81%
630,000 Units Sold On 05/30/2024	8.72000000	0.00	5,488,921.50	5,493,600.00	4,678.50	4.00%
				9,358,292.60	40,676.40	6.81%
Allianz GI Inv Fxd Inc Sh-M						
454,750 Units Sold On 05/22/2024	8.48000000	0.00	3,844,725.50	3,856,280.00	11,554.50	2.81%
651,590 Units Sold On 05/30/2024	8.43000000	0.00	5,497,938.40	5,492,903.70	-5,034.70	4.00%
				9,349,183.70	6,519.80	6.80%
				18,707,476.30	47,196.20	13.61%
Dean Witter Reynolds Inc						
Allianz GI Inv Fxd Inc Sh-C						
112,610 Units Bought On 01/23/2024	8.74000000	0.00	984,211.40	984,211.40		0.72%
84,510 Units Bought On 05/06/2024	8.73000000	0.00	737,772.30	737,772.30		0.54%
8,880 Units Bought On 05/23/2024	8.75000000	0.00	77,700.00	77,700.00		0.06%
56,300 Units Bought On 01/23/2024	8.74000000	0.00	492,062.00	492,062.00		0.36%
226,790 Units Bought On 05/06/2024	8.73000000	0.00	1,979,876.70	1,979,876.70		1.44%
430,910 Units Bought On 05/28/2024	8.72000000	0.00	3,757,535.20	3,757,535.20		2.73%
				8,029,157.60	0.00	5.84%
Allianz GI Inv Fxd Inc Sh-M						
445,460 Units Bought On 05/28/2024	8.43000000	0.00	3,755,227.80	3,755,227.80		2.73%
235,360 Units Bought On 05/06/2024	8.46000000	0.00	1,991,145.60	1,991,145.60		1.45%
87,830 Units Bought On 05/06/2024	8.46000000	0.00	743,041.80	743,041.80		0.54%
9,620 Units Bought On 05/23/2024	8.46000000	0.00	81,385.20	81,385.20		0.06%
58,040 Units Bought On 01/23/2024	8.51000000	0.00	493,920.40	493,920.40		0.36%
116,090 Units Bought On 01/23/2024	8.51000000	0.00	987,925.90	987,925.90		0.72%
				8,052,646.70	0.00	5.86%
Ishares 7-10 Year Treasury Bond ETF						

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	% Turnover
70,000 Units Bought On 06/05/2024	93.85990000	0.00	6,570,193.00	6,570,193.00		4.78%
2,364 Units Bought On 06/07/2024	93.08010100	0.00	220,041.36	220,041.36		0.16%
785,000 Units Bought On 06/04/2024	93.45000000	0.00	73,358,250.00	73,358,250.00		53.38%
4,871 Units Bought On 09/12/2024	98.54280000	0.00	480,001.98	480,001.98		0.35%
193 Units Bought On 06/07/2024	93.05740900	0.00	17,960.08	17,960.08		0.01%
3,330 Units Bought On 07/08/2024	94.18730000	0.00	313,643.71	313,643.71		0.23%
865,758 Units Sold On 09/23/2024	98.01737500	0.00	80,960,090.13	84,859,326.58	3,899,236.45	61.74%
				165,819,416.71	3,899,236.45	120.65%
Ishares Barclays 20+ Year TR						
610,000 Units Bought On 06/04/2024	92.22000000	0.00	56,254,200.00	56,254,200.00		40.93%
2,050 Units Bought On 07/08/2024	92.71230200	0.00	190,060.22	190,060.22		0.14%
220 Units Bought On 06/07/2024	91.64500000	0.00	20,161.90	20,161.90		0.01%
2,512 Units Bought On 06/07/2024	91.56500000	0.00	230,011.28	230,011.28		0.17%
4,003 Units Bought On 09/12/2024	99.92940000	0.00	400,017.39	400,017.39		0.29%
55,000 Units Bought On 06/05/2024	93.08760000	0.00	5,119,818.00	5,119,818.00		3.73%
237 Units Bought On 07/10/2024	92.60000000	0.00	21,946.20	21,946.20		0.02%
674,022 Units Sold On 09/23/2024	98.18757000	0.00	62,236,214.99	66,180,582.51	3,944,367.52	48.15%
				128,416,797.50	3,944,367.52	93.44%
Morgan Stanley Bank Deposit						
593,320,486.5 Units Bought In 1257 Transactions	100.00000000	0.00	593,320,486.50	593,320,486.50		431.70%
594,685,289.45 Units Sold In 631 Transactions	100.00000000	0.00	594,685,289.45	594,685,289.45	0.00	432.69%
				1,188,005,775.95	0.00	864.39%
Morgan Stanley Instl Liquidity						
350,814,240.96 Units Bought In 4 Transactions	100.00000000	0.00	350,814,240.96	350,814,240.96		255.25%
350,814,240.96 Units Sold In 5 Transactions	100.00000000	0.00	350,814,240.96	350,814,240.96	0.00	255.25%
				701,628,481.92	0.00	510.50%
U S Treas Sec Stripped Int Pmt 02/15/34						
17,000,000 Units Bought On 09/25/2024	69.42100000	0.00	11,801,570.00	11,801,570.00		8.59%
				11,801,570.00	0.00	8.59%

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

Schedule of Reportable 5% Transactions

Reported By Broker

Asset Description	Buy or Sell Price	Trade Expense	Cost of Asset	Current Value	Net Gain or Loss	%
						Turnover
U S Treasury Strip	05/15/34					
17,000,000 Units Bought On 09/25/2024	68.66100000	0.00	11,672,370.00	11,672,370.00		8.49%
				11,672,370.00	0.00	8.49%
United States Treas Nts	4.1250% 02/15/27					
117,000 Units Bought On 04/02/2024	98.89880000	0.00	115,711.60	115,711.60		0.08%
102,000 Units Bought On 04/30/2024	97.97690000	0.00	99,936.44	99,936.44		0.07%
215,000 Units Bought On 05/06/2024	98.57460000	0.00	211,935.39	211,935.39		0.15%
242,000 Units Bought On 02/14/2024	99.27760000	0.00	240,252.03	240,252.03		0.17%
324,000 Units Bought On 02/28/2024	99.08620000	0.00	321,039.61	321,039.61		0.23%
735,000 Units Bought On 04/02/2024	98.89880000	0.00	726,906.18	726,906.18		0.53%
237,000 Units Bought On 03/26/2024	99.18770000	0.00	235,074.85	235,074.85		0.17%
21,000 Units Bought On 03/27/2024	99.30500000	0.00	20,854.05	20,854.05		0.02%
278,000 Units Bought On 02/28/2024	99.08620000	0.00	275,459.91	275,459.91		0.20%
607,000 Units Bought On 05/06/2024	98.57450000	0.00	598,347.82	598,347.82		0.44%
215,000 Units Bought On 02/14/2024	99.27770000	0.00	213,447.06	213,447.06		0.16%
244,000 Units Bought On 03/01/2024	99.43390000	0.00	242,618.72	242,618.72		0.18%
439,000 Units Bought On 03/26/2024	99.18760000	0.00	435,434.00	435,434.00		0.32%
919,000 Units Sold On 05/30/2024	98.35120000	0.00	908,371.35	903,847.53	-4,523.82	0.66%
676,000 Units Sold On 05/30/2024	98.37480000	0.00	670,508.85	665,013.65	-5,495.20	0.48%
2,181,000 Units Sold On 05/30/2024	98.35110000	0.00	2,158,137.46	2,145,039.67	-13,097.79	1.56%
				7,450,918.51	-23,116.81	5.42%
				2,230,877,134.89	7,820,487.16	1623.18%

NOTE : TURNOVER % BASED ON THE 01/01/2024 MARKET VALUE (EXCLUDING ACCRUALS AND PENDING TRANSACTIONS) OF 137,438,446.22

(5 % = 6,871,922.31)

END OF REPORT

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 PLAN NAME: CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 PLAN SPONSOR: CABELL HUNTINGTON HOSPITAL, INC.
 EIN: 55-0675666
 PLAN NUMBER: 002
 PLAN YEAR: 1/1/24 - 12/31/24

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
ALLIANZ GI INV FIXED INC - SH-C	4	1	5,065,069.50	24,762,301.49	4,678.50
ALLIANZ GI INV FIXED INC - SH-M	4	1	5,073,575.20	5,492,903.70	(5,034.70)
BLACKROCK ALLOCATION TARGET SH	0	2	-	4,150,451.37	35,769.57
ISHARES RUSSELL 3000 GROWTH	0	2	-	5,350,976.91	1,009,322.44
MORGAN STANLEY BANK DEPOSIT	1	1	139,518,472.36	140,267,241.31	-
MORGAN STANLEY INSTL LIQUIDITY	1	1	8,925,372.06	8,925,372.06	-
US TREASURY NTS 4.125% 2/15/27	6	3	1,072,482.86	3,713,900.85	(23,116.81)
US TREASURY NTS 2.250% 8/15/27	2	1	825,867.60	3,674,339.09	6,010.85
PRINCIPAL LIQUID ASSETS SEP ACCT	32	51	136,784,768.65	131,908,931.95	118,925.35
PRINCIPAL CORE PLUS BOND SEP ACCT	2	2	5,698,582.88	5,690,574.83	(8,008.05)
PRINCIPAL LDI INTERM DUR SEP ACCT	1	2	\$40,670,868.24	\$43,170,417.39	\$2,499,549.15
PRINCIPAL LDI LONG DUR SEP ACCT	1	2	\$75,531,612.45	\$82,786,945.20	\$7,255,332.75
PRINCIPAL LARGE CAP S&P 500 INDEX	2	4	\$67,820,564.13	\$96,453,147.69	\$23,201,722.55
PRINCIPAL SMALLCAP SEP ACCT	2	2	\$13,523,095.51	\$16,265,566.71	\$1,910,845.05

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN
 EIN 55-0675666
 PLAN NUMBER 002
 PLAN YEAR 01/01/2024 TO 12/31/2024

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
ALLIANZ GI INV FIXED INC - SH-C	4	1	5,065,069.50	24,762,301.49	4,678.50
ALLIANZ GI INV FIXED INC - SH-M	4	1	5,073,575.20	5,492,903.70	(5,034.70)
BLACKROCK ALLOCATION TARGET SH	0	2	-	4,150,451.37	35,769.57
ISHARES RUSSELL 3000 GROWTH	0	2	-	5,350,976.91	1,009,322.44
MORGAN STANLEY BANK DEPOSIT	1	1	139,518,472.36	140,267,241.31	-
MORGAN STANLEY INSTL LIQUIDITY	1	1	8,925,372.06	8,925,372.06	-
US TREASURY NTS 4.125% 2/15/27	6	3	1,072,482.86	3,713,900.85	(23,116.81)
US TREASURY NTS 2.250% 8/15/27	2	1	825,867.60	3,674,339.09	6,010.85
PRINCIPAL LIQUID ASSETS SEP ACCT	32	51	136,784,768.65	131,908,931.95	118,925.35
PRINCIPAL CORE PLUS BOND SEP ACCT	2	2	5,698,582.88	5,690,574.83	(8,008.05)
PRINCIPAL LDI INTERM DUR SEP ACCT	1	2	\$40,670,868.24	\$43,170,417.39	\$2,499,549.15
PRINCIPAL LDI LONG DUR SEP ACCT	1	2	\$75,531,612.45	\$82,786,945.20	\$7,255,332.75
PRINCIPAL LARGE CAP S&P 500 INDEX	2	4	\$67,820,564.13	\$96,453,147.69	\$23,201,722.55
PRINCIPAL SMALLCAP SEP ACCT	2	2	\$13,523,095.51	\$16,265,566.71	\$1,910,845.05

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

Cabell Huntington Hospital, Inc. Employees' Retirement Plan EIN
55-0675666 PN 002 12/31/2024

Schedule of Assets

Party in (a) interest	(b) Identity of issue	(c) Description of Investment	(d) Cost	(e) Current Value
	CASH ACCOUNT	NonInterest-Bearing Cash	(\$340,271.25)	(\$340,271.25)
	MORGAN STANLEY BANK DEPOSIT	Interest-Bearing Cash	\$1,053,209.95	\$1,053,209.95
*	LIQUID ASSETS SEPARATE ACCOUNT	Pooled Separate Accounts	\$5,791,956.05	\$5,813,886.09
		Total Pooled Separate Accounts	\$5,791,956.05	\$5,813,886.09
	US TREASURY OBLIGATIONS	Government Securities	\$25,991,504.00	\$24,239,288.20
	GOVERNMENT CMOS & REMICS	Government Securities	\$7,843.17	\$7,741.15
	GOVERNMENT PASS THRU POOLS	Government Securities	\$21,795.69	\$20,456.07
		Total Government Securities	\$26,021,142.86	\$24,267,485.42
	GAZPROM	Corporate Stocks-Common	\$56,311.34	\$9,871.40
	MOBILE TELESYSTEMS	Corporate Stocks-Common	\$103,390.23	\$48,614.50
	PJSC LUKOIL	Corporate Stocks-Common	\$73,330.00	\$8,282.40
	SBERBANK RUSSIA	Corporate Stocks-Common	\$62,654.12	\$56,160.85
		Total Corporate Stocks-Common	\$295,685.69	\$122,929.15
	ABBVIE INC	Corporate Debt Instruments	\$3,572,524.50	\$3,214,342.89
	AEP TEX INC	Corporate Debt Instruments	\$1,502,756.00	\$1,396,800.48
	ALTRIA GROUP INC	Corporate Debt Instruments	\$884,090.00	\$815,295.10
	AMERICAN HOMES 4 RENT	Corporate Debt Instruments	\$1,372,196.50	\$1,311,690.38
	AMERICAN INTL GROUP INC	Corporate Debt Instruments	\$1,115,037.50	\$1,034,497.00
	ANHEUSER-BUSCH INBEV	Corporate Debt Instruments	\$851,895.00	\$763,995.45
	ANHEUSER-BUSCH COS	Corporate Debt Instruments	\$3,218,486.40	\$2,951,014.36
	AON NORTH AMERICA INC	Corporate Debt Instruments	\$1,651,401.00	\$1,511,958.66
	APPLE INC	Corporate Debt Instruments	\$1,109,476.50	\$979,961.07
	ARTHER J GALLAGHER & CO	Corporate Debt Instruments	\$2,367,080.00	\$2,216,381.60
	AT&T INC	Corporate Debt Instruments	\$8,162,382.50	\$7,554,837.51
	ATHENE HOLDING LTD	Corporate Debt Instruments	\$1,596,195.00	\$1,501,343.40
	ATMOS ENERGY	Corporate Debt Instruments	\$1,491,800.75	\$1,367,181.11
	AMGEN INC	Corporate Debt Instruments	\$4,870,466.00	\$4,431,882.10
	BANK AMERICA CORP	Corporate Debt Instruments	\$1,075,362.00	\$989,586.26
	BAT CAP CORP	Corporate Debt Instruments	\$2,480,576.70	\$2,332,418.59
	BECTON DICKINSON & CO	Corporate Debt Instruments	\$2,002,230.50	\$1,843,711.86
	BERKSHIRE HATHAWAY ENERGY CO	Corporate Debt Instruments	\$2,007,292.00	\$1,819,634.95
	BOEING CO	Corporate Debt Instruments	\$3,129,951.00	\$3,052,157.44
	BP CAP MARKETS AMERICA INC	Corporate Debt Instruments	\$781,572.00	\$693,385.55
	BRISTOL MYERS	Corporate Debt Instruments	\$1,032,220.00	\$937,598.11
	BROADCOM INC	Corporate Debt Instruments	\$3,860,448.00	\$3,678,620.85
	BURLINGTON NORTHERN SANTA FE	Corporate Debt Instruments	\$1,948,743.00	\$1,791,557.64
	CENTENE CORP	Corporate Debt Instruments	\$2,308,400.00	\$2,224,980.50
	CF INDUSTRIES INC	Corporate Debt Instruments	\$891,033.50	\$837,560.95
	CHARTER COMMUNICATION OPER	Corporate Debt Instruments	\$2,753,437.50	\$2,680,424.41
	CIGNA CORP	Corporate Debt Instruments	\$1,063,531.50	\$955,286.68
	COMCAST CORP	Corporate Debt Instruments	\$3,599,328.50	\$3,254,763.87
	CONSOLIDATED EDISON CO NY	Corporate Debt Instruments	\$1,106,770.00	\$1,017,193.70
	COREBRIDGE FINANCIAL	Corporate Debt Instruments	\$1,288,230.00	\$1,206,547.35
	CROWN CASTLE INTL CORP	Corporate Debt Instruments	\$1,296,662.50	\$1,215,109.35
	CSX CORP	Corporate Debt Instruments	\$1,098,298.25	\$1,008,518.86
	CVS HEALTH CORP	Corporate Debt Instruments	\$1,955,569.00	\$1,764,295.23
	DEVON ENERGY	Corporate Debt Instruments	\$497,385.00	\$462,403.90
	DIAMONDBACK	Corporate Debt Instruments	\$1,875,917.50	\$1,705,109.55
	DTE ENERGY CO	Corporate Debt Instruments	\$1,011,572.25	\$930,374.51
	DUKE ENERGY CORP	Corporate Debt Instruments	\$3,391,285.50	\$3,104,712.85
	ENERGY TRANSFER OPERATING LP	Corporate Debt Instruments	\$849,296.25	\$794,222.96

	ENERGY TRANSFER PARTNERS LP	Corporate Debt Instruments	\$2,347,450.00	\$2,191,186.25
	ENTERPRISE PRODS OPER	Corporate Debt Instruments	\$1,609,490.75	\$1,512,338.57
	EVEREST REINS HOLDINGS INC	Corporate Debt Instruments	\$1,005,000.00	\$927,995.25
	EXELON CORP	Corporate Debt Instruments	\$1,923,180.00	\$1,775,273.22
	EXXON MOBIL CORP	Corporate Debt Instruments	\$860,871.00	\$773,015.54
	FORD MOTOR CO	Corporate Debt Instruments	\$1,143,477.00	\$1,065,495.60
	GA GLOBAL FUNDING TRUST	Corporate Debt Instruments	\$1,950,058.50	\$1,922,520.02
	GENERAL MOTORS	Corporate Debt Instruments	\$711,436.50	\$666,900.54
	GOLDMAN SACHS GROUP INC	Corporate Debt Instruments	\$1,369,375.50	\$1,317,405.48
	HCA INC	Corporate Debt Instruments	\$3,972,329.25	\$3,592,756.69
	HEWLETT PACKARD ENTERPRISE	Corporate Debt Instruments	\$2,426,617.25	\$2,352,713.75
	HOME DEPOT INC	Corporate Debt Instruments	\$1,625,862.00	\$1,457,302.56
	INDIANAPOLIS POWER & LIGHT CO	Corporate Debt Instruments	\$2,262,615.00	\$2,091,234.60
	INTEL CORP	Corporate Debt Instruments	\$1,334,934.00	\$1,195,325.82
	INTERNATIONAL FLAVORS & FRAGRANCES	Corporate Debt Instruments	\$2,129,880.00	\$1,963,475.10
	KEYBANK NATIONAL	Corporate Debt Instruments	\$2,575,378.00	\$2,491,934.38
	KINDER MORGAN INC	Corporate Debt Instruments	\$1,589,600.00	\$1,490,264.32
	KIA CORP	Corporate Debt Instruments	\$1,440,183.50	\$1,316,941.62
	L3HARRIS TECH	Corporate Debt Instruments	\$1,463,350.00	\$1,396,673.32
	LAM RESEARCH CORP	Corporate Debt Instruments	\$1,159,257.00	\$1,039,219.83
	LOWE'S COMPANIES, INC.	Corporate Debt Instruments	\$1,462,472.25	\$1,345,681.13
	MARKEL GROUP INC	Corporate Debt Instruments	\$1,027,325.00	\$960,251.05
	MARVELL TECHNOLOGY	Corporate Debt Instruments	\$1,502,942.00	\$1,452,863.16
	MASSACHUSETTS MUTUAL LIFE	Corporate Debt Instruments	\$885,804.00	\$801,440.40
	META PLATFORM	Corporate Debt Instruments	\$2,491,423.00	\$2,294,101.73
	MICRON TECHNOLOGY INC	Corporate Debt Instruments	\$2,410,164.75	\$2,324,201.60
	MICROSOFT CORP	Corporate Debt Instruments	\$812,823.75	\$715,860.90
	MOLSON COORS BEVERAGE CO	Corporate Debt Instruments	\$1,176,336.00	\$1,101,094.20
	MPLX LP SR GLOBAL	Corporate Debt Instruments	\$996,640.00	\$933,407.60
	NETFLIX INC	Corporate Debt Instruments	\$1,405,268.50	\$1,291,836.44
	NEXTERA ENERGY CAPITAL HOLDINGS	Corporate Debt Instruments	\$2,256,435.00	\$2,066,943.15
	NISOURCE FIN	Corporate Debt Instruments	\$1,528,409.75	\$1,443,546.95
	NORFOLK SOUTHERN	Corporate Debt Instruments	\$3,090,506.25	\$2,874,257.45
	OCCIDENTAL PETEROLEUM CORPT	Corporate Debt Instruments	\$1,794,804.75	\$1,652,121.69
	ONCOR ELECTRIC DELIVERY CO LLC	Corporate Debt Instruments	\$1,850,905.00	\$1,702,078.88
	ONEOK INC	Corporate Debt Instruments	\$2,358,846.00	\$2,209,847.01
	ORACLE CORP	Corporate Debt Instruments	\$5,091,632.75	\$4,698,850.19
	OWENS CORNING	Corporate Debt Instruments	\$1,488,410.00	\$1,386,702.38
	PACIFIC GAS & ELECTRIC CO	Corporate Debt Instruments	\$2,785,038.00	\$2,650,516.46
	PACIFICORP	Corporate Debt Instruments	\$1,491,576.00	\$1,386,281.04
	PHILIP MORRIS	Corporate Debt Instruments	\$1,117,662.00	\$1,029,206.88
	PUBLIC SERVICE COMPANY	Corporate Debt Instruments	\$757,783.50	\$717,519.09
	REALTY INCOM CORP	Corporate Debt Instruments	\$1,808,878.50	\$1,750,919.24
	RTX CORPORATION	Corporate Debt Instruments	\$2,834,568.00	\$2,608,548.48
	SONOCO PRODUCTS	Corporate Debt Instruments	\$553,489.25	\$545,613.59
	SOUTHERN CAL EDISON	Corporate Debt Instruments	\$1,307,264.00	\$1,213,366.70
	SOUTHWESTERN PUBLIC SERVICES CO	Corporate Debt Instruments	\$2,021,111.50	\$1,893,772.69
	T MOBILE USA INC	Corporate Debt Instruments	\$2,897,183.00	\$2,664,466.72
	TAKE-TWO INTERACTIVE SOFTWARE	Corporate Debt Instruments	\$1,126,143.50	\$1,086,303.60
	TEACHERS INS & ANNUITY ASSN	Corporate Debt Instruments	\$997,682.50	\$921,544.91
	UNION PAC CORP GLOBAL	Corporate Debt Instruments	\$1,238,992.00	\$1,106,134.64
	UNITED HEALTHCARE GROUP INC	Corporate Debt Instruments	\$2,505,320.50	\$2,266,207.55
	UNITED TECHNOLOGIES CORP	Corporate Debt Instruments	\$2,717,072.70	\$2,587,593.82
	UNITEDHEALTH CORP	Corporate Debt Instruments	\$1,886,014.00	\$1,703,907.11
	VALERO ENERGY CORP	Corporate Debt Instruments	\$931,332.00	\$853,544.00
	VERIZON COMMUNICATIONS	Corporate Debt Instruments	\$3,844,440.00	\$3,556,481.85
	VODFONE GROUP PUBLIC LTD	Corporate Debt Instruments	\$2,317,608.00	\$2,165,578.20
	WARNERMEDIA HOLDINGS	Corporate Debt Instruments	\$2,369,420.65	\$2,316,049.66
	VMWARE INC	Corporate Debt Instruments	\$1,631,226.00	\$1,575,427.56
	WASTE MANAGEMENT INC	Corporate Debt Instruments	\$900,873.00	\$866,937.87
	WELLS FARGO & CO	Corporate Debt Instruments	\$1,262,288.00	\$1,164,761.76
	WESTLAKE CHEMICAL CORP	Corporate Debt Instruments	\$1,682,300.00	\$1,548,403.00
	ZOETIS INC	Corporate Debt Instruments	\$2,481,232.00	\$2,309,297.12
	AERCAP IRELAND CAPITAL LTD	Corporate Debt Instruments	\$1,580,477.50	\$1,525,494.43
	ARCH CAP GROUP LTD	Corporate Debt Instruments	\$910,378.25	\$838,495.86
	BAE SYSTEMS PLC	Corporate Debt Instruments	\$1,408,887.00	\$1,348,027.79

	BANK OF MONTREAL	Corporate Debt Instruments	\$1,242,041.25	\$1,219,673.03
	COMMONWEALTH BANK OF AUSTRALIA	Corporate Debt Instruments	\$1,766,991.00	\$1,688,573.87
	CSL FIN PLC	Corporate Debt Instruments	\$937,220.00	\$855,980.80
	IBM INTERNATIONAL CAPITAL	Corporate Debt Instruments	\$1,857,777.50	\$1,706,786.42
	JBS USA	Corporate Debt Instruments	\$2,443,054.25	\$2,299,696.04
	KRAFT HEINZ FOODS	Corporate Debt Instruments	\$776,754.00	\$703,315.14
	NATIONAL AUSTRALIA BK LTD	Corporate Debt Instruments	\$2,354,562.00	\$2,296,403.46
	PFIZER INVT ENTERPRISES	Corporate Debt Instruments	\$1,531,130.00	\$1,396,547.58
	SAUDI ARABIAN OIL COMPANY	Corporate Debt Instruments	\$1,713,893.50	\$1,565,215.64
	SMURFIT KAPPA TREASURY	Corporate Debt Instruments	\$2,360,028.00	\$2,177,835.66
	WESTPAC BANKING CORP	Corporate Debt Instruments	\$2,320,344.00	\$2,260,051.92
	XSTRATA FIN CANADA LTD	Corporate Debt Instruments	\$1,428,519.75	\$1,339,445.00
	AIB GROUP PUBLIC LIMITED CO	Corporate Debt Instruments	\$1,058,520.00	\$1,000,490.80
	BANK AMERICA CORP	Corporate Debt Instruments	\$517,374.50	\$459,971.32
	BANK AMERICA CORP SUB NT	Corporate Debt Instruments	\$1,713,659.00	\$1,631,568.93
	CITIGROUP INC	Corporate Debt Instruments	\$991,390.00	\$970,378.10
	DANBNK	Corporate Debt Instruments	\$2,504,544.00	\$2,433,170.64
	FIFTH THIRD BANK	Corporate Debt Instruments	\$633,156.25	\$615,626.50
	GOLDMAN SACHS GROUP INC	Corporate Debt Instruments	\$2,353,788.50	\$2,270,095.07
	HSBC HOLDINGS	Corporate Debt Instruments	\$1,396,815.00	\$1,338,063.97
	HUNTINGTON BANCSHARES	Corporate Debt Instruments	\$2,239,246.50	\$2,146,597.63
	JPMORGAN CHASE	Corporate Debt Instruments	\$3,497,115.00	\$3,272,044.84
	PNC FINANCIAL SERVICES GROUP INC	Corporate Debt Instruments	\$2,043,714.75	\$1,945,514.73
	SCHWAB CHARLES CORP	Corporate Debt Instruments	\$1,178,932.50	\$1,158,982.76
	TRUIST FINANCIAL	Corporate Debt Instruments	\$1,689,072.00	\$1,613,662.08
	UBS GROUP AG	Corporate Debt Instruments	\$1,973,772.00	\$1,881,716.40
	US BANCORP	Corporate Debt Instruments	\$741,524.00	\$705,374.81
		Total Corporate Debt Instruments	\$240,233,574.70	\$224,299,600.16

Assumptions prescribed by law

Mortality

Before benefit payment period
 IRS Prescribed Mortality - Generational Non-annuitant, male and female.

During benefit payment period
 IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

Inflation 2.40% increase per year.
 Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return 6.75% for the current plan year.
 The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.

Retirement Active participants Inactive participants

Union Retirement		Non-Union Retirement			
Age	probability	Age	probability	Age	Retirement probability
62-64	50%	62-64	25%	62	20%
65-69	25%	65	50%	63	10%
70	100%	66-69	25%	64-65	60%
		70	100%	66	40%
				67	20%
				68	10%
				69	20%
				70	100%

Disability 1987 Commissioner's Group Disability Table, six month elimination period, male and female.
 We rely on a publicly published table due to the limited size of the plan. The 1987 CGDT was recommended by the Society of Actuaries for pension valuation purposes.

Marriage	<p>75% married; husbands are 3 years older than wives.</p> <p>This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.</p>
Withdrawal	<p>2003 Society of Actuaries Small Plan Age Table, multiplied by 0.70.</p> <p>We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.70 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.</p>
Form of benefit	<p>Participants are assumed to receive their benefits on the normal form at the assumed retirement age.</p> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p>
Methods prescribed by law	
Liability measure	<p>Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 7.50%.</p> <p>Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>
Methods selected by plan sponsor	
Asset method	<p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p>
Segment rates	<p>24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.</p>

PBGC premium basis

Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 01/01/2014 plan year and the method must be used for five years before a change can be made.

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

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

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

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

Mortality

Based on Pri-2012 Blue collar base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).

Mortality base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retiree amount-weighted, male and female

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Blue collar base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement

Principal 2023 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2023
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year ("jumping off" point)	2017
H/D transition ultimate year by age/cohort	2029/2029
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2023
COVID-19 or Excess load	None ¹

¹Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

See [Mortality documentation](#) for rationale and additional information.

Interest rate used to value liabilities

6.00%

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

Treatment of administrative expenses

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

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

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

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


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

A Name of plan <u>Cabell Huntington Hospital, Inc. Employees' Retirement Plan</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CABELL HUNTINGTON HOSPITAL INC.</u>	D Employer Identification Number (EIN) <u>55-0675666</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>254672588</u>
	b Actuarial value	2b	<u>261616976</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1046</u>	<u>148502924</u>
	b For terminated vested participants	<u>835</u>	<u>59066103</u>
	c For active participants	<u>585</u>	<u>59466432</u>
	d Total	<u>2466</u>	<u>267035459</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>530000</u>
	c Target normal cost	6c	<u>530000</u>

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

SIGN HERE	 Signature of actuary	<u>09/19/2025</u> Date
	<u>Matthew J. Sampogna</u> Type or print name of actuary	<u>2308222</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>412-394-9692</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	549066
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	549066
10	Interest on line 9 using prior year's actual return of <u>17.07</u> %	0	93726
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	642792

Part III	Funding Percentages		
14	Funding target attainment percentage	14	97.69 %
15	Adjusted funding target attainment percentage	15	97.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.43 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	10/11/2024	125000	0
	01/15/2025	261253	0
	04/15/2025	160247	0
	Totals ▶	18(b)	18(c)
		546500	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	518332
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
	Liquidity shortfall as of end of quarter of this plan year		
	(1) 1st	(2) 2nd	(3) 3rd
	0	0	0
	(4) 4th		
	0		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 530000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	6165737		631124
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 1161124
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	642792	642792
36 Additional cash requirement (line 34 minus line 35)			36 518332
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 518332
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Schedule SB, Line 2a - Explanation of Assets
Cabell Huntington Hospital, Inc. Employees' Retirement Plan
EIN 55-0675666 Plan No. 002

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$2,302,990 contributions received after the plan year end with a discounted value of \$2,222,810. These amounts included Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan (EIN: 55-0675666, Plan No. 001).

Schedule SB, Line 7 - Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Cabell Huntington Hospital, Inc. Employees' Retirement Plan
EIN 55-0675666 Plan No. 002

The prefunding balance on line 7b doesn't match the 2023 Schedule SB line 13b due to the merger of the Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan (EIN: 55-0675666, Plan No. 001) merged into Cabell Huntington Hospital, Inc. Employees' Retirement Plan (EIN: 55-0675666, Plan No. 002) effective December 31, 2023. Historical information for the Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan has been included in the Cabell Huntington Hospital, Inc. Employees' Retirement Plan where appropriate.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 Cabell Huntington Hospital, Inc. Employees' Retirement Plan
 EIN 55-0675666 Plan No. 002

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	390.0621	0.4987	194.5311	12,060.9262
63	205.0647	0.4951	101.5323	6,396.5378
64	110.0135	0.4911	54.0226	3,457.4463
65	70.0456	0.2500	17.5114	1,138.2405
66	56.2559	0.2500	14.0640	928.2219
67	46.1480	0.2500	11.5370	772.9789
68	33.7383	0.2500	8.4346	573.5511
69	29.6520	0.2500	7.4130	511.4963
70	21.6218	1.0000	21.6218	1,513.5272
71	1.0000	1.0000	1.0000	71.0000
Total			431.6678	27,423.9261
Average				63.53

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

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the November 2, 2016 restatement, signed 09/23/2016.

Plan eligibility

Service	One year of service in which at least 1,000 hours are worked for those hired subsequent to April 1, 1970. No employee hired on or after January 1, 2011 shall become an active participant and no inactive participant or former participant shall again become an active participant.
Class	Bargaining class.

Normal retirement benefit

Age	Attained age 65.
Service	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The sum of a), b), c) and d): a) 1% of past service compensation multiplied by whole years of service prior to April 1, 1970 b) 1.4% of average compensation multiplied by service on or after April 1, 1970, and prior to January 1, 1993. c) 1.5% of average compensation multiplied by service on and after January 1, 1993, and prior to January 1, 1998. d) 1.6% of average compensation multiplied by service on and after January 1, 1998. No additional benefits will accrue after 11/02/2016.

Early retirement benefit

Age	Attained age 55.
Service	Fifteen years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Late retirement benefit

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

Termination benefit

Vesting percentage	10% after four years of vesting service and 100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

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

Retiree increase

Amount	Effective January 1, 2000 those who retired prior to January 1, 2000 will receive a 5.0% increase in their monthly retirement benefit.
Amount	Effective January 1, 2004, those who retired prior to December 31, 2003 will receive a 5.0% increase in their monthly retirement benefit in their first monthly check after January 1, 2004.
Amount	Effective January 1, 2006, those who retired prior to January 1, 2006 will receive a 5.0% increase in their first monthly pension check after January 1, 2006.

Definitions

Average compensation	The monthly average of total pay received for the five consecutive years out of the ten latest years prior to normal retirement date which give the highest average.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">• Monthly annuity payable for life, or 5, 10, or 15 years certain and life.• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75, or 100. <p>The optional form conversion basis is 7.5% interest and the mortality table in Revenue Ruling 95-6 for payments other than lump sums.</p>
Past service compensation	1982 monthly W-2 earnings.

Plan provisions - Non-Union

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

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the 01/01/2016 plan restatement signed 10/31/2016, including Amendment No. 1 signed 03/02/2017.

Plan eligibility

Service	One year of service, in which at least 1,000 hours are worked, for those hired subsequent to April 1, 1970. No employee hired on or after January 1, 2011 shall become an active participant and no inactive participant or former participant shall again become an active participant.
Class	Non-bargaining class. Effective 3/1/2013, Anesthesiologists are no longer considered eligible employees.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	1.5% of average compensation multiplied by accrual service to a maximum of 30 years. Minimum benefit equal to the accrued benefit as of December 31, 1993. Anesthesiologists who were in the plan as of 3/1/2013 had their benefits frozen at that time. No additional benefits will accrue for all other participants after 09/30/2015.

Early retirement benefit

Age	Attained age 55.
Service	Ten years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten the early retirement date precedes normal retirement date.

Late retirement benefit

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

Termination benefit

Vesting percentage	100% after five years of vesting service. All active employees were 100% vested as of 09/30/2015.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Ten years of vesting service.
Form	Monthly annuity payable for life to surviving spouse or to dependent child as long as dependent child status exists.
Amount	50% of accrued benefit on date of death.

Qualified pre-retirement survivor annuity death benefit

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

Definitions

Average compensation	The monthly average of total pay received for the five consecutive years out of ten latest years which gives the highest average.
Dependent child	One who is under age 19 and who is unmarried and principally dependent on participant for support.
Optional forms of benefit payments	The optional forms of benefit payments are: <ul style="list-style-type: none">• Monthly annuity payable for life, or 5, 10, or 15 years certain and life.• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, or 100.

Changes in Principal Eligibility or Benefit Provisions

The actuarial valuation for this plan year recognized the following eligibility and/or benefit changes:

Effective December 31, 2023, the Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan (EIN: 55-0675666, Plan No. 001) merged into Cabell Huntington Hospital, Inc. Employees' Retirement Plan (EIN: 55-0675666, Plan No. 002). Historical information for the Cabell Huntington Hospital, Inc. Non-Union Employees' Retirement Plan has been included in this notice where appropriate

Significant Event

The following significant event occurred during the plan year:

There was a merger effective 12/31/2023.

Schedule SB, Line 32 - Schedule of Amortization Bases
Cabell Huntington Hospital, Inc. Employees' Retirement Plan
EIN 55-0675666 Plan No. 002

[Details of shortfall charges](#)

The historical information used to determine the total shortfall charge.

Date created	Present value	Remaining years	Shortfall charge
01/01/2024	\$(9,557,307)	15	\$(869,527)
01/01/2023 combined	15,723,044	14	1,500,651
Total	\$6,165,737		\$631,124