

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN
1b Three-digit plan number (PN): 001
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: 717-775-7371
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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1523
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	349
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	0
	<b>6g(2)</b>	0
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**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)

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

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

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

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

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

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CABELL HUNTINGTON HOSPITAL, INC.</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>55-0675666</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**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	446488	0	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	0
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	0
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 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:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CABELL HUNTINGTON HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>55-0675666</b>	

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

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

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

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

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

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

**PRINCIPAL LIFE INSURANCE COMPANY**

**42-0127290**

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

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

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

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

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	30750	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	156901	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)

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	72698	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"/>

**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.

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CABELL HUNTINGTON HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>55-0675666</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL SMALLCAP SEP ACCT-R6</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>42-0127290-029</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LIQUID ASSETS SEP ACCT-I3</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>42-0127290-024</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN CORE PLUS BOND SEP ACT-I2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>42-0127290-005</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCAP S&amp;P 500 INDEX SA-I2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
<b>c</b> EIN-PN <u>42-0127290-016</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN</u>		<b>B</b> Three-digit plan number (PN) ►	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CABELL HUNTINGTON HOSPITAL, INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>55-0675666</u>	

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> <u>-24006</u>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> <u>1838516</u>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> <u>459961</u>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> <u>1668891</u>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> <u>32526414</u>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b> <u>15351925</u>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> <u>36951265</u>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b> <u>84623192</u>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> <u>10199790</u>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	183595948	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	183595948	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	13680	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	211532	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	2996879	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3222091
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	307392	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1552461	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1859853
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	498296939	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	498389438	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-92499
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-17695641	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		7863989
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		7908860
<b>c</b> Other income .....	<b>2c</b>		2034765
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5101418

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4078630	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4078630
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	229599	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	30750	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	37832	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		298181
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4376811

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		724607
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		184320555

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

**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)
CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN	55-0675666	002

**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 565648.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CABELL HUNTINGTON HOSPITAL, INC. NON-UNION EMPLOYEES' RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CABELL HUNTINGTON HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>55-0675666</u>	

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

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

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

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

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 60.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %  
 High-Yield Debt: 3.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 5.0 % Other: 7.0 %

**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.

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CABELL HUNTINGTON HOSPITAL, INC.  
EMPLOYEES' RETIREMENT PLAN

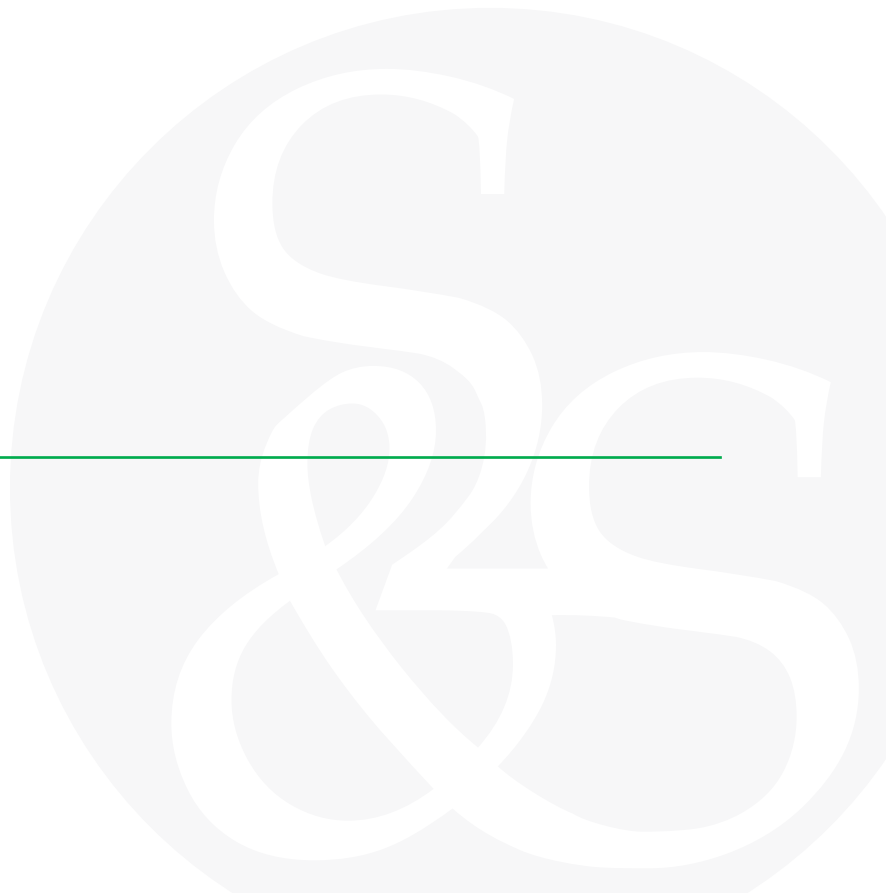
Financial Statements

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
<b>Assets</b>		
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
<b>Net assets available for benefits</b>	<b>\$ 258,588,276</b>	<b>\$ 71,156,820</b>

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**

<b>Additions</b>	
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>
<b>Deductions</b>	
Benefits paid to participants	9,717,907
Administrative expenses (Note 8)	<u>1,205,838</u>
Total deductions	<u>10,923,745</u>
<b>Net increase</b>	<b>3,110,901</b>
Transfer of plan assets due to merger	184,320,555
Net assets available for benefits:	
Beginning of year	<u>71,156,820</u>
<b>End of year</b>	<b><u>\$ 258,588,276</u></b>

**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**

11

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
Total:	<u>\$ 255,216,840</u>	<u>\$ 70,499,300</u>

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
Net investment income	<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**  
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**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**  
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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**  
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**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	<u>\$ 5,813,886</u>	<u>\$ 29,734,898</u>

**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	<u>\$ 239,214,728</u>	<u>\$ 67,758,502</u>

	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	<u>\$ 239,214,728</u>	<u>\$ 67,758,502</u>
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**CABELL HUNTINGTON HOSPITAL, INC. EMPLOYEES' RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**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)  
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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)	<b>(\$340,271.25)</b>
	MORGAN STANLEY BANK DEPOSIT	Interest-Bearing Cash	\$1,053,209.95	<b>\$1,053,209.95</b>
*	LIQUID ASSETS SEPARATE ACCOUNT	Pooled Separate Accounts	\$5,791,956.05	\$5,813,886.09
		<b>Total Pooled Separate Accounts</b>	<b>\$5,791,956.05</b>	<b>\$5,813,886.09</b>
	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
		<b>Total Government Securities</b>	<b>\$26,021,142.86</b>	<b>\$24,267,485.42</b>
	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
		<b>Total Corporate Stocks-Common</b>	<b>\$295,685.69</b>	<b>\$122,929.15</b>
	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

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
	<b>Total Corporate Debt Instruments</b>	<b>\$240,233,574.70</b>	<b>\$224,299,600.16</b>

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%
				<b>17,387,450.20</b>	<b>40,676.40</b>	<b>12.65%</b>
<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%
				<b>17,401,830.40</b>	<b>6,519.80</b>	<b>12.66%</b>
<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%
				<b>165,819,416.71</b>	<b>3,899,236.45</b>	<b>120.65%</b>
<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%
				<b>128,416,797.50</b>	<b>3,944,367.52</b>	<b>93.44%</b>
<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%
				<b>1,188,005,775.95</b>	<b>0.00</b>	<b>864.39%</b>
<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%
				<b>701,628,481.92</b>	<b>0.00</b>	<b>510.50%</b>
<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%
				<b>11,801,570.00</b>	<b>0.00</b>	<b>8.59%</b>
<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

					<b>11,672,370.00</b>	<b>0.00</b>	<b>8.49%</b>
<i>United States Treas Nts</i>	<i>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%
					<b>7,450,918.51</b>	<b>-23,116.81</b>	<b>5.42%</b>

**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
<b>* No Broker Specified *</b>						
<b>Allianz GI Inv Fxd Inc Sh-C</b>						
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%
				<b>9,358,292.60</b>	<b>40,676.40</b>	<b>6.81%</b>
<b>Allianz GI Inv Fxd Inc Sh-M</b>						
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%
				<b>9,349,183.70</b>	<b>6,519.80</b>	<b>6.80%</b>
				<b>18,707,476.30</b>	<b>47,196.20</b>	<b>13.61%</b>
<b>Dean Witter Reynolds Inc</b>						
<b>Allianz GI Inv Fxd Inc Sh-C</b>						
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%
				<b>8,029,157.60</b>	<b>0.00</b>	<b>5.84%</b>
<b>Allianz GI Inv Fxd Inc Sh-M</b>						
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%
				<b>8,052,646.70</b>	<b>0.00</b>	<b>5.86%</b>
<b>Ishares 7-10 Year Treasury Bond ETF</b>						

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%
				<b>165,819,416.71</b>	<b>3,899,236.45</b>	<b>120.65%</b>
<b>Ishares Barclays 20+ Year TR</b>						
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%
				<b>128,416,797.50</b>	<b>3,944,367.52</b>	<b>93.44%</b>
<b>Morgan Stanley Bank Deposit</b>						
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%
				<b>1,188,005,775.95</b>	<b>0.00</b>	<b>864.39%</b>
<b>Morgan Stanley Instl Liquidity</b>						
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%
				<b>701,628,481.92</b>	<b>0.00</b>	<b>510.50%</b>
<b>U S Treas Sec Stripped Int Pmt 02/15/34</b>						
17,000,000 Units Bought On 09/25/2024	69.42100000	0.00	11,801,570.00	11,801,570.00		8.59%
				<b>11,801,570.00</b>	<b>0.00</b>	<b>8.59%</b>

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
<b>U S Treasury Strip</b>	<b>05/15/34</b>					
17,000,000 Units Bought On 09/25/2024	68.66100000	0.00	11,672,370.00	11,672,370.00		8.49%
				<b>11,672,370.00</b>	<b>0.00</b>	<b>8.49%</b>
<b>United States Treas Nts</b>	<b>4.1250% 02/15/27</b>					
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%
				<b>7,450,918.51</b>	<b>-23,116.81</b>	<b>5.42%</b>
				<b>2,230,877,134.89</b>	<b>7,820,487.16</b>	<b>1623.18%</b>

**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. NON-UNION EMPLOYEES' RETIREMENT PLAN  
 EIN 55-0675666  
 PLAN NUMBER 001  
 PLAN YEAR 01/01/2024 TO 12/31/2024

**SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

<b>DESCRIPTION OF ASSET</b>	<b>(A) Total Number of Purchases</b>	<b>(B) Total Number of Sales</b>	<b>(C) Total Value of Purchases</b>	<b>(D) Total Value of Sales</b>	<b>(E) Net Gain/(Loss)</b>
ISHARES 7-10 YEAR TREAS BOND ETF	6	1	80,960,090.13	84,859,326.58	3,899,236.45
ISHARES BARCLAYS 20+ YEAR TR	7	1	62,236,214.99	66,180,582.51	3,944,367.52
MORGAN STANLEY BANK DEPOSIT	1	1	453,802,014.14	454,418,048.14	-
MORGAN STANLEY INSTL LIQUIDITY	1	1	341,888,868.90	341,888,868.90	-
US TREASURY SEC STRIPPED INT PMT	1	0	11,801,570.00	-	-
US TREASURY STRIP	1	0	11,672,370.00	-	-
PRINCIPAL LIQUID ASSETS SEP ACCT	10	13	4,026,200.03	5,675,138.18	31,731.36
PRINCIPAL LARGE CAP S&P 500 INDEX	1	3	680.00	71,786,564.13	57,727,397.59
PRINCIPAL SMALLCAP SEP ACCT	1	1	480.00	13,499,095.51	9,632,832.58

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