Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BUTLER HEALTHCARE PROVIDERS

BUTLER MEMORIAL HOSPITAL
ONE HOSPITAL WAY
BUTLER, PA 16001-4670

2b Employer Identification Number (EIN)
25-0965274

2c Plan Sponsor's telephone number
724-284-4166

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2026	PAUL SCHERRAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	845
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	511
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	504
b	Retired or separated participants receiving benefits	**6b**	112
c	Other retired or separated participants entitled to future benefits	**6c**	207
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	823
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	830
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BUTLER HEALTHCARE PROVIDERS

D Employer Identification Number (EIN)
25-0965274

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	37563324
b Actuarial value	**2b**	36861780

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	119	5809968	5809968
b For terminated vested participants	219	6983082	6983082
c For active participants	530	24867702	25254733
d Total	868	37660752	38047783

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1839723
b Expected plan-related expenses	**6b**	180000
c Target normal cost	**6c**	2019723

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/21/2026
Date

KAREN OLIVER, F.S.A, EA, MAAA
Type or print name of actuary

26-07555
Most recent enrollment number

BPAS ACTUARIAL & PENSION SERVICES
Firm name

315-703-8934
Telephone number (including area code)

706 N. CLINTON ST., SUITE 200
SYRACUSE, NY 13204
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3013587
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		1907818
9	Amount remaining (line 7 minus line 8)	0	1105769
10	Interest on line 9 using prior year's actual return of 5.91 %	0	65351
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1171120

Part III Funding Percentages

14	Funding target attainment percentage	14	93.80 %
15	Adjusted funding target attainment percentage	15	93.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2025	229034	0			
01/15/2026	476955	0			
09/15/2026	434358	0			
			Totals ► 18(b)	1140347	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1068381

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2019723
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2357123	219778
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2239501

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1171120	1171120

36 Additional cash requirement (line 34 minus line 35)	**36**	1068381
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1068381
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BUTLER HEALTHCARE PROVIDERS

D Employer Identification Number (EIN)
25-0965274

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

PNC BANK

25-1435979

(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	PLAN ADMIN	77280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BUTLER HEALTHCARE PROVIDERS

D Employer Identification Number (EIN)
25-0965274

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	911313
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	312357	309633
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1149608	1803043
(2) U.S. Government securities	1c(2)	2348924	2610321
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	17804044	18687573
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12810361	13914049
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3138030	3039503

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	37563324	41275435
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		168190
1k Total liabilities (add all amounts in lines 1g through1j)	1k		168190
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37563324	41107245

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1140347	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1140347
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-32202	
(B) U.S. Government securities	2b(1)(B)	156134	
(C) Corporate debt instruments	2b(1)(C)	879943	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	93648	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1097523
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	266681	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		266681
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4345360	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4327947	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		17413
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2809984	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2809984

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		214745
c Other income	2c		-13411
d Total income. Add all **income** amounts in column (b) and enter total	2d		5533282
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1912081	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1912081
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	77280	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		77280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1989361
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3543921
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 581300.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BUTLER HEALTHCARE PROVIDERS

D Employer Identification Number (EIN)
25-0965274

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 03-1271230

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 37

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator and Participants of
Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

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

We have performed audits of the financial statements of the Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, 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 or for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).



Pittsburgh, Pennsylvania
October 7, 2026

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value		
Money market fund	$ 1,803,043	$ 1,149,608
Mutual funds	12,810,121	10,311,248
U.S. government securities	2,610,321	2,348,924
Corporate bonds	18,687,573	17,804,044
Exchange traded funds	1,103,928	2,499,113
Agency bonds	885,379	866,441
Municipal bonds	1,144,921	1,357,798
Mortgage-backed securities	11,667	12,565
Other bonds	997,536	901,226
Total investments	40,054,489	37,250,967
Receivables		
Employer contributions	911,313	-
Interest and dividend income	309,633	312,357
Total receivables	1,220,946	312,357
Total assets	41,275,435	37,563,324
Liabilities		
Amounts owed for securities purchased	168,190	-
Net assets available for benefits	$ 41,107,245	$ 37,563,324

See notes to financial statements

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 1,364,355	$ 2,088,276
Net appreciation in fair value of investments	3,028,580	138,429
Total investment income	4,392,935	2,226,705
Employer contributions	1,140,347	-
Total additions	5,533,282	2,226,705
Deductions		
Benefits paid to participants	1,912,081	1,902,240
Administrative expenses	77,280	255,694
Total deductions	1,989,361	2,157,934
Net increase	3,543,921	68,771
Net assets available for benefits		
Beginning of year	37,563,324	37,494,553
End of year	$ 41,107,245	$ 37,563,324

See notes to financial statements

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 5,207,534
Other participants	27,249,506
Total vested benefits	32,457,040
Nonvested benefits	417,617
Total actuarial present value of accumulated plan benefits	$ 32,874,657

See notes to financial statements

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 31,417,510
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(295,148)
Benefits accumulated and actuarial gains and losses	1,598,054
Increase for interest due to decrease in discount period	2,056,481
Benefits paid	(1,902,240)
Net increase	1,457,147
Actuarial present value of accumulated plan benefits at end of year	$ 32,874,657

See notes to financial statements

1. Description of Plan

The following description of the Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory cash balance defined benefit plan established effective January 1, 1968, as restated January 1, 2020. The Plan covers all employees who are registered nurses of Butler Memorial Hospital (the Company) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Plan management is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

On October 1, 2026, the Company’s Parent corporation, Independence Health System (IHS), entered into an Agreement and Plan of Reorganization and Affiliation (the Affiliation Agreement) with West Virginia United Health System, Inc., d/b/a West Virginia University Health System (WVUHS), and West Virginia University Hospitals, Inc. (WVUH). As part of the Affiliation Agreement, IHS caused a plan of merger, pursuant to which the Company became a surviving organization. Effective October 1, 2026, WVUHS became the sole corporate member the Company.

Participant Accounts

Under the Plan provisions, amounts are credited by the Company to the participants' hypothetical accounts. The accounts are allocated with compensation credits and investment credits, as required by the plan document. The compensation credits are allocated based on a percentage of the participants' certified compensation for a specified period, as defined in the plan document. The applicable percentage is 6% and is based on the participants' age and years of service on the last day of the Plan year. Participants' hypothetical accounts also receive investment credits at the end of a specified time period, as required by the plan document. Participants' account balances are accumulated at a rate of interest of the 30-year Treasury bond yield for the month of November preceding the Plan year end. As of December 31, 2025 and 2024, the interest rate was 4.84% and 4.78%, respectively.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55, provided that they have at least five years of vested service with the Company. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity, or a lump-sum payment.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

Vesting

Upon completion of three years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon three years of vesting service.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statements of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through October 7, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those 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' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary 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 for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	January 1, 2025
Discount rate	6.75%
Mortality	Pri-2012 Mortality Table with Scale MP-2021
Retirement age	Age 65

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.

During 2025, due to various changes in actuarial assumptions, including the use of updated mortality projection scales, the actuarial present value of accumulated plan benefits decreased by approximately $295,000.

4. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

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, 2025 and 2024.

Money market fund: Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds, Agency bonds, Municipal bonds, Other bonds, and Mortgage-backed securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market fund	$ 1,803,043	$ -	$ -	$ 1,803,043
Mutual funds	12,810,121	-	-	12,810,121
U.S. government securities	-	2,610,321	-	2,610,321
Corporate bonds	-	18,687,573	-	18,687,573
Exchange traded funds	1,103,928	-	-	1,103,928
Agency bonds	-	885,379	-	885,379
Municipal bonds	-	1,144,921	-	1,144,921
Mortgage-backed securities	-	11,667	-	11,667
Other bonds	-	997,536	-	997,536
Total investments at fair value	$ 15,717,092	$ 24,337,397	$ -	$ 40,054,489

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market fund	$ 1,149,608	$ -	$ -	$ 1,149,608
Mutual funds	10,311,248	-	-	10,311,248
U.S. government securities	-	2,348,924	-	2,348,924
Corporate bonds	-	17,804,044	-	17,804,044
Exchange traded funds	2,499,113	-	-	2,499,113
Agency bonds	-	866,441	-	866,441
Municipal bonds	-	1,357,798	-	1,357,798
Mortgage-backed securities	-	12,565	-	12,565
Other bonds	-	901,226	-	901,226
Total investments at fair value	$ 13,959,969	$ 23,290,998	$ -	$ 37,250,967

5. Concentrations

As of December 31, 2025 and 2024, the Plan had investments of $11,443,438 and $5,256,942, respectively, that were concentrated in two funds and one fund, respectively.

6. Information Certified by Custodian

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by PNC Bank, National Association, the Plan's Custodian and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation, interest, and dividends) reported in the accompanying Statements of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the years ended December 31, 2025 and 2024.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with PNC Bank, National Association, the Custodian of the Plan. Contributions are held and managed by the Custodian, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

Fees incurred by the Plan for the investment management services are included in net appreciation in the fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Custodian receives revenue from investment fund service providers for services the Custodian provides to the funds. This revenue is used to offset certain amounts owed to the Custodian for its administrative services to the Plan. If the revenue received by the Custodian from such investment fund service providers exceeds the amount owed for its services, the Custodian remits the excess to the Plan's trust on a quarterly basis. The Plan or Plan Sponsor may make a payment to the Custodian for administrative expenses not covered by revenue sharing.

8. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 4, 2021, 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 believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. 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 the 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 are 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.

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
	Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund	$ 1,803,043	$ 1,803,043
	U.S. Government Securities			
	Federal Government	US Treasury Note, 3.875%, due 3/31/27	504,821	507,192
	Federal Government	US Treasury Note, 3.875%, due 2/15/43	451,238	436,311
	Federal Government	US Treasury Note, 2.875%, due 5/15/32	438,113	414,872
	Federal Government	US Treasury Note, 4.625%, due 2/15/55	235,454	235,994
	Federal Government	US Treasury Note, 4.625%, due 5/15/44	173,479	171,815
	Federal Government	US Treasury Note, 4.750%, due 5/15/55	168,190	167,052
	Federal Government	US Treasury Note, 3.375%, due 8/15/42	163,035	160,550
	Federal Government	US Treasury Note, 3.875%, due 8/15/33	127,388	133,876
	Federal Government	US Treasury Note, 4.00%, due 3/31/30	110,013	111,400
	Federal Government	US Treasury Note, 2.750%, due 8/15/42	133,523	108,067
	Federal Government	US Treasury Note, 4.500%, due 2/15/44	62,368	62,882
	Federal Government	US Treasury Note, 3.875%, due 5/15/43	38,197	35,882
	Federal Government	US Treasury Note, 5.000%, due 5/15/42	25,301	25,664
	Federal Government	US Treasury Note, 4.750%, due 2/15/45	19,477	19,898
	Federal Government	US Treasury Note, 4.500%, due 11/15/54	18,790	18,866
		Total U.S. government securities	2,669,387	2,610,321
	Corporate Bonds			
	KFW	Bond, 0.000%, due6/29/37	698,297	703,598
	Comcast Corp	Bond, 4.250%, due 1/15/33	440,044	430,245
	Microsoft Corp	Bond, 3.041%, due 3/17/62	524,885	411,134
	Anheuser Busch Inbev Wor	Bond, 5.550%, due 1/23/49	348,373	349,234
	Apple Inc,	Bond, 2.375%, due 2/8/41	341,528	317,359
	Aercap Ireland Cap	Bond, 3.400%, due 10/29/33	220,702	261,821
	Con Edison Co Of NY Inc	Bond, 5.700%, due 5/15/54	250,548	249,193
	Texas Instruments	Bond, 5.050%, due 5/18/63	236,055	232,411
	Kroger Co	Bond, 5.650%, due 9/15/64	232,663	228,936
	Burlington North Santa Fe	Bond, 3.300%, due 9/15/51	233,901	227,806
	Berkshire Hathaway Energ	Bond,3.800%, due 7/15/48	227,430	227,199
	AT&T Inc	Bond, 3.800%, due 12/1/57	236,719	226,987
	Union Pacific	Bond, 3.799%, due 10/1/51	231,078	226,230
	Enterprise Products	Bond, 3.200%, due2/15/52	229,034	225,529
	Home Depot Inc	Bond, 3.125%, due 12/15/49	227,710	224,925
	Amazon.com Inc	Bond, 3.875%, due 8/22/37	231,984	220,123
	AT&T Inc	Bond, 3.850%, due 6/1/60	230,218	219,542
	Anheuser Busch Inbev Wor	Bond, 4.750%, due4/15/58	225,163	217,660
	Comcast Corp	Bond, 2.887%, due 11/1/51	232,034	216,372
	Bank of America Corporation	Bond, VAR%, due 3/13/52	206,214	202,154
	T Mobile	Bond, 3.300%, due 2/15/51	205,098	200,544
	Merck & Co	Bond, 4.500%, due 5/17/33	178,129	196,722
	Pfizer Investment	Bond, 5.340%, due 5/19/63	184,066	180,921
	British Telecom PLC	Bond, 9.625%, due 12/15/30	182,635	177,003
	Meta Platforms	Bond, 5.400%, due 8/15/64	183,281	172,109
	Alibaba Group Holding	Bond, 4.200%, due 12/6/47	162,402	165,692
	CSX Corp	Bond, 4.650%, due 3/1/68	187,196	163,814
	JP Morgan Chase & Co	Bond, VAR%, due 4/22/51	165,007	162,982
	Amgen Inc	Bond 5.750%, due 9/2/62	162,732	160,987
	Walmart Inc	Bond, 2.650%, due 9/22/51	197,074	160,760
	Verizon Communications	Bond, 3.875%, due 3/1/52	162,738	159,283
	Eli Lilly &Co	Bond, 5.5000%, due 2/9/54	159,778	158,804
	Bat Capital Corp	Bond, 4.742%, due 3/16/32	138,751	156,415
	Lowes Cos	Bond, 5.800%, due 9/15/62	160,275	156,309
	Abbvie Inc	Bond, 4.550%, due 3/15/35	153,786	152,594
	Wells Fargo	Bond, VAR%, due 7/25/33	145,452	152,334
	Bristol-Myers Squibb Co	Bond, 3.900%, due 3/15/62	185,728	152,250
	Medtronic Inc	Bond, 4.375%, due 3/15/35	158,164	152,021
	Lockheed Martin Corp	Bond, 4.800%, due 8/15/34	145,877	151,560
	Amazon.com Inc	Bond, 2.875%, due 5/12/41	158,510	147,962
	Boeing Co	Bond, 5.930%, due 5/1/60	141,776	147,084
	Fedex Corp	Bond, 4.900%, due 1/15/34	147,870	144,838
	Citigroup Inc	Bond, VAR%, due 4/24/48	141,658	143,166
	Univ of Notre Dame	Bond, 3.394%, due 2/15/48	170,374	142,622
	Southern Cal Edison	Bond, 6.000%, due 1/15/34	147,783	141,665
	Gilead Sciences Inc	Bond, 4.600%, due 9/1/35	141,673	138,362
	Morgan Stanley	Bond, 4.375%, due 1/22/47	136,936	138,147
	Shell International	Bond, 3.250%, due 4/6/50	138,716	137,234
	BP Capital Markets America	Bond, 5.750%, due 1/15/35	137,447	136,912
	Realty Income	Bond, 2.850%, due 12/15/32	130,995	134,547

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lubrizol Corp	Bond, 6.500%, due 10/1/34	$ 140,009	$ 129,680
	Commonwealth Edison	Bond, 5.900%, due 3/15/36	136,867	128,860
	Regency Centers	Bond, 4.400%, due 2/1/47	115,838	128,387
	Deere and Company	Bond, 2.875%, due 9/7/49	152,511	127,534
	Time Warner	Bond, 8.375%, due 7/15/33	129,239	126,933
	Pacifics Gas	Bond, 4.950%, due 7/1/50	117,630	126,785
	AT&T Inc	Bond, 2.250%, due 2/1/32	103,575	122,781
	Charter Comm Opt LLC	Bond, 4.400%, due 4/1/33	117,865	122,469
	Mass Institute	Bond, 3.067%, due 4/1/52	156,995	122,119
	Trustees Princeton Univ	Bond, 2.516%, due 7/1/50	150,025	122,064
	Oracle Group	Bond, 3.850%, due 4/1/60	137,810	119,155
	Rice University	Bond, 3.774%, due 5/15/55	146,602	119,060
	Occidental Petroleum	Bond, 6.600%, due 3/15/46	117,513	118,942
	Southern Cal Edison	Bond, 4.400%, due 7/1/46	118,584	118,107
	Abott Laboratories	Bond, 4.900%, due 11/30/46	118,509	117,694
	Caterpillar Inc	Bond, 3.803%, due 8/15/42	129,669	117,582
	Corning Inc	Bond, 4.375%, due 11/15/67	115,633	116,969
	Marsh & Mclennan	Bond , 5.450%, due 3/15/54	118,301	116,209
	Pres & Fellows	Bond, 3.150%, due 7/15/46	141,128	115,941
	Pepsico	Bond, 2.875%, due 10/15/49	117,175	115,103
	Union Electric	Bond, 3.900%, due 4/1/52	118,058	114,656
	CSX Corp	Bond, 4.500%, due 11/15/52	117,265	114,546
	BHP Billiton FIN USA LTD	Bond, 5.500%, due 9/8/53	115,081	114,499
	Wells Fargo	Bond, VAR%, due 4/4/51	109,054	114,233
	Total Capitalist	Bond, 3.127%, due 5/29/50	115,602	113,314
	Norfolk Southern	Bond, 3.700%, due 3/15/53	114,472	112,869
	Estee Lauder	Bond, 3.125%, due12/1/49	137,816	112,729
	Southern Cal Edison	Bond, 5.600%, due 4/1/54	115,189	112,555
	Cigna Corp	Bond,4.900%, due 12/45/48	105,165	111,443
	Standford University	Bond, 2.413%, due 6/1/50	137,285	110,863
	Diageo Capital PLC	Bond, 3.875%, due4/29/43	122,371	110,539
	Biogen Inc	Bond, 5.200%, due 9/15/45	116,215	110,496
	Goldman Sachs	Bond, 6.250%, due 2/1/41	104,641	109,492
	Kenvue Inc	Bond, 5.200%, due 3/22/63	114,632	108,836
	Canadian Natl Resources	Bond, 6.450%, due 6/30/33	108,596	107,842
	Intercontinental Exchange	Bond, 1.850%, due 9/15/32	99,643	106,618
	JP Morgan Chase & Co	Bond, VAR%, due 9/14/33	99,810	105,719
	Zoetis Inc	Bond, 4.700%, due 2/1/43	111,958	105,555
	CVS Health Corp	Bond, 1.875%, due2/285/31	95,195	105,288
	Intel Corp	Bond, 3.050%, due 8/12/51	97,246	101,463
	Oracle Group	Bond, 3.950%, due 3/25/51	107,682	98,694
	IBM Corp	Bond, 5.700%, due 2/10/55	96,024	98,550
	Blackrock Funding Inc	Bond, 5.350%, due 1/8/55	97,775	97,462
	Vodafone Group	Bond, 5.750%, due 6/28/54	93,104	97,133
	Abbvie Inc	Bond, 5.500, due 3/15/64	98,707	97,084
	Caterpillar Inc	Bond, 3.250%, due 9/19/49	113,742	96,026
	Marathon Petroleum Corp	Bond, 5.700%, due 3/1/35	92,668	92,614
	Kaiser Foundation Hospitals	Bond, 3.002%, due 6/1/51	93,786	91,566
	Walt Disney company`	Bond, 6.200%, due 12/15/34	92,946	89,798
	Honeywell International	Bond, 2.800%, due 6/1/50	106,834	88,212
	Charter Comm Opt LLC	Bond, 6.384%, due 10/23/35	85,704	87,725
	Northern States	Bond, 2.600%, due 6/1/51	101,672	86,113
	Fiserv Inc	Bond, 5.250%, due 8/11/35	84,527	84,810
	Telefonica Emisiones	Bond, 7.045%, due 6/20/36	82,443	83,671
	RTX Corp	Bond, 6.400%, due 3/15/54	79,620	82,535
	Rogers Communications	Bond, 5.000%, due 3/15/44	81,368	80,250
	Plains All American	Bond, 5.950%, due 6/15/35	78,707	78,107
	Eli Lilly &Co	Bond, 5.100%, due 2/12/35	77,734	77,522
	Boston Properties LP	Bond, 5.750%, due 1/15/35	77,124	77,131
	Allly Financial Inc	Bond,VAR%, due 1/17/31	76,678	76,739
	Vale Overseas Limited	Bond, 66.400%, due 6/28/54	71,399	76,538
	Owens Corning	Bond, 5.650%, due 6/15/54	73,512	76,115
	Goldman Sachs	Bond, VAR%, due 10/23/35	71,684	75,401
	Meta Platforms	Bond, 5.500%, due 11/15/45	73,843	72,827
	Verizon Communications	Bond, 3.550%, due 3/22/51	70,982	70,984
	Diamondback Energy INC	Bond, 5.900%, due 4/18/64	69,758	70,798
	Air Products & Chemicals	Bond, 2.800%, due 5/15/50	71,432	70,044
	Walt Disney company`	Bond, 2.750%, due 9/1/49	70,886	69,829
	Wisconsin Public Service	Bond, 2.850%, due 12/1/55	70,213	69,387
	Hormell Foods Corp	Bond, 3.050%, due 6/3/51	70,226	68,704
	AT&T Inc	Bond, 3.650%, due 9/15/59	65,400	65,946
	Intercontinental Exchange	Bond, 3.000%, due 6/15/50	66,190	65,653
	Midamerican Energy	Bond, 6.125%, due 4/1/36	62,967	65,070

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Astrazeneca Plc	Bond, 3.000%, due 5/28/51	$ 77,418	$ 63,904
	Boeing Co	Bond, 7.008%, due 5/1/64	61,223	62,494
	Axa Equitable Holdings I	Bond, 5.000%, due 4/20/48	58,213	61,016
	Linde Inc/Ct	Bond, 3.550%, due 11/7/42	66,106	59,917
	Bank of America Corporation	Bond, VAR%, due 3/13/52	55,542	59,168
	Verizon Communications	Bond, 2.650%, due 11/20/40	53,989	53,531
	CVS Health Corp	Bond, 5.050%, due 3/25/48	49,356	52,893
	General Motors	Bond, 5.550%, due 7/15/29	51,774	51,833
	Kraft Heinz	Bond, 5.400%, due 9/15/64	51,097	51,371
	Duke Energy Indiana LLC	Bond, 2.750%, due 4/1/50	49,426	49,973
	Encana Corp	Bond, 6.5005%, due 8/15/34	47,698	48,338
	Aep Texas Inc	Bond, 3.450%, due 1/15/50	48,177	47,797
	Devon Energy Corp	Bond, 5.750%, due 9/15/54	43,478	45,945
	Kraft Foods Group	Bond, 6.875%, due 1/26/39	44,370	44,683
	Novartis Capital Corp	Bond, 2.750%, due 8/14/50	51,588	41,595
	Public Service Colorado	Bond, 6.250%, due 9/1/37	41,563	38,189
	Oracle Group	Bond, 4.000%, due 11/15/47	36,543	34,335
	Phillips 66	Bond, 5.650%, due 6/15/54	32,576	32,853
	CVS Health Corp	Bond,6.000%, due 6/1/63	27,329	28,962
	AT&T Inc	Bond 3.500%, due 9/15/53	27,156	26,769
	Johns Hopkins University	Bond, 4.083%, due 7/1/53	24,587	19,925
	General Motors	Bond, 5.000%, due 4/1/35	13,627	14,655
	Shell International	Bond, 4.125%, due 5/11/34	14,559	14,399
	Lockheed Martin Corp	Bond, 3.600%, due 3/1/35	14,167	13,843
	WRKCO Inc	Bond, 3.000%, due 6/15/33	12,876	13,367
	Freeport - McMoran	Bond, 5.450%, due 3/15/43	11,002	11,616
	Walmart Inc	Bond, 2.950%, due 9/24/49	12,392	10,147
	Suzano Austria	Bond, 3.750%, due 1/15/31	8,190	9,436
	Consumers Energy Co	Bond, 2.650%, due 8/15/62	6,496	5,551
		Total corporate bonds	19,273,114	18,687,573
	Agency Bonds			
	Federal Home Loan MTG Corp	Bond, 6.250%, due 7/15/32	409,719	402,084
	Tenn Valley Authority	Bond, 5.375%, due 4/1/56	329,177	263,260
	Federal Natl Mtg Assn	Bond, 0.875%, due 8/5/30	120,123	132,344
	Federal Natl Mtg Assn	Bond, 5.625%, due 7/15/37	87,564	77,129
	Tenn Valley Authority	Bond, 5.250%, due 9/15/39	11,615	10,562
		Total agency bonds	958,198	885,379
	Municipal Bonds			
	Golden ST Tobacco	Bond, 3.115%, due 6/1/38	308,500	336,408
	California ST	Bond, 7.500%, due 4/1/34	221,058	198,332
	Massachusetts ST Port Authority	Bond, 2.719%, due 7/1/42	164,979	171,497
	Dallas Fort worth TX International	Bond, 2.843%, due 11/1/46	126,262	123,092
	University of Michigan	Bond, 2.437%, due 4/1/40	109,574	107,135
	California ST	Bond, 7.350%, due 11/1/39	90,290	87,655
	American Muni Pwr Ohio	Bond, 5.939%, due 2/15/47	80,482	75,434
	Bay Area CA Toll	Bond, 6.918%, due 4/1/40	46,342	45,368
		Total municipal bonds	1,147,487	1,144,921
	Mortgage-Backed Security			
	Illinois St	MBS, 7.350%, due 7/1/25	11,872	11,667
	Other Bonds			
	Republic of Korea	Bond, 4.125%, due 6/10/44	372,750	314,318
	Export Import Bank Korea	Bond, 2.500%, due 6/29/41	163,400	146,460
	Italy Gov INT Bond	Bond, 5.375%, due 6/15/33	133,281	131,943
	European Investment Bank	Bond, 4.875%, due 2/15/36	145,568	131,211
	British Columbia Prov	Bond, 4.200%, due 7/6/33	89,927	89,336
	United Mexican States	Bond, 7.500%, due 4/8/33	72,583	69,000
	Republic of Poland	Bond, 6.700%, due 1/26/36	63,056	66,943
	Republica Orient Uruguay	Bond, 7.625%, due 3/21/36	50,960	48,325
		Total other bonds	1,091,525	997,536

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Exchange Traded Funds			
	iShares	iShares Core S&P MID-CAP ETF (IJH)	$ 473,711	$ 607,466
	iShares	iShares Core S&P Small Cap ETF (IJR)	433,296	496,462
		Total exchange traded funds	907,007	1,103,928
	Mutual Funds			
	Fidelity Investments	Fidelity 500 Index Fund	4,965,036	7,249,086
	Fidelity Investments	Fidelity International Index Fund Premium Class	3,150,528	4,194,352
	Fidelity Investments	Fidelity EMG MKTS Index Fund	1,045,088	1,366,683
		Total mutual funds	9,160,652	12,810,121
		Total	$ 37,022,285	$ 40,054,489

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 25-0965274 Plan Number: 002
Year Ended December 31, 2025

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
Series transactions								
Sales:								
Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund 12 Transactions	$ -	$ 1,743,135	$ -	$ -	$ 1,743,135	$ 1,743,135	$ -
Purchases:								
Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund 12 Transactions	2,396,570	-	-	-	2,396,570	2,396,570	-

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **Butler Memorial Hospital**
EIN/PN: **25-0965274/002**

Eligibility

An employee of Butler Memorial Hospital who is a registered nurse represented by the Pennsylvania Independent Nurses Association.

Participation

Eligible employees shall become participants on the January 1 or July 1 coincident or following the attainment of age 21 and completion of one year of service.

Vesting Service

Vesting service is based on elapsed time.

Year of Service

One year for each calendar year during which the participant works at least 1,000 hours.

Compensation

Compensation is the total amount of the participant's pay including salary, wages, overtime, cash bonuses, cafeteria plan contributions, and 403(b) contributions, but not including severance payments, tuition or expense reimbursements, including cash and non-cash fringe benefits which are treated as taxable income, provided that for Participants who do not earn any Compensation after June 1, 2017, cash fringe benefits provided during 2017 shall be included in their Compensation under the Plan.

Applicable Interest Rate

Annual rate of interest on 30-year Treasury securities for the month of November preceding the calendar year.

Initial Account Balance

Lump sum value of the participant's accrued benefit under the prior plan as of June 30, 1997.

Base Annual Addition

Six percent of the participant's compensation in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

Supplemental Annual Addition

For calendar years prior to 2009, twenty-five percent of the first six percent of compensation contributed to the Tax Sheltered Annuity Plan in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

Cash Balance Account

Sum of the initial account balance, base annual additions, and the supplemental annual additions. The account balance is credited with interest annually using the applicable interest rate.

Accrued Benefit

Monthly life annuity (with 60 months certain), which is the actuarial equivalent of the participant's cash balance account, or the applicable "minimum benefit" described below.

Minimum Benefit

The participant's accrued benefit will not be less than the greater of the following:

A. The accrued benefit earned by the participant under the provisions of the prior plan as of June 30, 1997.

B. The accrued benefit as of January 1, 1995 projected to age 65 (without any adjustment for future pay increases) multiplied by the ratio of service at termination and the participant's projected service at age 65.

Normal Retirement

Age 65 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

Early Retirement

Age 55 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

Disability Retirement

Total and permanent disability and 15 years of vesting service. The cash balance account will be credited with interest until the participant's disability retirement date and payable as the accumulated account balance or the actuarially equivalent monthly benefit.

Deferred Vested Retirement

3 years of vesting service. The cash balance account will be credited with interest until payment (on or after the participant's early retirement date) and payable as the accumulated account balance or the actuarially equivalent monthly benefit. Account balances under $20,000 can be paid prior to retirement eligibility.

Pre-Retirement Spouse Benefit

Upon the death of a participant who is eligible for normal, early, or deferred vested retirement, the beneficiary's benefit is equal to 100% of the participant's account balance.

Normal Form of Payment

If single, a life annuity with 60 months certain. If married, an actuarially equivalent 50% joint and survivor annuity.

Optional Form of Payment

In lieu of the normal form of payment, a participant may elect to receive his benefit as a life annuity, 50%, 75%, or 100% joint and survivor annuity, or lump sum.

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
	Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund	$ 1,803,043	$ 1,803,043
	U.S. Government Securities			
	Federal Government	US Treasury Note, 3.875%, due 3/31/27	504,821	507,192
	Federal Government	US Treasury Note, 3.875%, due 2/15/43	451,238	436,311
	Federal Government	US Treasury Note, 2.875%, due 5/15/32	438,113	414,872
	Federal Government	US Treasury Note, 4.625%, due 2/15/55	235,454	235,994
	Federal Government	US Treasury Note, 4.625%, due 5/15/44	173,479	171,815
	Federal Government	US Treasury Note, 4.750%, due 5/15/55	168,190	167,052
	Federal Government	US Treasury Note, 3.375%, due 8/15/42	163,035	160,550
	Federal Government	US Treasury Note, 3.875%, due 8/15/33	127,388	133,876
	Federal Government	US Treasury Note, 4.00%, due 3/31/30	110,013	111,400
	Federal Government	US Treasury Note, 2.750%, due 8/15/42	133,523	108,067
	Federal Government	US Treasury Note, 4.500%, due 2/15/44	62,368	62,882
	Federal Government	US Treasury Note, 3.875%, due 5/15/43	38,197	35,882
	Federal Government	US Treasury Note, 5.000%, due 5/15/42	25,301	25,664
	Federal Government	US Treasury Note, 4.750%, due 2/15/45	19,477	19,898
	Federal Government	US Treasury Note, 4.500%, due 11/15/54	18,790	18,866
		Total U.S. government securities	2,669,387	2,610,321
	Corporate Bonds			
	KFW	Bond, 0.000%, due6/29/37	698,297	703,598
	Comcast Corp	Bond, 4.250%, due 1/15/33	440,044	430,245
	Microsoft Corp	Bond, 3.041%, due 3/17/62	524,885	411,134
	Anheuser Busch Inbev Wor	Bond, 5.550%, due 1/23/49	348,373	349,234
	Apple Inc,	Bond, 2.375%, due 2/8/41	341,528	317,359
	Aercap Ireland Cap	Bond, 3.400%, due 10/29/33	220,702	261,821
	Con Edison Co Of NY Inc	Bond, 5.700%, due 5/15/54	250,548	249,193
	Texas Instruments	Bond, 5.050%, due 5/18/63	236,055	232,411
	Kroger Co	Bond, 5.650%, due 9/15/64	232,663	228,936
	Burlington North Santa Fe	Bond, 3.300%, due 9/15/51	233,901	227,806
	Berkshire Hathaway Energ	Bond,3.800%, due 7/15/48	227,430	227,199
	AT&T Inc	Bond, 3.800%, due 12/1/57	236,719	226,987
	Union Pacific	Bond, 3.799%, due 10/1/51	231,078	226,230
	Enterprise Products	Bond, 3.200%, due2/15/52	229,034	225,529
	Home Depot Inc	Bond, 3.125%, due 12/15/49	227,710	224,925
	Amazon.com Inc	Bond, 3.875%, due 8/22/37	231,984	220,123
	AT&T Inc	Bond, 3.850%, due 6/1/60	230,218	219,542
	Anheuser Busch Inbev Wor	Bond, 4.750%, due4/15/58	225,163	217,660
	Comcast Corp	Bond, 2.887%, due 11/1/51	232,034	216,372
	Bank of America Corporation	Bond, VAR%, due 3/13/52	206,214	202,154
	T Mobile	Bond, 3.300%, due 2/15/51	205,098	200,544
	Merck & Co	Bond, 4.500%, due 5/17/33	178,129	196,722
	Pfizer Investment	Bond, 5.340%, due 5/19/63	184,066	180,921
	British Telecom PLC	Bond, 9.625%, due 12/15/30	182,635	177,003
	Meta Platforms	Bond, 5.400%, due 8/15/64	183,281	172,109
	Alibaba Group Holding	Bond, 4.200%, due 12/6/47	162,402	165,692
	CSX Corp	Bond, 4.650%, due 3/1/68	187,196	163,814
	JP Morgan Chase & Co	Bond, VAR%, due 4/22/51	165,007	162,982
	Amgen Inc	Bond 5.750%, due 9/2/62	162,732	160,987
	Walmart Inc	Bond, 2.650%, due 9/22/51	197,074	160,760
	Verizon Communications	Bond, 3.875%, due 3/1/52	162,738	159,283
	Eli Lilly &Co	Bond, 5.5000%, due 2/9/54	159,778	158,804
	Bat Capital Corp	Bond, 4.742%, due 3/16/32	138,751	156,415
	Lowes Cos	Bond, 5.800%, due 9/15/62	160,275	156,309
	Abbvie Inc	Bond, 4.550%, due 3/15/35	153,786	152,594
	Wells Fargo	Bond, VAR%, due 7/25/33	145,452	152,334
	Bristol-Myers Squibb Co	Bond, 3.900%, due 3/15/62	185,728	152,250
	Medtronic Inc	Bond, 4.375%, due 3/15/35	158,164	152,021
	Lockheed Martin Corp	Bond, 4.800%, due 8/15/34	145,877	151,560
	Amazon.com Inc	Bond, 2.875%, due 5/12/41	158,510	147,962
	Boeing Co	Bond, 5.930%, due 5/1/60	141,776	147,084
	Fedex Corp	Bond, 4.900%, due 1/15/34	147,870	144,838
	Citigroup Inc	Bond, VAR%, due 4/24/48	141,658	143,166
	Univ of Notre Dame	Bond, 3.394%, due 2/15/48	170,374	142,622
	Southern Cal Edison	Bond, 6.000%, due 1/15/34	147,783	141,665
	Gilead Sciences Inc	Bond, 4.600%, due 9/1/35	141,673	138,362
	Morgan Stanley	Bond, 4.375%, due 1/22/47	136,936	138,147
	Shell International	Bond, 3.250%, due 4/6/50	138,716	137,234
	BP Capital Markets America	Bond, 5.750%, due 1/15/35	137,447	136,912
	Realty Income	Bond, 2.850%, due 12/15/32	130,995	134,547

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lubrizol Corp	Bond, 6.500%, due 10/1/34	$ 140,009	$ 129,680
	Commonwealth Edison	Bond, 5.900%, due 3/15/36	136,867	128,860
	Regency Centers	Bond, 4.400%, due 2/1/47	115,838	128,387
	Deere and Company	Bond, 2.875%, due 9/7/49	152,511	127,534
	Time Warner	Bond, 8.375%, due 7/15/33	129,239	126,933
	Pacifics Gas	Bond, 4.950%, due 7/1/50	117,630	126,785
	AT&T Inc	Bond, 2.250%, due 2/1/32	103,575	122,781
	Charter Comm Opt LLC	Bond, 4.400%, due 4/1/33	117,865	122,469
	Mass Institute	Bond, 3.067%, due 4/1/52	156,995	122,119
	Trustees Princeton Univ	Bond, 2.516%, due 7/1/50	150,025	122,064
	Oracle Group	Bond, 3.850%, due 4/1/60	137,810	119,155
	Rice University	Bond, 3.774%, due 5/15/55	146,602	119,060
	Occidental Petroleum	Bond, 6.600%, due 3/15/46	117,513	118,942
	Southern Cal Edison	Bond, 4.400%, due 7/1/46	118,584	118,107
	Abott Laboratories	Bond, 4.900%, due 11/30/46	118,509	117,694
	Caterpillar Inc	Bond, 3.803%, due 8/15/42	129,669	117,582
	Corning Inc	Bond, 4.375%, due 11/15/67	115,633	116,969
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	Union Electric	Bond, 3.900%, due 4/1/52	118,058	114,656
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	Kenvue Inc	Bond, 5.200%, due 3/22/63	114,632	108,836
	Canadian Natl Resources	Bond, 6.450%, due 6/30/33	108,596	107,842
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	JP Morgan Chase & Co	Bond, VAR%, due 9/14/33	99,810	105,719
	Zoetis Inc	Bond, 4.700%, due 2/1/43	111,958	105,555
	CVS Health Corp	Bond, 1.875%, due2/285/31	95,195	105,288
	Intel Corp	Bond, 3.050%, due 8/12/51	97,246	101,463
	Oracle Group	Bond, 3.950%, due 3/25/51	107,682	98,694
	IBM Corp	Bond, 5.700%, due 2/10/55	96,024	98,550
	Blackrock Funding Inc	Bond, 5.350%, due 1/8/55	97,775	97,462
	Vodafone Group	Bond, 5.750%, due 6/28/54	93,104	97,133
	Abbvie Inc	Bond, 5.500, due 3/15/64	98,707	97,084
	Caterpillar Inc	Bond, 3.250%, due 9/19/49	113,742	96,026
	Marathon Petroleum Corp	Bond, 5.700%, due 3/1/35	92,668	92,614
	Kaiser Foundation Hospitals	Bond, 3.002%, due 6/1/51	93,786	91,566
	Walt Disney company`	Bond, 6.200%, due 12/15/34	92,946	89,798
	Honeywell International	Bond, 2.800%, due 6/1/50	106,834	88,212
	Charter Comm Opt LLC	Bond, 6.384%, due 10/23/35	85,704	87,725
	Northern States	Bond, 2.600%, due 6/1/51	101,672	86,113
	Fiserv Inc	Bond, 5.250%, due 8/11/35	84,527	84,810
	Telefonica Emisiones	Bond, 7.045%, due 6/20/36	82,443	83,671
	RTX Corp	Bond, 6.400%, due 3/15/54	79,620	82,535
	Rogers Communications	Bond, 5.000%, due 3/15/44	81,368	80,250
	Plains All American	Bond, 5.950%, due 6/15/35	78,707	78,107
	Eli Lilly &Co	Bond, 5.100%, due 2/12/35	77,734	77,522
	Boston Properties LP	Bond, 5.750%, due 1/15/35	77,124	77,131
	Allly Financial Inc	Bond,VAR%, due 1/17/31	76,678	76,739
	Vale Overseas Limited	Bond, 66.400%, due 6/28/54	71,399	76,538
	Owens Corning	Bond, 5.650%, due 6/15/54	73,512	76,115
	Goldman Sachs	Bond, VAR%, due 10/23/35	71,684	75,401
	Meta Platforms	Bond, 5.500%, due 11/15/45	73,843	72,827
	Verizon Communications	Bond, 3.550%, due 3/22/51	70,982	70,984
	Diamondback Energy INC	Bond, 5.900%, due 4/18/64	69,758	70,798
	Air Products & Chemicals	Bond, 2.800%, due 5/15/50	71,432	70,044
	Walt Disney company`	Bond, 2.750%, due 9/1/49	70,886	69,829
	Wisconsin Public Service	Bond, 2.850%, due 12/1/55	70,213	69,387
	Hormell Foods Corp	Bond, 3.050%, due 6/3/51	70,226	68,704
	AT&T Inc	Bond, 3.650%, due 9/15/59	65,400	65,946
	Intercontinental Exchange	Bond, 3.000%, due 6/15/50	66,190	65,653
	Midamerican Energy	Bond, 6.125%, due 4/1/36	62,967	65,070

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Astrazeneca Plc	Bond, 3.000%, due 5/28/51	$ 77,418	$ 63,904
	Boeing Co	Bond, 7.008%, due 5/1/64	61,223	62,494
	Axa Equitable Holdings I	Bond, 5.000%, due 4/20/48	58,213	61,016
	Linde Inc/Ct	Bond, 3.550%, due 11/7/42	66,106	59,917
	Bank of America Corporation	Bond, VAR%, due 3/13/52	55,542	59,168
	Verizon Communications	Bond, 2.650%, due 11/20/40	53,989	53,531
	CVS Health Corp	Bond, 5.050%, due 3/25/48	49,356	52,893
	General Motors	Bond, 5.550%, due 7/15/29	51,774	51,833
	Kraft Heinz	Bond, 5.400%, due 9/15/64	51,097	51,371
	Duke Energy Indiana LLC	Bond, 2.750%, due 4/1/50	49,426	49,973
	Encana Corp	Bond, 6.5005%, due 8/15/34	47,698	48,338
	Aep Texas Inc	Bond, 3.450%, due 1/15/50	48,177	47,797
	Devon Energy Corp	Bond, 5.750%, due 9/15/54	43,478	45,945
	Kraft Foods Group	Bond, 6.875%, due 1/26/39	44,370	44,683
	Novartis Capital Corp	Bond, 2.750%, due 8/14/50	51,588	41,595
	Public Service Colorado	Bond, 6.250%, due 9/1/37	41,563	38,189
	Oracle Group	Bond, 4.000%, due 11/15/47	36,543	34,335
	Phillips 66	Bond, 5.650%, due 6/15/54	32,576	32,853
	CVS Health Corp	Bond,6.000%, due 6/1/63	27,329	28,962
	AT&T Inc	Bond 3.500%, due 9/15/53	27,156	26,769
	Johns Hopkins University	Bond, 4.083%, due 7/1/53	24,587	19,925
	General Motors	Bond, 5.000%, due 4/1/35	13,627	14,655
	Shell International	Bond, 4.125%, due 5/11/34	14,559	14,399
	Lockheed Martin Corp	Bond, 3.600%, due 3/1/35	14,167	13,843
	WRKCO Inc	Bond, 3.000%, due 6/15/33	12,876	13,367
	Freeport - McMoran	Bond, 5.450%, due 3/15/43	11,002	11,616
	Walmart Inc	Bond, 2.950%, due 9/24/49	12,392	10,147
	Suzano Austria	Bond, 3.750%, due 1/15/31	8,190	9,436
	Consumers Energy Co	Bond, 2.650%, due 8/15/62	6,496	5,551
		Total corporate bonds	19,273,114	18,687,573
	Agency Bonds			
	Federal Home Loan MTG Corp	Bond, 6.250%, due 7/15/32	409,719	402,084
	Tenn Valley Authority	Bond, 5.375%, due 4/1/56	329,177	263,260
	Federal Natl Mtg Assn	Bond, 0.875%, due 8/5/30	120,123	132,344
	Federal Natl Mtg Assn	Bond, 5.625%, due 7/15/37	87,564	77,129
	Tenn Valley Authority	Bond, 5.250%, due 9/15/39	11,615	10,562
		Total agency bonds	958,198	885,379
	Municipal Bonds			
	Golden ST Tobacco	Bond, 3.115%, due 6/1/38	308,500	336,408
	California ST	Bond, 7.500%, due 4/1/34	221,058	198,332
	Massachusetts ST Port Authority	Bond, 2.719%, due 7/1/42	164,979	171,497
	Dallas Fort worth TX International	Bond, 2.843%, due 11/1/46	126,262	123,092
	University of Michigan	Bond, 2.437%, due 4/1/40	109,574	107,135
	California ST	Bond, 7.350%, due 11/1/39	90,290	87,655
	American Muni Pwr Ohio	Bond, 5.939%, due 2/15/47	80,482	75,434
	Bay Area CA Toll	Bond, 6.918%, due 4/1/40	46,342	45,368
		Total municipal bonds	1,147,487	1,144,921
	Mortgage-Backed Security			
	Illinois St	MBS, 7.350%, due 7/1/25	11,872	11,667
	Other Bonds			
	Republic of Korea	Bond, 4.125%, due 6/10/44	372,750	314,318
	Export Import Bank Korea	Bond, 2.500%, due 6/29/41	163,400	146,460
	Italy Gov INT Bond	Bond, 5.375%, due 6/15/33	133,281	131,943
	European Investment Bank	Bond, 4.875%, due 2/15/36	145,568	131,211
	British Columbia Prov	Bond, 4.200%, due 7/6/33	89,927	89,336
	United Mexican States	Bond, 7.500%, due 4/8/33	72,583	69,000
	Republic of Poland	Bond, 6.700%, due 1/26/36	63,056	66,943
	Republica Orient Uruguay	Bond, 7.625%, due 3/21/36	50,960	48,325
		Total other bonds	1,091,525	997,536

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 25-0965274 Plan Number: 002
December 31, 2025

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Exchange Traded Funds			
	iShares	iShares Core S&P MID-CAP ETF (IJH)	$ 473,711	$ 607,466
	iShares	iShares Core S&P Small Cap ETF (IJR)	433,296	496,462
		Total exchange traded funds	907,007	1,103,928
	Mutual Funds			
	Fidelity Investments	Fidelity 500 Index Fund	4,965,036	7,249,086
	Fidelity Investments	Fidelity International Index Fund Premium Class	3,150,528	4,194,352
	Fidelity Investments	Fidelity EMG MKTS Index Fund	1,045,088	1,366,683
		Total mutual funds	9,160,652	12,810,121
		Total	$ 37,022,285	$ 40,054,489

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 25-0965274/002

Completed Years of Service on January 1, 2025											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	25	1	0	0	0	0	0	0	0	26
25-29	0	27	22	1	0	0	0	0	0	0	50
30-34	0	17	18	16	1	0	0	0	0	0	52
35-39	0	14	17	12	12	0	0	0	0	0	55
40-44	0	7	14	9	10	8	1	0	0	0	49
45-49	0	4	5	8	10	17	7	1	0	0	52
50-54	0	4	4	2	5	8	12	5	1	0	41
55-59	0	4	6	7	8	11	4	15	7	0	62
60-64	0	3	4	4	7	6	6	2	7	4	43
65-70	0	0	0	0	1	2	2	0	0	2	7
70 & up	0	0	0	0	0	0	0	0	1	0	1
Total	**0**	**105**	**91**	**59**	**54**	**52**	**32**	**23**	**16**	**6**	**438**

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Butler Memorial Hospital. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The September 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Butler Memorial Hospital. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.31%
Segment 3	5.50%

Effective Interest Rate
5.39%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement ("LDROM") of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.33%
Segment 3	5.36%

Effective Interest Rate
5.33%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are assumed to increase at 4.00% per year, based the Plan Sponsor's review of historical experience as well as future expectations.

Mortality for Healthy Lives: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: Deferred vested participants are assumed to commence at age 65. Active participants are assumed to commence in accordance with the following assumption based on the Plan's normal retirement age, a review of Plan experience and additional factors excluding the availability of Social Security:

Age	Percentage
55-61	0.00%
62	25.00%
63-64	0.00%
65	100.00%

Current and future vested terminated participants are assumed to retire at age 65.

Turnover: Due to limited available experience, termination rates were assumed in the valuation based on Table T-6 from the Actuary's Pension Handbook.

Disability: Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance: 4.54% per year. This assumption was selected based on the interest crediting rate for the plan year beginning on the valuation date.

Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts: In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the Cash Accumulation Plan Account Balance is converted to an annuity using the current applicable mortality table under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2). These assumptions are used to convert annuity based benefits to lump sum amounts.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 100% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be four years older and female spouses assumed to be four years younger than the participant. This assumption was based on national averages.

Form of Benefit: 90% of participants are assumed to elect a lump sum and 10% are assumed to elect a life annuity with 60 months certain. The assumed form of benefit was based on the Plan provisions and the Hospital's expectations.

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	4.66%
Segment 2	5.25%
Segment 3	5.57%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2025

Demographic Information: The demographic information was provided as of January 1, 2025 by Butler Memorial Hospital. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The September 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Butler Memorial Hospital. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv) with regard to provisions provided under Section 9706 of the American Rescue Plan Act of 2021.

Segment	Interest Rate
Segment 1	5.07%
Segment 2	5.31%
Segment 3	5.50%

Effective Interest Rate
5.39%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates used to determine Maximum Recommended Contribution: Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement ("LDROM") of the accrued benefits as of the Valuation Date.

Segment	Interest Rate
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Segment 2	5.33%
Segment 3	5.36%

Effective Interest Rate
5.33%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: Salaries are assumed to increase at 4.00% per year, based the Plan Sponsor's review of historical experience as well as future expectations.

Mortality for Healthy Lives: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees and healthy annuitants with mortality improvements projected using IRS 2024 Adjusted Scale MP-2021 on a generational basis.

Retirement Incidence: Deferred vested participants are assumed to commence at age 65. Active participants are assumed to commence in accordance with the following assumption based on the Plan's normal retirement age, a review of Plan experience and additional factors excluding the availability of Social Security:

Age	Percentage
55-61	0.00%
62	25.00%
63-64	0.00%
65	100.00%

Current and future vested terminated participants are assumed to retire at age 65.

Turnover: Due to limited available experience, termination rates were assumed in the valuation based on Table T-6 from the Actuary's Pension Handbook.

Disability: Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits.

Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance: 4.54% per year. This assumption was selected based on the interest crediting rate for the plan year beginning on the valuation date.

Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts: In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the Cash Accumulation Plan Account Balance is converted to an annuity using the current applicable mortality table under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2). These assumptions are used to convert annuity based benefits to lump sum amounts.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 100% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be four years older and female spouses assumed to be four years younger than the participant. This assumption was based on national averages.

Form of Benefit: 90% of participants are assumed to elect a lump sum and 10% are assumed to elect a life annuity with 60 months certain. The assumed form of benefit was based on the Plan provisions and the Hospital's expectations.

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 6.75%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

Mortality: The sex-distinct Amount-Weighted Blue Collar Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	4.66%
Segment 2	5.25%
Segment 3	5.57%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: **Butler Memorial Hospital**
EIN/PN: **25-0965274/002**

Eligibility

An employee of Butler Memorial Hospital who is a registered nurse represented by the Pennsylvania Independent Nurses Association.

Participation

Eligible employees shall become participants on the January 1 or July 1 coincident or following the attainment of age 21 and completion of one year of service.

Vesting Service

Vesting service is based on elapsed time.

Year of Service

One year for each calendar year during which the participant works at least 1,000 hours.

Compensation

Compensation is the total amount of the participant's pay including salary, wages, overtime, cash bonuses, cafeteria plan contributions, and 403(b) contributions, but not including severance payments, tuition or expense reimbursements, including cash and non-cash fringe benefits which are treated as taxable income, provided that for Participants who do not earn any Compensation after June 1, 2017, cash fringe benefits provided during 2017 shall be included in their Compensation under the Plan.

Applicable Interest Rate

Annual rate of interest on 30-year Treasury securities for the month of November preceding the calendar year.

Initial Account Balance

Lump sum value of the participant's accrued benefit under the prior plan as of June 30, 1997.

Base Annual Addition

Six percent of the participant's compensation in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

Supplemental Annual Addition

For calendar years prior to 2009, twenty-five percent of the first six percent of compensation contributed to the Tax Sheltered Annuity Plan in a calendar year where the participant completes a year of service, dies, retires, or becomes disabled.

Cash Balance Account

Sum of the initial account balance, base annual additions, and the supplemental annual additions. The account balance is credited with interest annually using the applicable interest rate.

Accrued Benefit

Monthly life annuity (with 60 months certain), which is the actuarial equivalent of the participant's cash balance account, or the applicable "minimum benefit" described below.

Minimum Benefit

The participant's accrued benefit will not be less than the greater of the following:

A. The accrued benefit earned by the participant under the provisions of the prior plan as of June 30, 1997.

B. The accrued benefit as of January 1, 1995 projected to age 65 (without any adjustment for future pay increases) multiplied by the ratio of service at termination and the participant's projected service at age 65.

Normal Retirement

Age 65 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

Early Retirement

Age 55 and 3 years of vesting service. Account balance or the actuarially equivalent monthly benefit.

Disability Retirement

Total and permanent disability and 15 years of vesting service. The cash balance account will be credited with interest until the participant's disability retirement date and payable as the accumulated account balance or the actuarially equivalent monthly benefit.

Deferred Vested Retirement

3 years of vesting service. The cash balance account will be credited with interest until payment (on or after the participant's early retirement date) and payable as the accumulated account balance or the actuarially equivalent monthly benefit. Account balances under $20,000 can be paid prior to retirement eligibility.

Pre-Retirement Spouse Benefit

Upon the death of a participant who is eligible for normal, early, or deferred vested retirement, the beneficiary's benefit is equal to 100% of the participant's account balance.

Normal Form of Payment

If single, a life annuity with 60 months certain. If married, an actuarially equivalent 50% joint and survivor annuity.

Optional Form of Payment

In lieu of the normal form of payment, a participant may elect to receive his benefit as a life annuity, 50%, 75%, or 100% joint and survivor annuity, or lump sum.

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 25-0965274/002

Completed Years of Service on January 1, 2025											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	25	1	0	0	0	0	0	0	0	26
25-29	0	27	22	1	0	0	0	0	0	0	50
30-34	0	17	18	16	1	0	0	0	0	0	52
35-39	0	14	17	12	12	0	0	0	0	0	55
40-44	0	7	14	9	10	8	1	0	0	0	49
45-49	0	4	5	8	10	17	7	1	0	0	52
50-54	0	4	4	2	5	8	12	5	1	0	41
55-59	0	4	6	7	8	11	4	15	7	0	62
60-64	0	3	4	4	7	6	6	2	7	4	43
65-70	0	0	0	0	1	2	2	0	0	2	7
70 & up	0	0	0	0	0	0	0	0	1	0	1
Total	**0**	**105**	**91**	**59**	**54**	**52**	**32**	**23**	**16**	**6**	**438**

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 25-0965274/002

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	0	0.00
56	0	0.00
57	0	0.00
58	0	0.00
59	0	0.00
60	0	0.00
61	0	0.00
62	250	15.50
63	0	0.00
64	0	0.00
65	1000	48.75

Weighted Average Retirement Age: 64.3

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 25-0965274/002

Retirement Rates - Employees were assumed to retire in accordance with the rates shown below:

Age	Retirements per 1000 employees	Accumulated years
55	0	0.00
56	0	0.00
57	0	0.00
58	0	0.00
59	0	0.00
60	0	0.00
61	0	0.00
62	250	15.50
63	0	0.00
64	0	0.00
65	1000	48.75

Weighted Average Retirement Age: 64.3

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ..... ▶ ☐

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶ ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES OF BUTLER MEMORIAL HOSPITAL

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BUTLER HEALTHCARE PROVIDERS

BUTLER MEMORIAL HOSPITAL
ONE HOSPITAL WAY
BUTLER PA 16001-4670

2b Employer Identification Number (EIN) 25-0965274

2c Plan Sponsor's telephone number 724-284-4166

2d Business code (see instructions) 622000

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

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

SIGN HERE	Paul Scherrah	9/29/26	PAUL SCHERRAH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	845
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	511
a (2) Total number of active participants at the end of the plan year	**6a(2)**	504
b Retired or separated participants receiving benefits	**6b**	112
c Other retired or separated participants entitled to future benefits	**6c**	207
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	823
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f Total. Add lines **6d** and **6e**	**6f**	830
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C

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

9a Plan funding arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Cash Balance Retirement Plan for Registered Nurses of Butler Memorial Hospital

Schedule H, Line 4(j) - Schedule of Reportable Transactions
EIN: 25-0965274 Plan Number: 002
Year Ended December 31, 2025

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
Series transactions								
Sales:								
Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund 12 Transactions	$ -	$ 1,743,135	$ -	$ -	$ 1,743,135	$ 1,743,135	$ -
Purchases:								
Federated Hermes	Federated Hermes Treasury Obligation Premier Shares Fund 12 Transactions	2,396,570	-	-	-	2,396,570	2,396,570	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CASH BALANCE RETIREMENT PLAN FOR REGISTERED NURSES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BUTLER HEALTHCARE PROVIDERS

D Employer Identification Number (EIN)
25-0965274

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	37,563,324
b Actuarial value	**2b**	36,861,780

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	119	5,809,968	5,809,968
b For terminated vested participants	219	6,983,082	6,983,082
c For active participants	530	24,867,702	25,254,733
d Total	868	37,660,752	38,047,783

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.39%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,839,723
b Expected plan-related expenses	**6b**	180,000
c Target normal cost	**6c**	2,019,723

Statement by Enrolled Actuary

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

SIGN HERE

Karen Oliver KO — Signature of actuary

09/21/2026 — Date

Karen Oliver, F.S.A, EA, MAAA — Type or print name of actuary

2607555 — Most recent enrollment number

BPAS Actuarial & Pension Services — Firm name

315-703-8934 — Telephone number (including area code)

706 N. Clinton St., Suite 200

SYRACUSE NY 13204 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3,013,587
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		1,907,818
9	Amount remaining (line 7 minus line 8)	0	1,105,769
10	Interest on line 9 using prior year's actual return of 5.91 %	0	65,351
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.21 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,171,120

Part III Funding Percentages

14	Funding target attainment percentage	14	93.80 %
15	Adjusted funding target attainment percentage	15	93.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2025	229,034	0			
01/15/2026	476,955	0			
09/15/2026	434,358	0			
			Totals ► 18(b)	1,140,347	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,068,381

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	2,019,723
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,357,123	219,778
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,239,501

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,171,120	1,171,120

36 Additional cash requirement (line 34 minus line 35)	**36**	1,068,381
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,068,381

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021