# 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 12/01/1961

**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)
ST. CLAIR HOSPITAL

1000 BOWER HILL ROAD
PITTSBURGH, PA 15243-1873

**2b** Employer Identification Number (EIN) 25-1010303

**2c** Plan Sponsor's telephone number 412-942-4000

**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. | 10/08/2026 | ANDREA L. KALINA |
| | **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 ☐ Same as Plan Sponsor

SR. VP EXTERNAL RELATIONS & CHRO
C/O ST. CLAIR HOSPITAL
1000 BOWER HILL ROAD
PITTSBURGH, PA 15243-1873

**3b** Administrator's EIN: 25-1897200

**3c** Administrator's telephone number: 412-942-4000

**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** | 3661 |
| **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)** | 1717 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 1718 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1051 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 863 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 3632 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 63 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 3695 |
| **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** | 80 |
| **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 3H

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

**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** | 189484846 |
| **b** Actuarial value | **2b** | 190012726 |

**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 | 1104 | 103450385 | 103450385 |
| **b** For terminated vested participants | 846 | 30501980 | 30501980 |
| **c** For active participants | 1717 | 55125530 | 56190974 |
| **d** Total | 3667 | 189077895 | 190143339 |

**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** | 5.34 % |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 4864284 |
| **b** Expected plan-related expenses | **6b** | 926000 |
| **c** Target normal cost | **6c** | 5790284 |

**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

08/14/2026
Date

THOMAS A. DEFILIPPO, FSA, EA
Type or print name of actuary

26-06419
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

412-402-4500
Telephone number (including area code)

PO BOX 674410
HOUSTON, TX 77267

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) | | 40621351 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | | 6523025 |
| 9 | Amount remaining (line 7 minus line 8) | | 34098326 |
| 10 | Interest on line 9 using prior year's actual return of 2.98 % | | 1016130 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38a from prior year) | | 7818226 |
| 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 5.07 % | | 65667 |
| b(2) | Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 194386 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 8078279 |
| d | Portion of (c) to be added to prefunding balance | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 35114456 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 81.46 % |
| 15 | Adjusted funding target attainment percentage | 15 | 81.46 % |
| 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 | 87.67 % |
| 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 |
|---|---|---|---|---|---|
| 06/25/2026 | 2500000 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 2500000 | 18(c) |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| b | Contributions made to avoid restrictions adjusted to valuation date. | 19b | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 2314337 |

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 |
|---|---|---|---|
| | | | |

## 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** | 63 |

**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** | |
| **29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | **29** | |
| **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** | 5790284 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 0 |

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 35245069 | 3486587 |
| **b** Waiver amortization installment | | |

| | | |
|---|---|---|
| **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** | 9276871 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | 9276871 | 9276871 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 2314337 |

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

| | | |
|---|---|---|
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 2314337 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | 2314337 |
| **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** | |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2025**<br>**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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

## 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)

TOWERS WATSON PENNSYLVANIA, INC.

23-1159360

| (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? |
|---|---|---|---|---|---|---|
| 11 | NONE | 305273 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LEGAL AND GENERAL INV. MGT. AMERICA

35-7085469

| (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? |
|---|---|---|---|---|---|---|
| 28 | NONE | 224035 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NORTHERN TRUST COMPANY

36-1561860

| (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 | NONE | 95605 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [ ] |

**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)

CLEARSTEAD ADVISORS, LLC

34-1597728

| (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? |
|---|---|---|---|---|---|---|
| 29 | NONE | 35325 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WELLINGTON TRUST COMPANY

04-2755549

| (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? |
|---|---|---|---|---|---|---|
| 28 | NONE | 28151 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

VICTORY CAPITAL MANAGEMENT, INC.

13-2700161

| (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? |
|---|---|---|---|---|---|---|
| 28 | NONE | 22219 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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)

T. ROWE PRICE

52-1309931

| (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? |
|---|---|---|---|---|---|---|
| 28 | NONE | 17149 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FORVIS MAZARS, LLP

44-0160260

| (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? |
|---|---|---|---|---|---|---|
| 10 | NONE | 15575 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

AGINCOURT CAPITAL MANAGEMENT

54-1947440

| (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? |
|---|---|---|---|---|---|---|
| 28 | NONE | 7578 | Yes [ ] No [X] | 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 |
|---|---|---|
| | | |

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

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

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

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

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

(complete as many entries as needed)

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL LONG DURATION U.S.

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 35-7085469-020 | C | 87103495 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE STRUCTURED RESEARCH

**b** Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 52-1309931-010 | C | 5857588 |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

# 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

## 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) | 9500000 | 2500000 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 417340 | 293713 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3618324 | 4283696 |
| **(2)** U.S. Government securities | 1c(2) | 27851948 | 24546306 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 4292157 | 342 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 2269969 | 2348949 |
| **(5)** Partnership/joint venture interests | 1c(5) | 2699096 | 5594181 |
| **(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) | 88722140 | 93002400 |
| **(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) | 50509102 | 60413060 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (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 | 189880076 | 192982647 |
| **Liabilities** | | | |
| **1g** Benefit claims payable | 1g | 891472 | 900823 |
| **1h** Operating payables | 1h | 406266 | 390078 |
| **1i** Acquisition indebtedness | 1i | | |
| **1j** Other liabilities | 1j | | |
| **1k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 1297738 | 1290901 |
| **Net Assets** | | | |
| **1l** Net assets (subtract line 1k from line 1f) | 1l | 188582338 | 191691746 |

## 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) | 2500000 | |
| **(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) | | 2500000 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 20307 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 1081977 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 113033 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1215317 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 40746 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2422872 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2463618 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 45429811 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 44651657 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 778154 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 1619844 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 1619844 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 8039464 |
| (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) | | 3411183 |
| c Other income | 2c | | 84258 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 20111838 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 15892619 | |
| (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) | | 15892619 |
| 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) | 15575 | |
| (5) Investment advisory and investment management fees | 2i(5) | 335820 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 95605 | |
| (7) Actuarial fees | 2i(7) | 302273 | |
| (8) Legal fees | 2i(8) | 3000 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 357538 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 1109811 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 17002430 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 3109408 |
| 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

**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 | | 500000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **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 | | 5594181 |
| **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** | | | |
| **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** | | | |

**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 586918.

# 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

## 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): 36-3046063

**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** 102

## 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: 28.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 57.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

# St. Clair Hospital Retirement Plan

## EIN 25-1010303 PN 001

## Independent Auditor’s Report and Financial Statements

December 31, 2025 and 2024

**St. Clair Hospital Retirement Plan**
**Contents**
**December 31, 2025 and 2024**


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Forvis Mazars, LLP
106 Isabella Street
Pittsburgh, PA 15212
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# Independent Auditor's Report

Audit and Compliance Committee of St. Clair Hospital
St. Clair Hospital Retirement Plan
Pittsburgh, Pennsylvania

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

We have performed audits of the financial statements of St. Clair Hospital Retirement Plan (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 related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## *Opinion*

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

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

## *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 listed in the table of contents as of and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

Forvis Mazars, LLP

**Pittsburgh, Pennsylvania**
**September 22, 2026**

**Federal Employer Identification Number: 44-0160260**

**St. Clair Hospital Retirement Plan**
**Statements of Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **ASSETS** | | |
| **Investments, at Fair Value** | | |
| Cash and cash equivalents | $ 4,283,696 | $ 3,618,324 |
| Mutual funds | 60,413,060 | 50,509,102 |
| Collective investment trusts | 93,002,400 | 88,722,140 |
| Common stocks | 2,348,949 | 2,269,969 |
| Corporate debt instruments | 342 | 4,292,157 |
| U.S. Government securities | 24,546,306 | 27,851,948 |
| Limited partnership / private equities | 5,594,181 | 2,699,095 |
| **Total Investments** | 190,188,934 | 179,962,735 |
| **Receivables** | | |
| Accrued interest and dividends | 293,713 | 417,340 |
| Employer contributions | 2,500,000 | 9,500,000 |
| **Total Assets** | $ 192,982,647 | $ 189,880,075 |
| **LIABILITIES** | | |
| Due to beneficiaries | 11,583 | $ 9,590 |
| Accrued expenses | 245,450 | 227,642 |
| Due to broker for securities purchased | 144,628 | 178,623 |
| **Total Liabilities** | 401,661 | 415,855 |
| **Net Assets Available for Benefits** | $ 192,580,986 | $ 189,464,220 |

**St. Clair Hospital Retirement Plan**
**Statements of Changes in Net Assets Available for Benefits**
**December 31, 2025 and 2024**

| | 2025 | 2024 |
|---|---|---|
| **Investment Income** | | |
| Net appreciation in fair value of investments | $ 13,620,468 | $ 1,997,825 |
| Interest and dividends | 3,991,370 | 3,418,319 |
| Net investment income | 17,611,838 | 5,416,144 |
| Employer contributions | 2,500,000 | 9,500,000 |
| **Total Additions** | 20,111,838 | 14,916,144 |
| **Deductions** | | |
| Benefits paid to participants | 15,885,260 | 14,499,580 |
| Pension Benefit Guarantee Corporation premiums | 357,538 | 332,593 |
| Administrative expenses | 752,274 | 813,583 |
| **Total Deductions** | 16,995,072 | 15,645,756 |
| **Net Increase (Decrease) in Net Assets** | 3,116,766 | (729,612) |
| **Net Assets Available for Benefits, Beginning of Year** | 189,464,220 | 190,193,832 |
| **Net Assets Available for Benefits, End of Year** | $ 192,580,986 | $ 189,464,220 |

## Note 1. Description of the Plan

### *General*

The following description of the St. Clair Hospital Retirement Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a noncontributory defined benefit plan that covers substantially all employees of St. Clair Hospital (Hospital or Company) and, effective January 1, 2024, St. Clair Medical Services, Inc. who have completed 800 hours of service or more in a year as defined by the Plan document. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Northern Trust Company is the trustee of the Plan.

The Plan is administered by St. Clair Health Corporation's (the parent of the Hospital) Retirement & Investment Sub-Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

### *Pension Benefits*

Under the Plan's final average earnings formula, employees with five or more years of service who terminated prior to January 1, 2010 are entitled to annual pension benefits beginning at normal retirement age (65). Such benefit is equal to the product of 1.35% of the average of their highest five consecutive years' wages (up to covered compensation) and years credited service prior to July 1, 2000, plus the product of 1.5% of the average of their highest five consecutive years' wages and years of credited service on or after July 1, 2000. In addition, a participant is entitled to receive additional benefits equal to the product of 1.6% of the average of their highest five consecutive years' wages in excess of "covered" compensation and years of credited service. The Plan permits early retirement after attainment of age 55 and five years of credited service. If a participant terminates before rendering five years of credited service, he/she forfeits the right to receive any benefit under the Plan.

Effective January 1, 2010, the Hospital modified the calculation of future benefits under the Plan from a final average pay formula to a cash balance formula, which accrues benefits based on a percentage of compensation. Benefits attributable to plan participation prior to January 1, 2010 will be based on years of service and final average pay earned through December 31, 2009. Employees are entitled to a term-vested pension with three or more years of service.

Participants entitled to benefits under the Plan may either elect a lump-sum distribution or an annuity benefit payment upon separation of service. The normal form of an annuity benefit payment subject to the final average earnings formula is a joint and 50% survivor annuity for married participants and a life annuity for participants who are not married. A participant whose present value of his or her accrued benefit is no more than $7,000 will receive a single cash payment upon termination of employment. A participant whose present value of his or her accrued benefits under the final average earnings formula is between $7,000 and $25,000 may elect to receive a lump-sum distribution with spousal consent, as applicable. For vested cash balance benefits, a lump-sum payment (with spousal consent) may be requested regardless of the amount. In addition, the participant may select other joint and survivor options such as joint and 100% or 75% survivor annuity, a life annuity, or a life annuity with 120 months certain.

### *Death Benefits*

If a vested participant who has been married at least one year dies prior to his/her annuity starting date, a survivor spouse or other beneficiary may be entitled to a death benefit. Under the final average earnings formula, the amount of the annuity payment will be equal to the amount that would be payable under a qualified joint and 50%

survivor annuity to that participant's spouse upon attainment of the earliest date the benefit would have been payable to the participant. For cash balance benefits, a surviving spouse or beneficiary may be entitled to the full amount of the participant's accumulated cash balance.

### *Funding Policy*

The Hospital's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary so that all participants' benefits will be fully provided by the time they retire. No participant contributions are permitted. For the years ended December 31, 2025 and 2024, the Hospital made contributions of $2,500,000 and $9,500,000, respectively. The Plan has met or exceeded the minimum funding requirements established by ERISA.

### *Vesting*

Eligible employees are fully vested when normal retirement age is reached regardless of the number of years of service if still employed by the Company at that time. Upon termination of employment with the Company before normal retirement age, eligible employees are fully vested upon completion of three years of vesting service.

### *Plan Termination*

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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 participants or their beneficiaries have been receiving for at least three years, or annuity benefits that participants 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 (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All non-vested 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 types of 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.

## Note 2. Summary of Significant Accounting Policies

### *Basis of Accounting*

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

### *Use of Estimates*

The preparation of financial statements in conformity 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, 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.

### *Valuation of Investments and Income Recognition*

Investments are reported at fair value, which is defined as 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. The Plan's Retirement and Investment Sub-Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and Trustee. See Note 4 for a discussion of fair value measurements.

Purchases and sale 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*

Benefit payments to participants are recorded upon distribution.

### *Administrative Expenses*

The Plan's expenses are paid either by the Plan or the Hospital, as provided by the Plan document. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying 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 presented in the accompanying statements of changes in net assets available for benefits.

### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions that the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to:

(A) Retired or terminated participants or their beneficiaries

(B) Beneficiaries of participants who have died

(C) Present participants or their beneficiaries

Benefits under the Plan are accumulated 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 – retirement, death, disability and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

## Note 3. Certification of Plan Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Northern Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024, excluding investments in limited partnership/private equities of $5,594,181 and $2,699,096, respectively.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024, excluding net appreciation in investments in limited partnership/private equities of $1,687,178 and $1,673,537, respectively.
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2025 and schedule of reportable transactions for the year ended December 31, 2025, excluding investments in limited partnership/private equities.

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

The fair value of the limited partnerships/private equities and related net appreciation, as of and for the years ended December 31, 2025 and 2024, respectively, was recorded at fair value using valuations obtained directly from the limited partnerships/private equities.

## Note 4. Fair Value Measurements

Fair value is defined under FASB Accounting Standards Codification (ASC) 820 as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

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

**Level 2** - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;

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

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

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

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

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.

*Cash and Cash Equivalents* - Valued using amortized cost, which approximates fair value.

*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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common Stocks* - Valued at the closing price reported in the active market in which the individual security is traded.

*Corporate Debt Instruments and U.S. Government Securities* - Valued using pricing models or quoted prices of securities with similar characteristics. The quoted market price for the specific securities is not available in an active market.

*Collective Trust Funds* - Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

*Limited Partnerships/Private Equities* - Valued at NAV of the units invested in the limited partnership or private equity. The NAV as provided by the custodian or fund manager is the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the limited partnership or private equity less its liabilities.

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available within the fair value hierarchy as of:

| | Total Fair Value | Fair Value Measurement Using (Level 1) | (Level 2) | (Level 3) |
|---|---|---|---|---|
| **December 31, 2025** | | | | |
| Cash and cash equivalents | $ 4,283,696 | $ 4,283,696 | $ - | $ - |
| Mutual funds | 60,413,060 | 60,413,060 | - | - |
| Common stocks | 2,348,949 | 2,348,949 | - | - |
| Corporate debt instruments | 342 | - | 342 | - |
| U.S. Government securities | 24,546,306 | - | 24,546,306 | - |
| Total assets in the fair value hierarchy | 91,592,353 | 67,045,705 | 24,546,648 | - |
| Investments measured at net asset value (A) | $98,596,581 | - | - | - |
| Total investments at fair value | $ 190,188,934 | $ 67,045,705 | $ 24,546,648 | $ - |
| **December 31, 2024** | | | | |
| Cash and cash equivalents | $ 3,618,324 | $ 3,618,324 | $ - | $ - |
| Mutual funds | 50,509,102 | 50,509,102 | - | - |
| Common stocks | 2,269,969 | 2,269,969 | - | - |
| Corporate debt instruments | 4,292,157 | - | 4,292,157 | - |
| U.S. Government securities | 27,851,948 | - | 27,851,948 | - |
| Total assets in the fair value hierarchy | 88,541,500 | 56,397,395 | 32,144,105 | - |
| Investments measured at net asset value (A) | 91,421,236 | - | - | - |
| Total investments at fair value | $ 179,962,736 | $ 56,397,395 | $ 32,144,105 | $ - |

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit a reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

These assets are invested in various types of funds, including private real estate, hedge funds, private equities, and stable value funds.

- The investment objective of the private real estate fund is to generate significant capital by making investments in the development or acquisition of existing multifamily residential, office, R&D, warehouse distribution, light industrial, retail, and hotel assets at or below replacement cost, which generate positive cash flow; and the acquisition date of other real estate operating companies, and real estate-related investments.
- The investment objective of the hedge funds is to achieve above-average returns by investing in hedge funds and to achieve a return of cash plus 5% on a gross basis. This fund invests in a diverse array of securities to provide diversification, maintain low correlation to traditional market, and limit portfolio volatility.
- The investment objection of the private equity funds is: (1) generate returns in excess of the broad equity market over a long period of time by investing in private equity, venture capital, buy-out, and special situations. The limited partnership investment is a fund-of-funds private equity investment that is diversified across many different private equity mangers, secondary investments and deals; (2) to outpace global equity and fixed-income markets over the term of the fund by investing in private debt deals. The strategy is diversified across several portfolio companies and has a strong focus on risk management and downside protection.

- The investment objective of the stable value fund is to preserve and grow capital by producing attractive returns with relatively low volatility and correlations to traditional equity and fixed-income benchmarks.

### *Investments Measured Using the Net Asset Value per Share Practical Expedient*

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

| | December 31, 2025 | | | |
|---|---|---|---|---|
| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| Collective investment trusts | $ 93,002,400 | - | Daily-Annually | None- 2 years |
| Limited partnerships/private equities | 5,594,181 | 5,027,692 | Daily-Annually | None- 2 years |

| | December 31, 2024 | | | |
|---|---|---|---|---|
| | Fair Value | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| Collective investment trusts | $ 88,722,140 | $ - | Daily-Annually | None- 2 years |
| Limited partnerships/private equities | 2,699,096 | 2,356,896 | Daily-Annually | None- 2 years |

## Note 5. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by an independent actuary and, is the 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 accumulated plan benefit information is determined by the Plan's actuary as of January 1, the beginning of the Plan year, as follows:

| | 2025 |
|---|---|
| Actuarial present value of accumulated plan benefits | |
| Vested benefits | |
| Participants currently receiving payments | $ 102,266,125 |
| Other participants | 85,112,732 |
| Nonvested benefits | 1,083,362 |
| Total actuarial present value of accumulated plan benefits | $ 188,462,219 |

Changes in the actuarial present value of accumulated plan benefits as of the beginning of the Plan year were as follows:

| | 2025 |
|---|---|
| Actuarial present value of accumulated plan benefits, January 1, 2024 | $ 203,921,155 |
| Increase (decrease) during the year attributable to: | |
| Change in actuarial assumptions | (16,673,566) |
| Benefits accumulated and actuarial losses | 6,246,738 |
| Interest due to the decrease in the discount period | 9,467,472 |
| Benefits paid | (14,499,580) |
| Net decrease | (15,458,936) |
| Total actuarial present value of accumulated plan benefits, January 1, 2025 | $ 188,462,219 |

Significant assumptions underlying the actuarial computations are:

| | 2025 | 2024 |
|---|---|---|
| *Expected rate of return* | 5.59% | 4.70% |
| *Interest credit rating* | 4.34% | 3.45% |
| *Lump sum conversion rate* | 5.56% | 5.61% |
| *Mortality basis* | Separate rates for annuitants and non-annuitants. Pri-2012 base tables projected generationally with MP-2021, Male table used for males, Female table used for females. | Separate rates for annuitants and non-annuitants. Pri-2012 base tables projected generationally with MP-2021, Male table used for males, Female table used for females. |
| *Retirement age* | Average retirement age is 62 with varying rates ranging from 5% between ages 55-60 to 100% retiring by age 75. | Average retirement age is 62 with varying rates ranging from 5% between ages 55-60 to 100% retiring by age 75. |

The foregoing 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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

## Note 6. Related-Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are managed by Northern Trust Company, the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transactions rules under ERISA. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital, for which no fees are charged to the Plan. The Plan paid $95,605 and $94,333 of recordkeeping fees to Northern Trust Company during 2025 and 2024, respectively. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital, for which no fees are charged to the Plan.

## Note 7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated January 13, 2021, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRS regulations to maintain its qualification. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

## Note 8. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements at December 31 to the Form 5500:

| | 2025 | 2024 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 192,580,986 | $ 189,464,220 |
| Benefit payments accrued on Form 5500 | (889,240) | (881,882) |
| Net assets available for benefits per Form 5500 | $ 191,691,746 | $ 188,582,338 |

The following is a reconciliation of benefit payments per the financial statements to the Form 5500 for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Benefits paid to participants per the financial statements | $ 15,885,260 | $ 14,499,580 |
| Add: Current year benefit payments accrued on Form 5500 | 889,240 | 881,882 |
| Less: Prior year benefit payments accrued on Form 5500 | (881,882) | (862,097) |
| Benefit payments to the participants per the Form 5500 | $ 15,892,618 | $ 14,519,365 |

## Note 9. Risks and Uncertainties

The Plan invests in various investment securities that 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.

Contributions to the Plan 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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## Note 10. Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

### *Possible Decline in Investments*

It is reasonably possible that there will be a significant decline in the fair value of investments during the next year, as well as a significant change in assumed interest rates used to discount the benefit obligation and, therefore, could significantly affect the present value of accumulated plan benefits.

## Note 11. Subsequent Events

Subsequent events have been evaluated through September 22, 2026, which is the date the financial statements were available to be issued.

# *Supplemental Schedules*

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025**

| Security ID | Security Description | Market Value | Cost | Unrealized gain/Loss |
|---|---|---|---|---|
| C1TT999TT4 | CF LEGAL & GENERAL LONG DURATION U.S. CREDIT COLLECTIVE INVESTMENT TRUST FUND | 87,103,492 | 73,945,441 | 13,158,051 |
| C922040100 | MFO VANGUARD INSTL INDEX FD SH BEN INT | 17,519,900 | 10,542,767 | 6,977,133 |
| C186854204 | MFO CLIFFWATER CORPORATE LENDING FD | 10,412,380 | 10,800,000 | (387,620) |
| C921921300 | MFO VANGUARD EQTY INC FD ADMIRAL SHS #565 | 7,018,467 | 7,525,000 | (506,533) |
| C256206103 | MFO DODGE & COX INTL STK FD | 6,915,853 | 5,963,957 | 951,896 |
| C233203371 | MFO DFA INVT DIMENSIONS GROUP INC INTL CORE EQUITY 2 PORTFOLIO | 6,858,956 | 596,464 | 6,262,492 |
| C24999NHP0 | CF T ROWE PRICE STRUCTURED RESEARCH COMMON TRUST FUND Z | 5,857,589 | 708,278 | 5,149,311 |
| SBZ56WF6 | US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG | 5,513,906 | 5,523,002 | (9,096) |
| C31428Q101 | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD INSTL SHS | 5,405,651 | 6,122,892 | (717,241) |
| SBS84F26 | UNITED STATES TREAS BDS 4.625% 11-15-2045 | 4,398,804 | 4,440,036 | (41,232) |
| C66586U445 | NT COLLECTIVE GOVT SHORT TERM INVT FD | 4,278,513 | 4,278,513 | - |
| C995W91998 | GOLUB CAPITAL PARTNERS INTERNATIONAL 15,L.P. | 3,855,189 | 3,780,000 | 75,189 |
| SBP0VPN5 | UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 | 2,905,743 | 2,833,567 | 72,176 |
| SBPZRNR8 | UNITED STATES TREAS BDS 4.625% 05-15-2044 | 2,852,593 | 2,851,987 | 606 |
| SBSTJVZ5 | UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG | 2,787,656 | 2,609,298 | 178,358 |
| C991376898 | CF WTC-CTF INTL SMALL CAP RESEARCH EQUITY | 2,401,584 | 1,266,442 | 1,135,142 |
| C922908835 | MFO VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL | 2,115,005 | 990,175 | 1,124,830 |
| C543488811 | MFO LOOMIS SAYLES FDS II SMALL CAP GROWTH N | 1,765,265 | 1,452,162 | 313,103 |
| C9932HF996 | PIMCO CORPORATE OPPORTUNITIES FUND II ONSHORE FEEDER LP | 923,842 | 80,596 | 843,246 |
| SBYQLV34 | US TREAS SEC 4.5 DUE 08-15-2039 REG | 1,406,672 | 1,322,268 | 84,404 |
| Sub-Total | | 182,297,059 | 147,632,844 | 34,664,215 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 182,297,059 | 147,632,844 | 34,664,215 |
| SBQC4SL8 | UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043 | 968,219 | 1,004,323 | (36,104) |
| SB8W8CX4 | UNITED STATES TREAS BDS 2.875 DUE DUE 05-15-2043 | 857,227 | 925,089 | (67,862) |
| C9932HE999 | PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII (OFFSHORE), L.P. | 856,467 | 644,659 | 211,808 |
| SB4PYQ73 | UNITED STATES TREAS SEC STRIPPED INT PMT00838 02-15-2034 (UNDDATE) REG | 713,654 | 640,430 | 73,224 |
| SB2RGLY5 | UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG | 704,668 | 632,780 | 71,888 |
| SB4PLXN9 | UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG | 695,594 | 625,810 | 69,784 |
| SBLB3TM9 | WI TREASURY SEC 3.875% 05-15-2043 | 450,195 | 463,635 | (13,440) |
| SBPG5RX5 | UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044 | 291,281 | 299,637 | (8,355) |
| C649445400 | FLAGSTAR BANK NA | 32,457 | 27,906 | 4,551 |
| CG3198U102 | ESSENT GROUP LTD COM STK | 31,790 | 27,257 | 4,533 |
| C926400102 | VICTORIAS SECRET & CO COM | 31,419 | 13,570 | 17,849 |
| CG2717C106 | CUSHMAN AND WAKEFIELD LTD COM SHS | 31,020 | 19,880 | 11,140 |
| C37637Q105 | GLACIER BANCORP INC NEW COM | 30,615 | 25,631 | 4,984 |
| C410120109 | HANCOCK WHITNEY CORP | 29,930 | 22,095 | 7,835 |
| C201723103 | COMMERCIAL METALS CO COM | 28,242 | 1,690 | 26,552 |
| C32055Y201 | FIRST INTERSTATE BANCSYS/MT | 27,784 | 25,497 | 2,287 |
| C76118Y104 | RESIDEO TECHNOLOGIES INC COM USD0.001 | 27,639 | 19,973 | 7,666 |
| C062540109 | BK HAW CORP COM | 26,869 | 21,898 | 4,971 |
| C03076K108 | AMERIS BANCORP COM | 26,811 | 12,351 | 14,460 |
| Sub-Total | | 188,158,940 | 153,086,953 | 35,071,987 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 188,158,940 | 153,086,953 | 35,071,987 |
| C84472E102 | SOUTHSTATE BK CORP COM | 26,068 | 28,464 | (2,396) |
| C87157D109 | SYNAPTICS INC COM | 26,055 | 30,099 | (4,044) |
| C87724P106 | TAYLOR MORRISON HOME CORP COM USD0.00001 | 25,726 | 26,548 | (822) |
| C783549108 | RYDER SYS INC COM | 25,646 | 14,114 | 11,532 |
| C320817109 | FIRST MERCHANTS CORP COM | 25,524 | 24,090 | 1,434 |
| C29670E107 | ESSENTIAL PROPERTIES REALTY TR INC USD0.01 | 25,211 | 18,942 | 6,269 |
| C126600105 | CVB FINL CORP COM | 25,147 | 29,420 | (4,273) |
| C556269108 | MADDEN STEVEN LTD COM | 25,026 | 17,740 | 7,286 |
| C667340103 | NORTHWEST BANCSHARES INC MD COM | 24,372 | 25,054 | (682) |
| C668074305 | NORTHWESTERN ENERGY GROUP INC | 24,267 | 21,036 | 3,231 |
| C163086101 | CHEFS' WAREHOUSE HOLDINGS IN | 24,246 | 14,091 | 10,155 |
| CG5509L101 | LIVANOVA PLC ORD GBP1.00 (DI) | 24,243 | 21,840 | 2,403 |
| C23128Q101 | CURBLINE PPTYS CORP | 24,162 | 23,693 | 469 |
| C14174T107 | CARETRUST REIT INC COM | 24,046 | 13,965 | 10,081 |
| C628778102 | NBT BANCORP INC COM | 24,040 | 22,525 | 1,515 |
| C05561Q201 | BOK FINL CORP COM NEW | 23,929 | 19,484 | 4,445 |
| C626717102 | MURPHY OIL CORP COM | 23,844 | 25,354 | (1,510) |
| C11135E203 | BROADSTONE NET LEASE INC COM USD0.00025 | 23,832 | 22,656 | 1,176 |
| C443320106 | HUB GROUP INC CL A CL A | 23,563 | 15,816 | 7,747 |
| C529043408 | LXP INDUSTRIAL TRUST COM USD0.0001 POST REV SPT | 23,551 | 23,941 | (391) |
| Sub-Total | | 188,651,438 | 153,525,825 | 35,125,613 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 188,651,438 | 153,525,825 | 35,125,613 |
| C109696104 | BRINKS CO COM | 23,463 | 15,795 | 7,668 |
| C830879102 | SKYWEST INC COM | 23,195 | 18,450 | 4,745 |
| C44930G107 | ICU MED INC COM | 22,970 | 18,828 | 4,142 |
| C200525103 | COMM BANCSHARES INC COM | 22,943 | 22,339 | 604 |
| C844895102 | SOUTHWEST GAS HLDGS INC COM | 22,886 | 22,457 | 429 |
| C45688C107 | INGEVITY CORP COM | 22,548 | 17,905 | 4,643 |
| C218937100 | CORE NATURAL RESOURCES INC COM USD0.01 | 22,305 | 23,828 | (1,523) |
| C047649108 | ATKORE INC | 22,138 | 22,570 | (432) |
| C12621E103 | CNO FINL GROUP INC COM | 22,127 | 13,828 | 8,299 |
| C743606105 | PROSPERITY BANCSHARES INC COM | 22,115 | 21,401 | 714 |
| C736508847 | PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW | 22,027 | 21,425 | 603 |
| C453836108 | INDEPENDENT BK CORP MASS COM COM STK USD0.01 | 21,632 | 15,305 | 6,327 |
| CG8060N102 | SENSATA TECHNOLOGIES B V HOLDING | 21,372 | 18,122 | 3,250 |
| C68235P108 | ONE GAS INC COM | 21,321 | 20,197 | 1,124 |
| C920253101 | VALMONT INDS INC COM | 20,921 | 17,397 | 3,524 |
| C13057Q305 | CALIFORNIA RES CORP COM USD0.01 | 20,880 | 24,038 | (3,158) |
| C860372101 | STEWART INFORMATION SVCS CORP COM | 20,867 | 21,028 | (161) |
| C29415F104 | ENVISTA HLDGS CORP COM | 20,842 | 19,951 | 891 |
| C382550101 | GOODYEAR TIRE & RUBBER CO COM | 20,796 | 27,197 | (6,401) |
| C49926D109 | KNOWLES CORP COM | 20,766 | 16,615 | 4,151 |
| Sub-Total | | 189,089,549 | 153,924,498 | 35,165,051 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,089,549 | 153,924,498 | 35,165,051 |
| C077454106 | BELDEN INC COM | 20,163 | 12,088 | 8,075 |
| C26817Q886 | DYNEX CAPITAL INC COM | 20,160 | 18,627 | 1,533 |
| C90278Q108 | UFP INDUSTRIES INC COM USD1.00 | 20,122 | 22,280 | (2,158) |
| CG81276100 | SIGNET JEWELERS LTD ORD USD0.18 | 19,891 | 20,124 | (233) |
| C500643200 | KORN FERRY COM | 19,806 | 17,421 | 2,385 |
| CY7542C130 | SCORPIO TANKERS INC COM USD0.01 (POST REV SPLIT) | 19,773 | 15,850 | 3,923 |
| C74727A104 | QCR HLDGS INC COM | 19,409 | 17,373 | 2,036 |
| C505743104 | LADDER CAP CORP CL A CL A | 19,200 | 19,656 | (456) |
| C79546E104 | SALLY BEAUTY HLDGS INC COM STK USD0.01 | 18,852 | 13,755 | 5,097 |
| C887389104 | TIMKEN CO COM | 18,845 | 17,258 | 1,587 |
| C17243V102 | CINEMARK HLDGS INC COM | 18,801 | 21,346 | (2,545) |
| C92242T101 | V2X INC COM USD0.01 | 18,765 | 18,215 | 550 |
| C320209109 | FIRST FINL BANCORP OHIO COM | 18,665 | 19,111 | (446) |
| C30226D106 | EXTREME NETWORKS INC COM | 18,631 | 15,506 | 3,125 |
| C729132100 | PLEXUS CORP COM | 18,522 | 11,048 | 7,474 |
| C868459108 | SUPERNUS PHARMACEUTICALS INC COM STK | 18,488 | 12,314 | 6,174 |
| C65336K103 | NEXSTAR MEDIA GROUP INC COMMON STOCK | 18,478 | 15,606 | 2,872 |
| C83443Q103 | SOLSTICE ADVANCED MATLS INC COM | 18,460 | 18,763 | (303) |
| C501242101 | KULICKE & SOFFA INDS INC COM | 18,315 | 19,804 | (1,489) |
| C78573L106 | SABRA HEALTH CARE REIT INC COM | 18,258 | 15,405 | 2,853 |
| Sub-Total | | 189,471,154 | 154,266,047 | 35,205,107 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,471,154 | 154,266,047 | 35,205,107 |
| C04316A108 | ARTISAN PARTNERS ASSET MGMT INC CL A CL A | 18,252 | 19,259 | (1,008) |
| C749607107 | RLI CORP COM | 18,170 | 17,981 | 189 |
| C92828Q109 | VIRTUS INVT PARTNERS INC COM | 18,110 | 19,539 | (1,429) |
| C92839U206 | VISTEON CORP COM NEW COM NEW | 18,069 | 18,569 | (500) |
| C018581108 | BREAD FINANCIAL HOLDINGS INC COM USD0.01 | 17,989 | 11,707 | 6,283 |
| C146280508 | SILA REALTY TRUST INC COM USD0.01 | 17,949 | 19,179 | (1,230) |
| C554489104 | VERIS RESIDENTIAL INC COM STK USD0.01 | 17,692 | 20,208 | (2,516) |
| C402635502 | GULFPORT ENERGY CORP COM USD0.01 | 17,679 | 15,854 | 1,825 |
| C117043109 | BRUNSWICK CORP COM | 17,595 | 13,718 | 3,877 |
| C922417100 | VEECO INSTRS INC DEL COM | 17,577 | 15,645 | 1,931 |
| C87265H109 | TRI POINTE HOMES INC | 17,560 | 18,215 | (654) |
| C880779103 | TEREX CORP NEW COM | 17,028 | 16,097 | 932 |
| C25960P109 | DOUGLAS EMMETT INC COM REIT | 16,782 | 22,976 | (6,194) |
| C393657101 | GREENBRIER COS INC COM STK | 16,639 | 16,547 | 93 |
| C254543101 | DIODES INC COM | 16,628 | 18,734 | (2,106) |
| C159864107 | CHARLES RIV LABORATORIES INTL INC COM | 16,557 | 14,541 | 2,015 |
| C957638109 | WESTERN ALLIANCE BANCORPORATION COM | 16,478 | 14,569 | 1,909 |
| C801056102 | SANMINA CORP COM | 16,057 | 5,117 | 10,940 |
| C911163103 | UNITED NAT FOODS INC COM | 15,993 | 13,447 | 2,546 |
| C05368V106 | AVIENT CORPORATION | 15,870 | 20,739 | (4,869) |
| Sub-Total | | 189,815,828 | 154,598,687 | 35,217,141 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,815,828 | 154,598,687 | 35,217,141 |
| C87484T108 | TALOS ENERGY INC COM STK | 15,858 | 17,276 | (1,418) |
| C112463104 | BROOKDALE SR LIVING INC COM STK | 15,559 | 11,303 | 4,256 |
| C19459J104 | COLLEGIUM PHARMACEUTICAL INC COM | 15,557 | 7,582 | 7,975 |
| C03937C105 | ARCBEST CORP COM USD0.01 | 15,432 | 17,343 | (1,911) |
| C14888U101 | CATALYST PHARMACEUTICALS INC COM STK USD0.001 STK | 15,008 | 15,100 | (92) |
| C783754104 | RYERSON HLDG CORP COM STOCK | 14,895 | 14,087 | 808 |
| C27616P301 | EASTERLY GOVT PPTYS INC COM NEW | 14,769 | 27,775 | (13,006) |
| C118440106 | BUCKLE INC COM | 14,423 | 10,194 | 4,229 |
| CY2065G121 | DHT HOLDINGS INC SHS NEW | 13,297 | 13,511 | (214) |
| C09624H208 | BLUELINX HLDGS INC COM NEW COM NEW | 13,269 | 20,158 | (6,889) |
| C703481101 | PATTERSON-UTI ENERGY INC COM | 13,240 | 12,968 | 272 |
| C28618M106 | ELEMENT SOLUTION INC COM | 13,220 | 13,932 | (712) |
| C00123Q104 | AGNC INVT CORP COM | 12,864 | 10,338 | 2,526 |
| C87305R109 | TTM TECHNOLOGIES INC COM | 12,765 | 3,702 | 9,063 |
| C680665205 | OLIN CORP COM | 12,477 | 14,523 | (2,046) |
| C636180101 | NATL FUEL GAS CO COM | 12,409 | 8,321 | 4,088 |
| C88830M102 | TITAN INTL INC ILL COM | 12,199 | 11,868 | 331 |
| C457651107 | INNOVEX INTERNATIONAL INC COM NPV | 12,029 | 12,161 | (132) |
| C537008104 | LITTELFUSE INC COM | 11,887 | 12,198 | (311) |
| C318910106 | FIRST BANCORP N C COM | 11,834 | 8,294 | 3,540 |
| Sub-Total | | 190,088,819 | 154,861,320 | 35,227,499 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 190,088,819 | 154,861,320 | 35,227,499 |
| C252784301 | DIAMONDROCK HOSPITALITY CO COM STK | 11,693 | 10,764 | 929 |
| C114340102 | AZENTA INC COM USD0.01 | 11,475 | 12,101 | (626) |
| C866082100 | SUMMIT HOTEL PROPERTIES INC COM | 11,182 | 19,655 | (8,473) |
| C86881A100 | SURGERY PARTNERS INC COM | 10,892 | 20,553 | (9,661) |
| C85254J102 | STAG INDL INC COM | 10,844 | 9,427 | 1,417 |
| C57164Y107 | MARRIOTT VACATIONS WORLDWIDE CORP COM | 10,788 | 15,623 | (4,835) |
| C343412102 | FLUOR CORP NEW COM | 10,660 | 13,401 | (2,741) |
| C707569109 | PENN ENTERTAINMENT INC | 10,325 | 1,495 | 8,830 |
| | United States dollar | 5,183 | 5,183 | 0 |
| C718968100 | PHOENIX ED PARTNERS INC COM | 6,636 | 7,410 | (774) |
| C24763LFU9 | DELTA FDG HOME EQUITY LN TR 1999-3 ASSETBKD CTF CL A-1F 09-15-2029 REG | 342 | 380 | (38) |
| C31393AU96 | FNMA SER 2003-T4 CL 1A VAR RT 09-26-2033BEO | 94 | 94 | 0 |
| Sub-Total | | 190,188,934 | 154,977,406 | 35,211,528 |
| Total | | $ 190,188,934 | $ 154,977,406 | $ 35,211,528 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4j – Schedule of Reportable Transactions**
**December 31, 2025**

| Account | Transaction Count | Shares/Par Value | Security ID | Security Description | Security Description 2 | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|---|---|---|---|---|---|---|---|---|---|
| **Series of Transactions in Excess of 5%** | | | | | | | | | |
| *SCRG00010000 | 12 | 485,336.34 | 31428Q101 | NT | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD | $ 485,336 | $ - | $ - | $ - |
| *SCRG00010000 | 5 | 11,675,000.00 | 31428Q101 | NT | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD | $ - | $ 11,675,000 | $ 13,494,171 | $ (1,819,171) |
| *SCRG00010000 | 10 | 421,696.12 | 693391880 | NT | MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC | $ 421,696 | $ - | $ - | $ - |
| *SCRG00010000 | 4 | 11,111,460.64 | 693391880 | NT | MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC | $ - | $ 11,111,461 | $ 11,885,284 | $ (773,823) |
| *SCRG00010000 | 470 | 78,930,233.67 | 66586U445 | NT | NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP | $ 78,930,234 | $ - | $ - | $ - |
| *SCRG00010000 | 371 | 77,439,744.59 | 66586U445 | NT | NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP | $ - | $ 77,439,745 | $ 77,439,745 | $ - |
| *SCRG00010000 | 6 | 7,471,329.64 | 912810UL0 | NT | US TREASURY N/B 5.0% T-BOND 05-15-2045 | $ 7,471,330 | $ - | $ - | $ - |
| *SCRG00010000 | 7 | 7,537,509.18 | 912810UL0 | NT | US TREASURY N/B 5.0% T-BOND 05-15-2045 | $ - | $ 7,537,809 | $ 7,471,330 | $ 66,180 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2024.

| | |
|---|---|
| **Covered employees** | All employees, excluding independent contractors, temporary employees, and employees where a premium wage is paid in lieu of all employee benefits of the employer. |
| **Participation date** | Age 21 with one year eligibility service. |

### Definitions

| | |
|---|---|
| **Eligibility service** | One year for each year of employment in which at least 800 hours are worked. In the year of hire, a year of service is given if at least 800 hours are worked in the anniversary year or plan year. |
| **Vesting service** | One year for each 800-hour calendar year of employment by St. Clair Hospital. |
| **Compensation** | W-2 earnings, excluding taxable educational assistance and including salary reduction amounts under a cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan. |
| **Interest crediting rate** | The average 30-year Treasury yield during October of the preceding year. |
| **Normal retirement date (NRD)** | First of month following the attainment of age 65 with three years of vesting service. |
| **Pension benefit** | The FAE pension benefit as of December 31, 2009 determined under the prior formula, plus<br><br>An account balance equal to the sum of accumulated compensation credits and interest credits.<br><br>Compensation credits are added to the account balance at the end of each year (or on a termination or retirement date during the year) and are equal to the sum of (A) and (B) where: |

# SCHEDULE SB ATTACHMENTS

(A) Compensation credits are equal to annual compensation times the compensation credit percent. Compensation credit percent is based on "points" which equal the sum of attained age and pension service (fractional years are not recognized) as of the date the credit is being determined. The schedule is as follows:

| Points | Compensation Credit Percent |
|---|---|
| Less than 40 | 3% |
| 40-54 | 4% |
| 55-69 | 5% |
| 70 or greater | 6% |

(B) For participants who have attained age 50 as of December 31, 2010 and 10 years of benefit service as of December 31, 2009, transitional credits of 3% of compensation at the end of each year through December 31, 2016.

(C) Effective January 1, 2024, participants who are considered "Stand-By Employees" will receive compensation credits of 1% in lieu of the above point-graded compensation credits.

Partial additions will be deposited in the calendar year of retirement, death or termination.

A one-time principal credit equaling 5% of the December 31, 2020 account balance was added to eligible participants' balances effective September 1, 2021.

As of January 1, 2024, St. Clair Medical Services employees are considered eligible to accumulate compensation credits.

Interest credits are added to the account balance as of December 31 each year (or at a termination or retirement date during the year) and are determined as the interest crediting rates times the beginning of year account balance.

# SCHEDULE SB ATTACHMENTS

## Eligibility for Benefits

| | |
|---|---|
| **Normal retirement** | Retirement on NRD |
| **Early retirement** | Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service |
| **Postponed retirement** | Retirement after NRD |
| **Vested termination** | Termination for reasons other than death or retirement after completing three years of vesting service.<br>Participants whose employment was transferred to R1 RCM, Inc. on or about November 1, 2022 were considered 100% vested, regardless of number of years of vesting service. |
| **Preretirement death benefit** | Death while eligible for normal, early, postponed, or deferred vested retirement benefits. |

## Benefits Paid Upon the Following Events

| | |
|---|---|
| **Normal retirement** | FAE pension benefit determined as of December 31, 2009 plus account balance determined as of NRD. |
| **Early retirement** | FAE pension benefit determined as of December 31, 2009, reduced 5/12 of 1% for each month of payment before NRD plus account balance determined as of early retirement date. |
| **Postponed retirement** | FAE pension benefit determined as of December 31, 2009 plus account balanced determined as of actual retirement date. |
| **Vested termination** | If participant terminated after July 1, 2000, FAE pension benefit determined as of earlier of date of termination or December 31, 2009, reduced 5/12 of 1% for each month of payment before NRD plus account balance determined as of date of termination accumulated with interest credits until commencement date. If participant terminated prior to July 1, 2000, FAE pension benefit determined as of date of termination reduced ½ of 1% for each month of payment before NRD. |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| **Preretirement death** | The surviving beneficiary will receive the sum of (A) and (B):<br>(A) The account balance plus<br>(B) If the participant was married as of the date of death, the surviving spouse, if any, shall receive a benefit equal to the amount that would have been received by such spouse (based on the accrued benefit as of December 31, 2009) if the participant had terminated employment on his date of death, survived until the earliest date on which he could receive benefits, elected a 50% joint and survivor annuity, and died. The benefit shall commence on this earliest date unless the spouse defers commencement. Early commencement and 50% joint and survivor reduction factors shall apply as appropriate. |

## Other Plan Provisions

| | |
|---|---|
| **Forms of payment** | Pre-retirement death benefits are payable only as described above. Pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. If the participant is married, benefits are paid in the form of a 50% joint and survivor annuity.<br><br>The participant is also entitled to elect another actuarially equivalent optional form offered by the plan. Spousal consent is necessary if the participant is married.<br><br>Optional forms are a 100% and 75% joint and survivor annuities, a 10-year certain and life annuity, or (for married participants) a life annuity. Participants can also elect a lump sum for the cash balance portion of their benefit or a lump sum of the final average pay benefit if the present value is less than $25,000. Actuarial equivalence for annuities is based on 6.50% interest and a 50-50 blend of the RP-2000 mortality tables projected to 2010 for males and females. Actuarial equivalence for lump sums is based on the present value of the deferred annuity using 417(e) interest and mortality. |
| **Plan participants' contributions** | None. |
| **Maximum limits on benefits and pay** | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the |

# SCHEDULE SB ATTACHMENTS

dollar limits are assumed for determining pension cost but not for determining contributions.

## Future Plan Changes

No future plan changes were recognized in determining funding requirements.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

## Key Plan Provisions Prior to January 1, 2010

The most recent amendment reflected in the following plan provisions effective January 1, 2010.

| | |
|---|---|
| **Covered Employees** | All employees, excluding independent contractors, temporary employees and employees where a premium wage is paid in lieu of all employee benefits of the employer. |
| **Participation Date** | Age 21 with one year eligibility service. |

## Definitions

| | |
|---|---|
| **Eligibility service** | One year for each year of employment in which at least 800 hours are worked. In the year of hire, a year of service is given if at least 800 hours are worked in the anniversary year or plan year. |
| **Vesting service** | One year for each 800-hour calendar year of employment by St. Clair Hospital. |
| **Pension service** | One year of service for each calendar year in which the participant completes 1,920 hours. If the participant completes at least 800 hours, but fewer than 1,920 hours of service while a participant in the plan, they will receive partial credit for that the in the same proportion that the hours of service bear to 1,920 hours of service. In addition, partial years are granted in years of hire or termination in the same proportion that hours of service bear to 1,920 even if fewer than 800 hours of service are completed. Pension service may be forfeited as a result of break in service (as defined in the plan). If retiring from active service or death, unused sick hours |

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| | will be added to pension service in the amount that they bear to 1,920 hours. |
| **Compensation** | Annualized W-2 earnings, excluding taxable educational assistance and including salary reduction amounts under a cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan. |
| **Average earnings** | The average of the highest five consecutive calendar years of compensation. |
| **Covered compensation** | The amount of compensation on which your old-age insurance benefit would be provided under the Social Security Act as in effect on the first day of the plan year in which your termination of employment occurs. |
| **FAE pension benefit** | 1.5% of average earnings plus 0.1% of average earnings in excess of Covered Compensation, multiplied by pension service. |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025**

| Security ID | Security Description | Market Value | Cost | Unrealized gain/Loss |
|---|---|---|---|---|
| C1TT999TT4 | CF LEGAL & GENERAL LONG DURATION U.S. CREDIT COLLECTIVE INVESTMENT TRUST FUND | 87,103,492 | 73,945,441 | 13,158,051 |
| C922040100 | MFO VANGUARD INSTL INDEX FD SH BEN INT | 17,519,900 | 10,542,767 | 6,977,133 |
| C186854204 | MFO CLIFFWATER CORPORATE LENDING FD | 10,412,380 | 10,800,000 | (387,620) |
| C921921300 | MFO VANGUARD EQTY INC FD ADMIRAL SHS #565 | 7,018,467 | 7,525,000 | (506,533) |
| C256206103 | MFO DODGE & COX INTL STK FD | 6,915,853 | 5,963,957 | 951,896 |
| C233203371 | MFO DFA INVT DIMENSIONS GROUP INC INTL CORE EQUITY 2 PORTFOLIO | 6,858,956 | 596,464 | 6,262,492 |
| C24999NHP0 | CF T ROWE PRICE STRUCTURED RESEARCH COMMON TRUST FUND Z | 5,857,589 | 708,278 | 5,149,311 |
| SBZ56WF6 | US TREAS BDS DTD 02-15-2011 4.75% DUE 02-15-2041 REG | 5,513,906 | 5,523,002 | (9,096) |
| C31428Q101 | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD INSTL SHS | 5,405,651 | 6,122,892 | (717,241) |
| SBS84F26 | UNITED STATES TREAS BDS 4.625% 11-15-2045 | 4,398,804 | 4,440,036 | (41,232) |
| C66586U445 | NT COLLECTIVE GOVT SHORT TERM INVT FD | 4,278,513 | 4,278,513 | - |
| C995W91998 | GOLUB CAPITAL PARTNERS INTERNATIONAL 15,L.P. | 3,855,189 | 3,780,000 | 75,189 |
| SBP0VPN5 | UNITED STATES TREAS BDS DTD 11/15/2023 4.75% 11-15-2043 | 2,905,743 | 2,833,567 | 72,176 |
| SBPZRNR8 | UNITED STATES TREAS BDS 4.625% 05-15-2044 | 2,852,593 | 2,851,987 | 606 |
| SBSTJVZ5 | UNITED STATES TREAS BDS DTD 00218 3.875%DUE 08-15-2040 REG | 2,787,656 | 2,609,298 | 178,358 |
| C991376898 | CF WTC-CTF INTL SMALL CAP RESEARCH EQUITY | 2,401,584 | 1,266,442 | 1,135,142 |
| C922908835 | MFO VANGUARD INDEX TR MID CAPITALIZATION STK PORT INSTL CL | 2,115,005 | 990,175 | 1,124,830 |
| C543488811 | MFO LOOMIS SAYLES FDS II SMALL CAP GROWTH N | 1,765,265 | 1,452,162 | 313,103 |
| C9932HF996 | PIMCO CORPORATE OPPORTUNITIES FUND II ONSHORE FEEDER LP | 923,842 | 80,596 | 843,246 |
| SBYQLV34 | US TREAS SEC 4.5 DUE 08-15-2039 REG | 1,406,672 | 1,322,268 | 84,404 |
| Sub-Total | | 182,297,059 | 147,632,844 | 34,664,215 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 182,297,059 | 147,632,844 | 34,664,215 |
| SBQC4SL8 | UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043 | 968,219 | 1,004,323 | (36,104) |
| SB8W8CX4 | UNITED STATES TREAS BDS 2.875 DUE DUE 05-15-2043 | 857,227 | 925,089 | (67,862) |
| C9932HE999 | PORTFOLIO ADVISORS PRIVATE EQUITY FUND VII (OFFSHORE), L.P. | 856,467 | 644,659 | 211,808 |
| SB4PYQ73 | UNITED STATES TREAS SEC STRIPPED INT PMT00838 02-15-2034 (UNDDATE) REG | 713,654 | 640,430 | 73,224 |
| SB2RGLY5 | UNITED STATES TREAS SEC STRIPPED INT PMT00888 05-15-2034 (UNDDATE) REG | 704,668 | 632,780 | 71,888 |
| SB4PLXN9 | UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG | 695,594 | 625,810 | 69,784 |
| SBLB3TM9 | WI TREASURY SEC 3.875% 05-15-2043 | 450,195 | 463,635 | (13,440) |
| SBPG5RX5 | UNITED STATES OF AMER TREAS BONDS 4.5% 02-15-2044 | 291,281 | 299,637 | (8,355) |
| C649445400 | FLAGSTAR BANK NA | 32,457 | 27,906 | 4,551 |
| CG3198U102 | ESSENT GROUP LTD COM STK | 31,790 | 27,257 | 4,533 |
| C926400102 | VICTORIAS SECRET & CO COM | 31,419 | 13,570 | 17,849 |
| CG2717C106 | CUSHMAN AND WAKEFIELD LTD COM SHS | 31,020 | 19,880 | 11,140 |
| C37637Q105 | GLACIER BANCORP INC NEW COM | 30,615 | 25,631 | 4,984 |
| C410120109 | HANCOCK WHITNEY CORP | 29,930 | 22,095 | 7,835 |
| C201723103 | COMMERCIAL METALS CO COM | 28,242 | 1,690 | 26,552 |
| C32055Y201 | FIRST INTERSTATE BANCSYS/MT | 27,784 | 25,497 | 2,287 |
| C76118Y104 | RESIDEO TECHNOLOGIES INC COM USD0.001 | 27,639 | 19,973 | 7,666 |
| C062540109 | BK HAW CORP COM | 26,869 | 21,898 | 4,971 |
| C03076K108 | AMERIS BANCORP COM | 26,811 | 12,351 | 14,460 |
| Sub-Total | | 188,158,940 | 153,086,953 | 35,071,987 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 188,158,940 | 153,086,953 | 35,071,987 |
| C84472E102 | SOUTHSTATE BK CORP COM | 26,068 | 28,464 | (2,396) |
| C87157D109 | SYNAPTICS INC COM | 26,055 | 30,099 | (4,044) |
| C87724P106 | TAYLOR MORRISON HOME CORP COM USD0.00001 | 25,726 | 26,548 | (822) |
| C783549108 | RYDER SYS INC COM | 25,646 | 14,114 | 11,532 |
| C320817109 | FIRST MERCHANTS CORP COM | 25,524 | 24,090 | 1,434 |
| C29670E107 | ESSENTIAL PROPERTIES REALTY TR INC USD0.01 | 25,211 | 18,942 | 6,269 |
| C126600105 | CVB FINL CORP COM | 25,147 | 29,420 | (4,273) |
| C556269108 | MADDEN STEVEN LTD COM | 25,026 | 17,740 | 7,286 |
| C667340103 | NORTHWEST BANCSHARES INC MD COM | 24,372 | 25,054 | (682) |
| C668074305 | NORTHWESTERN ENERGY GROUP INC | 24,267 | 21,036 | 3,231 |
| C163086101 | CHEFS' WAREHOUSE HOLDINGS IN | 24,246 | 14,091 | 10,155 |
| CG5509L101 | LIVANOVA PLC ORD GBP1.00 (DI) | 24,243 | 21,840 | 2,403 |
| C23128Q101 | CURBLINE PPTYS CORP | 24,162 | 23,693 | 469 |
| C14174T107 | CARETRUST REIT INC COM | 24,046 | 13,965 | 10,081 |
| C628778102 | NBT BANCORP INC COM | 24,040 | 22,525 | 1,515 |
| C05561Q201 | BOK FINL CORP COM NEW | 23,929 | 19,484 | 4,445 |
| C626717102 | MURPHY OIL CORP COM | 23,844 | 25,354 | (1,510) |
| C11135E203 | BROADSTONE NET LEASE INC COM USD0.00025 | 23,832 | 22,656 | 1,176 |
| C443320106 | HUB GROUP INC CL A CL A | 23,563 | 15,816 | 7,747 |
| C529043408 | LXP INDUSTRIAL TRUST COM USD0.0001 POST REV SPT | 23,551 | 23,941 | (391) |
| Sub-Total | | 188,651,438 | 153,525,825 | 35,125,613 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 188,651,438 | 153,525,825 | 35,125,613 |
| C109696104 | BRINKS CO COM | 23,463 | 15,795 | 7,668 |
| C830879102 | SKYWEST INC COM | 23,195 | 18,450 | 4,745 |
| C44930G107 | ICU MED INC COM | 22,970 | 18,828 | 4,142 |
| C200525103 | COMM BANCSHARES INC COM | 22,943 | 22,339 | 604 |
| C844895102 | SOUTHWEST GAS HLDGS INC COM | 22,886 | 22,457 | 429 |
| C45688C107 | INGEVITY CORP COM | 22,548 | 17,905 | 4,643 |
| C218937100 | CORE NATURAL RESOURCES INC COM USD0.01 | 22,305 | 23,828 | (1,523) |
| C047649108 | ATKORE INC | 22,138 | 22,570 | (432) |
| C12621E103 | CNO FINL GROUP INC COM | 22,127 | 13,828 | 8,299 |
| C743606105 | PROSPERITY BANCSHARES INC COM | 22,115 | 21,401 | 714 |
| C736508847 | PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW | 22,027 | 21,425 | 603 |
| C453836108 | INDEPENDENT BK CORP MASS COM COM STK USD0.01 | 21,632 | 15,305 | 6,327 |
| CG8060N102 | SENSATA TECHNOLOGIES B V HOLDING | 21,372 | 18,122 | 3,250 |
| C68235P108 | ONE GAS INC COM | 21,321 | 20,197 | 1,124 |
| C920253101 | VALMONT INDS INC COM | 20,921 | 17,397 | 3,524 |
| C13057Q305 | CALIFORNIA RES CORP COM USD0.01 | 20,880 | 24,038 | (3,158) |
| C860372101 | STEWART INFORMATION SVCS CORP COM | 20,867 | 21,028 | (161) |
| C29415F104 | ENVISTA HLDGS CORP COM | 20,842 | 19,951 | 891 |
| C382550101 | GOODYEAR TIRE & RUBBER CO COM | 20,796 | 27,197 | (6,401) |
| C49926D109 | KNOWLES CORP COM | 20,766 | 16,615 | 4,151 |
| Sub-Total | | 189,089,549 | 153,924,498 | 35,165,051 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,089,549 | 153,924,498 | 35,165,051 |
| C077454106 | BELDEN INC COM | 20,163 | 12,088 | 8,075 |
| C26817Q886 | DYNEX CAPITAL INC COM | 20,160 | 18,627 | 1,533 |
| C90278Q108 | UFP INDUSTRIES INC COM USD1.00 | 20,122 | 22,280 | (2,158) |
| CG81276100 | SIGNET JEWELERS LTD ORD USD0.18 | 19,891 | 20,124 | (233) |
| C500643200 | KORN FERRY COM | 19,806 | 17,421 | 2,385 |
| CY7542C130 | SCORPIO TANKERS INC COM USD0.01 (POST REV SPLIT) | 19,773 | 15,850 | 3,923 |
| C74727A104 | QCR HLDGS INC COM | 19,409 | 17,373 | 2,036 |
| C505743104 | LADDER CAP CORP CL A CL A | 19,200 | 19,656 | (456) |
| C79546E104 | SALLY BEAUTY HLDGS INC COM STK USD0.01 | 18,852 | 13,755 | 5,097 |
| C887389104 | TIMKEN CO COM | 18,845 | 17,258 | 1,587 |
| C17243V102 | CINEMARK HLDGS INC COM | 18,801 | 21,346 | (2,545) |
| C92242T101 | V2X INC COM USD0.01 | 18,765 | 18,215 | 550 |
| C320209109 | FIRST FINL BANCORP OHIO COM | 18,665 | 19,111 | (446) |
| C30226D106 | EXTREME NETWORKS INC COM | 18,631 | 15,506 | 3,125 |
| C729132100 | PLEXUS CORP COM | 18,522 | 11,048 | 7,474 |
| C868459108 | SUPERNUS PHARMACEUTICALS INC COM STK | 18,488 | 12,314 | 6,174 |
| C65336K103 | NEXSTAR MEDIA GROUP INC COMMON STOCK | 18,478 | 15,606 | 2,872 |
| C83443Q103 | SOLSTICE ADVANCED MATLS INC COM | 18,460 | 18,763 | (303) |
| C501242101 | KULICKE & SOFFA INDS INC COM | 18,315 | 19,804 | (1,489) |
| C78573L106 | SABRA HEALTH CARE REIT INC COM | 18,258 | 15,405 | 2,853 |
| Sub-Total | | 189,471,154 | 154,266,047 | 35,205,107 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,471,154 | 154,266,047 | 35,205,107 |
| C04316A108 | ARTISAN PARTNERS ASSET MGMT INC CL A CL A | 18,252 | 19,259 | (1,008) |
| C749607107 | RLI CORP COM | 18,170 | 17,981 | 189 |
| C92828Q109 | VIRTUS INVT PARTNERS INC COM | 18,110 | 19,539 | (1,429) |
| C92839U206 | VISTEON CORP COM NEW COM NEW | 18,069 | 18,569 | (500) |
| C018581108 | BREAD FINANCIAL HOLDINGS INC COM USD0.01 | 17,989 | 11,707 | 6,283 |
| C146280508 | SILA REALTY TRUST INC COM USD0.01 | 17,949 | 19,179 | (1,230) |
| C554489104 | VERIS RESIDENTIAL INC COM STK USD0.01 | 17,692 | 20,208 | (2,516) |
| C402635502 | GULFPORT ENERGY CORP COM USD0.01 | 17,679 | 15,854 | 1,825 |
| C117043109 | BRUNSWICK CORP COM | 17,595 | 13,718 | 3,877 |
| C922417100 | VEECO INSTRS INC DEL COM | 17,577 | 15,645 | 1,931 |
| C87265H109 | TRI POINTE HOMES INC | 17,560 | 18,215 | (654) |
| C880779103 | TEREX CORP NEW COM | 17,028 | 16,097 | 932 |
| C25960P109 | DOUGLAS EMMETT INC COM REIT | 16,782 | 22,976 | (6,194) |
| C393657101 | GREENBRIER COS INC COM STK | 16,639 | 16,547 | 93 |
| C254543101 | DIODES INC COM | 16,628 | 18,734 | (2,106) |
| C159864107 | CHARLES RIV LABORATORIES INTL INC COM | 16,557 | 14,541 | 2,015 |
| C957638109 | WESTERN ALLIANCE BANCORPORATION COM | 16,478 | 14,569 | 1,909 |
| C801056102 | SANMINA CORP COM | 16,057 | 5,117 | 10,940 |
| C911163103 | UNITED NAT FOODS INC COM | 15,993 | 13,447 | 2,546 |
| C05368V106 | AVIENT CORPORATION | 15,870 | 20,739 | (4,869) |
| Sub-Total | | 189,815,828 | 154,598,687 | 35,217,141 |

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**December 31, 2025** **(Continued)**

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 189,815,828 | 154,598,687 | 35,217,141 |
| C87484T108 | TALOS ENERGY INC COM STK | 15,858 | 17,276 | (1,418) |
| C112463104 | BROOKDALE SR LIVING INC COM STK | 15,559 | 11,303 | 4,256 |
| C19459J104 | COLLEGIUM PHARMACEUTICAL INC COM | 15,557 | 7,582 | 7,975 |
| C03937C105 | ARCBEST CORP COM USD0.01 | 15,432 | 17,343 | (1,911) |
| C14888U101 | CATALYST PHARMACEUTICALS INC COM STK USD0.001 STK | 15,008 | 15,100 | (92) |
| C783754104 | RYERSON HLDG CORP COM STOCK | 14,895 | 14,087 | 808 |
| C27616P301 | EASTERLY GOVT PPTYS INC COM NEW | 14,769 | 27,775 | (13,006) |
| C118440106 | BUCKLE INC COM | 14,423 | 10,194 | 4,229 |
| CY2065G121 | DHT HOLDINGS INC SHS NEW | 13,297 | 13,511 | (214) |
| C09624H208 | BLUELINX HLDGS INC COM NEW COM NEW | 13,269 | 20,158 | (6,889) |
| C703481101 | PATTERSON-UTI ENERGY INC COM | 13,240 | 12,968 | 272 |
| C28618M106 | ELEMENT SOLUTION INC COM | 13,220 | 13,932 | (712) |
| C00123Q104 | AGNC INVT CORP COM | 12,864 | 10,338 | 2,526 |
| C87305R109 | TTM TECHNOLOGIES INC COM | 12,765 | 3,702 | 9,063 |
| C680665205 | OLIN CORP COM | 12,477 | 14,523 | (2,046) |
| C636180101 | NATL FUEL GAS CO COM | 12,409 | 8,321 | 4,088 |
| C88830M102 | TITAN INTL INC ILL COM | 12,199 | 11,868 | 331 |
| C457651107 | INNOVEX INTERNATIONAL INC COM NPV | 12,029 | 12,161 | (132) |
| C537008104 | LITTELFUSE INC COM | 11,887 | 12,198 | (311) |
| C318910106 | FIRST BANCORP N C COM | 11,834 | 8,294 | 3,540 |
| Sub-Total | | 190,088,819 | 154,861,320 | 35,227,499 |

| | | | | |
|---|---|---|---|---|
| Balance Forward | | 190,088,819 | 154,861,320 | 35,227,499 |
| C252784301 | DIAMONDROCK HOSPITALITY CO COM STK | 11,693 | 10,764 | 929 |
| C114340102 | AZENTA INC COM USD0.01 | 11,475 | 12,101 | (626) |
| C866082100 | SUMMIT HOTEL PROPERTIES INC COM | 11,182 | 19,655 | (8,473) |
| C86881A100 | SURGERY PARTNERS INC COM | 10,892 | 20,553 | (9,661) |
| C85254J102 | STAG INDL INC COM | 10,844 | 9,427 | 1,417 |
| C57164Y107 | MARRIOTT VACATIONS WORLDWIDE CORP COM | 10,788 | 15,623 | (4,835) |
| C343412102 | FLUOR CORP NEW COM | 10,660 | 13,401 | (2,741) |
| C707569109 | PENN ENTERTAINMENT INC | 10,325 | 1,495 | 8,830 |
| | United States dollar | 5,183 | 5,183 | 0 |
| C718968100 | PHOENIX ED PARTNERS INC COM | 6,636 | 7,410 | (774) |
| C24763LFU9 | DELTA FDG HOME EQUITY LN TR 1999-3 ASSETBKD CTF CL A-1F 09-15-2029 REG | 342 | 380 | (38) |
| C31393AU96 | FNMA SER 2003-T4 CL 1A VAR RT 09-26-2033BEO | 94 | 94 | 0 |
| Sub-Total | | 190,188,934 | 154,977,406 | 35,211,528 |
| Total | | $ 190,188,934 | $ 154,977,406 | $ 35,211,528 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

## Schedule of Active Participant Data and Average Compensation as of January 1, 2025

| | Attained Years of Credited Service[1] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 1 | 68 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 70 |
| | - | 48,239 | - | - | - | - | - | - | - | - | 47,479 |
| 25-29 | 1 | 141 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 169 |
| | - | 60,755 | 67,853 | - | - | - | - | - | - | - | 61,529 |
| 30-34 | 1 | 127 | 55 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 201 |
| | - | 82,086 | 57,364 | - | - | - | - | - | - | - | 73,039 |
| 35-39 | 0 | 106 | 61 | 29 | 13 | 1 | 0 | 0 | 0 | 0 | 210 |
| | - | 85,484 | 97,029 | 66,005 | - | - | - | - | - | - | 85,231 |
| 40-44 | 0 | 92 | 44 | 38 | 19 | 7 | 0 | 0 | 0 | 0 | 200 |
| | - | 74,953 | 105,035 | 111,813 | - | - | - | - | - | - | 88,131 |
| 45-49 | 0 | 74 | 36 | 25 | 12 | 15 | 8 | 0 | 0 | 0 | 170 |
| | - | 79,207 | 93,200 | 70,719 | - | - | - | - | - | - | 79,979 |
| 50-54 | 1 | 72 | 33 | 35 | 26 | 13 | 18 | 1 | 1 | 0 | 200 |
| | - | 93,630 | 87,402 | 103,847 | 95,851 | - | - | - | - | - | 92,644 |
| 55-59 | 1 | 55 | 34 | 23 | 25 | 23 | 11 | 11 | 8 | 1 | 192 |
| | - | 86,728 | 119,457 | 83,234 | 112,304 | 86,691 | - | - | - | - | 94,636 |
| 60-64 | 0 | 47 | 28 | 29 | 18 | 32 | 9 | 10 | 13 | 6 | 192 |
| | - | 63,451 | 64,759 | 92,978 | - | 98,879 | - | - | - | - | 82,129 |
| 65-69 | 0 | 18 | 8 | 14 | 10 | 10 | 4 | 5 | 3 | 5 | 77 |
| | - | - | - | - | - | - | - | - | - | - | 90,334 |
| 70 & over | 0 | 16 | 6 | 8 | 3 | 2 | 0 | 0 | 0 | 1 | 36 |
| | - | - | - | - | - | - | - | - | - | - | 76,652 |
| Total | 5 | 816 | 333 | 219 | 126 | 103 | 50 | 27 | 25 | 13 | 1,717 |
| | - | 74,292 | 88,090 | 90,747 | 93,318 | 82,623 | 88,607 | 86,257 | 76,060 | - | 81,367 |

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303 / 001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a

## Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

| | Attained Years of Credited Service[2] | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Attained Age | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | Total |
| Under 25 | 0 | 60 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 61 |
| | - | 2,213 | - | - | - | - | - | - | - | - | 2,250 |
| 25-29 | 0 | 136 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 163 |
| | - | 3,135 | 9,637 | - | - | - | - | - | - | - | 4,212 |
| 30-34 | 0 | 119 | 55 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 192 |
| | - | 3,996 | 12,232 | - | - | - | - | - | - | - | 7,891 |
| 35-39 | 0 | 100 | 61 | 29 | 13 | 1 | 0 | 0 | 0 | 0 | 204 |
| | - | 4,927 | 19,163 | 27,511 | - | - | - | - | - | - | 14,545 |
| 40-44 | 0 | 87 | 44 | 38 | 19 | 7 | 0 | 0 | 0 | 0 | 195 |
| | - | 6,210 | 23,060 | 45,134 | - | - | - | - | - | - | 22,381 |
| 45-49 | 0 | 70 | 35 | 25 | 12 | 15 | 8 | 0 | 0 | 0 | 165 |
| | - | 5,847 | 22,132 | 23,979 | - | - | - | - | - | - | 20,024 |
| 50-54 | 0 | 70 | 33 | 35 | 26 | 13 | 18 | 1 | 1 | 0 | 197 |
| | - | 6,032 | 23,502 | 49,413 | 59,398 | - | - | - | - | - | 32,416 |
| 55-59 | 0 | 50 | 34 | 23 | 25 | 23 | 11 | 11 | 8 | 1 | 186 |
| | - | 9,004 | 31,277 | 41,459 | 81,764 | 72,783 | - | - | - | - | 46,099 |
| 60-64 | 0 | 42 | 28 | 29 | 18 | 32 | 9 | 10 | 13 | 6 | 187 |
| | - | 5,382 | 20,938 | 47,107 | - | 77,858 | - | - | - | - | 48,653 |
| 65-69 | 0 | 15 | 8 | 14 | 10 | 9 | 4 | 5 | 3 | 5 | 73 |
| | - | - | - | - | - | - | - | - | - | - | 59,300 |
| 70 & over | 0 | 13 | 6 | 8 | 3 | 2 | 0 | 0 | 0 | 1 | 33 |
| | - | - | - | - | - | - | - | - | - | - | 38,433 |
| Total | 0 | 762 | 332 | 219 | 126 | 102 | 50 | 27 | 25 | 13 | 1,656 |
| | - | 5,029 | 20,474 | 41,816 | 62,917 | 63,162 | 71,033 | 79,820 | 72,108 | - | 25,743 |

[2] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303 / 001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Statement of Actuarial Assumptions/Methods

### Economic Assumptions

**Interest rate basis**

| | |
|---|---|
| • Applicable month | September |
| • Interest rate basis | Segment rates from fourth month preceding valuation date |
| • Lump sum conversion rate | Segment rates from fourth month preceding valuation date |

| **Interest rates** | **Reflecting Corridors** | **Not Reflecting Corridors** |
|---|---|---|
| • First segment rate | 5.07% | 5.07% |
| • Second segment rate | 5.31% | 5.33% |
| • Third segment rate | 5.50% | 5.36% |
| • Effective Interest rate | 5.34% | 5.31% |

**Annual rates of increase**

| | |
|---|---|
| • Compensation: | 3.25% |
| • Statutory limits on compensation | N/A |
| • Cash balance interest credit rate | 4.05% |
| • Assumed reduction in sick day hours | 10.00% |

| | |
|---|---|
| **Plan-related expenses** | $926,000 |

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

| | |
|---|---|
| **Inclusion date** | The valuation date coincident with or next following the date on which the employee becomes a participant. |
| **New or rehired employees** | It was assumed there will be no new or rehired employees. |
| **Mortality** | |
| • Healthy | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021). |
| • Disabled | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021). |
| • Lump sum conversion | The applicable mortality table under IRC 417(e)(3) for 2025 plan years. |

# SCHEDULE SB ATTACHMENTS

**Termination**

The SOA Combined Select table rates varying by age and service, using 150% of the select rates and 175% of the ultimate rates.

Representative termination rates:

| Percentage leaving during the year | | | | |
|---|---|---|---|---|
| | Years of Service | | | |
| Attained Age | 0-1 | 2-4 | 5-9 | 10+ |
| 25 | 32.61% | 25.71% | 19.44% | N/A |
| 40 | 23.87% | 15.53% | 9.02% | 7.26% |
| 55 | 20.28% | 11.73% | 3.89% | 1.54% |

**Disability**

None.

**Retirement**

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below. The average retirement age is 62.

| Percentage retiring during the year | |
|---|---|
| **Age** | **Rate** |
| 55-60 | 5% |
| 61 | 10 |
| 62 | 20 |
| 63-64 | 15 |
| 65 | 40 |
| 66 | 30 |
| 67 | 25 |
| 68 | 20 |
| 69-71 | 10 |
| 72-74 | 20 |
| 75+ | 100 |

**Benefit commencement date:**

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit: Inactive participants currently under age 65: Age 65.

  Inactive participants currently over age 65: Age 70.

  Active participants: Immediately, with 30% of those participants who elect a lump sum of their cash balance deferring payment 1 year.

# SCHEDULE SB ATTACHMENTS

| | |
|---|---|
| • Retirement benefit | Upon termination of employment, with 30% of those participants who elect a lump sum of their cash balance deferring payment 1 year. |
| **Form of payment** | Cash Balance Benefit:<br>• Participants under age 55: 100% are assumed to elect a lump sum<br>• Participants over age 55: 80% are assumed to elect a lump sum and 20% will elect an annuity<br>100% of participants are assumed to elect an annuity (66.67% elect a single life annuity and 33.33% elect a 50% J&S) for their December 31, 2009 accrued benefit. |
| **Percent married** | 85% of male participants, 70% of female participants. Used to value pre-retirement death benefits and in determining the optional forms expected to be elected at commencement. |
| **Spouse age** | Wife three years younger than husband. |
| **Covered pay** | Assumed plan compensation for the year beginning on the valuation date was determined as total salary, wages or other compensation paid by the employer and required to be reported as taxable income for federal income tax purposes on Form W-2, except that taxable educational assistance is not included and salary reduction amounts under a cafeteria plan, a 403(b) annuity plan, a 401(k) plan, or a qualified transportation fringe plan are included. Covered pay provided by the employer for the prior year is adjusted at the assumed compensation increase rate. |
| **Timing of benefit payments** | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement. |

# SCHEDULE SB ATTACHMENTS

## Methods – Pension Cost and Funded Positions

| | |
|---|---|
| **Valuation date** | First day of plan year |
| **Funding target** | Present value of accrued benefits as required by regulations under IRC §430. |
| **Target normal cost** | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430. |
| **Decrement timing** | The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year. |
| **Actuarial value of assets** | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.<br><br>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets. |
| **Benefits not valued** | All benefits described in the Plan Provisions section of this report were valued based on discussion with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed |

the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The plan pays the December 31, 2009 accrued benefits with a present value up to $25,000 in a single lump sum payment. Such lumps sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

## Sources of Data and Other Information

The plan sponsor, through its administrative platform, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2025

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|
| Shortfall | 01/01/2025 | 13,440,590 | 15.00000 | 13,440,590 | 1,253,207 |
| Shortfall | 01/01/2024 | 1,590,358 | 14.00000 | 1,481,681 | 144,691 |
| Shortfall | 01/01/2023 | 22,807,087 | 13.00000 | 20,322,798 | 2,088,689 |
| Total | | | | 35,245,069 | 3,486,587 |

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303 / 001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 24
## Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from $895,000 for the prior valuation to $926,000 for the current valuation to account for lower expected expenses to be paid from the trust.

The interest crediting rate was changed from 3.15% for 2024 to 4.05% for 2025.

The lump sum basis used to calculate the funding target and target normal cost was updated to use segment rates and the applicable mortality table under IRC 417(e)(3) for the current valuation date.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2025

The retirement assumption varies by age. The average retirement age was determined as illustrated below. The average retirement is determined as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 10,000 employee group assumed to retire at such age, according to the retirement assumption.

| (A) Age | (B) Retirement Rate | (C) Hypothetical Group | (D) Number of Retirees | (E) Product (A)x(D) |
|---|---|---|---|---|
| 55 | 0.05 | 10,000 | 500 | 27,500 |
| 56 | 0.05 | 9,500 | 475 | 26,600 |
| 57 | 0.05 | 9,025 | 451 | 25,721 |
| 58 | 0.05 | 8,574 | 429 | 24,864 |
| 59 | 0.05 | 8,145 | 407 | 24,028 |
| 60 | 0.05 | 7,738 | 387 | 23,213 |
| 61 | 0.10 | 7,351 | 735 | 44,841 |
| 62 | 0.20 | 6,616 | 1,323 | 82,036 |
| 63 | 0.15 | 5,293 | 794 | 50,016 |
| 64 | 0.15 | 4,499 | 675 | 43,188 |
| 65 | 0.40 | 3,824 | 1,530 | 99,423 |
| 66 | 0.30 | 2,294 | 688 | 45,429 |
| 67 | 0.25 | 1,606 | 402 | 26,901 |
| 68 | 0.20 | 1,205 | 241 | 16,382 |
| 69 | 0.10 | 964 | 96 | 6,649 |
| 70 | 0.10 | 867 | 87 | 6,071 |
| 71 | 0.10 | 781 | 78 | 5,542 |
| 72 | 0.20 | 702 | 140 | 10,116 |
| 73 | 0.20 | 562 | 112 | 8,205 |
| 74 | 0.20 | 450 | 90 | 6,654 |
| 75 | 1.00 | 360 | 360 | 26,976 |

| | |
|---|---|
| Sum of (retirement age X number retiring) | 630,354 |
| Divided by hypothetical group size | 10,000 |
| = Weighted average retirement age (Rounded to the nearest year) | 63 |

| | |
|---|---|
| Plan Name: | St. Clair Hospital Retirement Plan |
| EIN / PN: | 25-1010303 / 001 |
| Plan Sponsor: | St. Clair Hospital |
| Valuation Date: | January 1, 2025 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26b
## Schedule of Projection of Expected Benefit Payments

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2025 | 3,378,091 | 1,871,255 | 10,396,023 | 15,645,369 |
| 2026 | 4,522,164 | 918,217 | 10,136,501 | 15,576,882 |
| 2027 | 4,492,585 | 1,250,440 | 9,861,400 | 15,604,425 |
| 2028 | 4,368,882 | 1,316,753 | 9,571,275 | 15,256,910 |
| 2029 | 4,362,317 | 1,531,468 | 9,266,283 | 15,160,068 |
| 2030 | 4,488,948 | 1,573,077 | 8,945,500 | 15,007,525 |
| 2031 | 4,118,385 | 1,830,208 | 8,607,267 | 14,555,860 |
| 2032 | 4,117,800 | 1,881,488 | 8,253,181 | 14,252,469 |
| 2033 | 4,086,640 | 1,793,934 | 7,888,441 | 13,769,015 |
| 2034 | 3,787,196 | 2,131,303 | 7,510,918 | 13,429,417 |
| 2035 | 3,759,176 | 2,057,448 | 7,124,640 | 12,941,264 |
| 2036 | 3,582,091 | 2,072,428 | 6,734,636 | 12,389,155 |
| 2037 | 3,616,525 | 2,162,220 | 6,337,552 | 12,116,297 |
| 2038 | 3,401,515 | 3,079,749 | 5,935,334 | 12,416,598 |
| 2039 | 3,356,385 | 2,271,726 | 5,530,175 | 11,158,286 |
| 2040 | 3,253,449 | 2,175,729 | 5,124,435 | 10,553,613 |
| 2041 | 3,069,410 | 2,166,051 | 4,720,640 | 9,956,101 |
| 2042 | 2,934,543 | 2,169,673 | 4,321,446 | 9,425,662 |
| 2043 | 2,914,266 | 2,195,431 | 3,929,582 | 9,039,279 |
| 2044 | 2,818,550 | 2,023,572 | 3,547,763 | 8,389,885 |
| 2045 | 2,730,001 | 2,229,740 | 3,178,669 | 8,138,410 |
| 2046 | 2,634,645 | 2,243,725 | 2,824,884 | 7,703,254 |
| 2047 | 2,584,833 | 2,075,192 | 2,488,808 | 7,148,833 |
| 2048 | 2,432,989 | 2,101,750 | 2,172,628 | 6,707,367 |
| 2049 | 2,316,612 | 1,933,175 | 1,878,259 | 6,128,046 |
| 2050 | 2,147,280 | 2,115,858 | 1,607,256 | 5,870,394 |
| 2051 | 2,022,459 | 1,856,512 | 1,360,727 | 5,239,698 |
| 2052 | 1,887,433 | 2,073,614 | 1,139,263 | 5,100,310 |
| 2053 | 1,788,376 | 2,085,742 | 942,940 | 4,817,058 |
| 2054 | 1,636,596 | 1,699,891 | 771,284 | 4,107,771 |
| 2055 | 1,510,802 | 1,692,647 | 623,304 | 3,826,753 |
| 2056 | 1,403,386 | 1,443,681 | 497,577 | 3,344,644 |
| 2057 | 1,284,525 | 1,542,010 | 392,330 | 3,218,865 |
| 2058 | 1,136,495 | 1,378,912 | 305,556 | 2,820,963 |
| 2059 | 1,038,883 | 1,129,400 | 235,103 | 2,403,386 |
| 2060 | 930,821 | 1,021,747 | 178,783 | 2,131,351 |
| 2061 | 838,112 | 839,428 | 134,452 | 1,811,992 |
| 2062 | 751,943 | 806,571 | 100,088 | 1,658,602 |
| 2063 | 666,194 | 727,221 | 73,845 | 1,467,260 |
| 2064 | 582,772 | 638,664 | 54,083 | 1,275,519 |
| 2065 | 513,037 | 517,490 | 39,394 | 1,069,921 |
| 2066 | 458,222 | 471,554 | 28,605 | 958,381 |
| 2067 | 391,912 | 424,190 | 20,760 | 836,862 |

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303 / 001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2025

# SCHEDULE SB ATTACHMENTS

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2068 | 348,139 | 378,308 | 15,102 | 741,549 |
| 2069 | 303,145 | 339,467 | 11,045 | 653,657 |
| 2070 | 262,333 | 304,078 | 8,145 | 574,556 |
| 2071 | 230,687 | 271,897 | 6,071 | 508,655 |
| 2072 | 196,826 | 242,689 | 4,582 | 444,097 |
| 2073 | 170,612 | 216,213 | 3,502 | 390,327 |
| 2074 | 146,216 | 192,233 | 2,707 | 341,156 |

Plan Name: St. Clair Hospital Retirement Plan
EIN / PN: 25-1010303 / 001
Plan Sponsor: St. Clair Hospital
Valuation Date: January 1, 2025

# 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 12/01/1961

**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)
ST. CLAIR HOSPITAL

1000 BOWER HILL ROAD

PITTSBURGH PA 15243-1873

**2b** Employer Identification Number (EIN) 25-1010303

**2c** Plan Sponsor's telephone number 412-942-4000

**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 | [signature] MS, SPHR 10/8/26 | | ANDREA L. KALINA |
| | 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

**St. Clair Hospital Retirement Plan**
**EIN 25-1010303 PN 001**
**Schedule H, Line 4j – Schedule of Reportable Transactions**
**December 31, 2025**

| Account | Transaction Count | Shares/Par Value | Security ID | Security Description | Security Description 2 | Cost of Acquisitions | Proceeds of Dispositions | Cost of Assets Disposed | Gain/Loss |
|---|---|---|---|---|---|---|---|---|---|
| **Series of Transactions in Excess of 5%** | | | | | | | | | |
| *SCRG00010000 | 12 | 485,336.34 | 31428Q101 | NT | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD | $ 485,336 | $ - | $ - | $ - |
| *SCRG00010000 | 5 | 11,675,000.00 | 31428Q101 | NT | MFO FEDT TOTAL RETURN SERS INC TOTAL RETURN BD FD | $ - | $ 11,675,000 | $ 13,494,171 | $ (1,819,171) |
| *SCRG00010000 | 10 | 421,696.12 | 693391880 | NT | MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC | $ 421,696 | $ - | $ - | $ - |
| *SCRG00010000 | 4 | 11,111,460.64 | 693391880 | NT | MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I INC | $ - | $ 11,111,461 | $ 11,885,284 | $ (773,823) |
| *SCRG00010000 | 470 | 78,930,233.67 | 66586U445 | NT | NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP | $ 78,930,234 | $ - | $ - | $ - |
| *SCRG00010000 | 371 | 77,439,744.59 | 66586U445 | NT | NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP | $ - | $ 77,439,745 | $ 77,439,745 | $ - |
| *SCRG00010000 | 6 | 7,471,329.64 | 912810UL0 | NT | US TREASURY N/B 5.0% T-BOND 05-15-2045 | $ 7,471,330 | $ - | $ - | $ - |
| *SCRG00010000 | 7 | 7,537,509.18 | 912810UL0 | NT | US TREASURY N/B 5.0% T-BOND 05-15-2045 | $ - | $ 7,537,809 | $ 7,471,330 | $ 66,180 |

# 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
ST. CLAIR HOSPITAL RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. CLAIR HOSPITAL

**D** Employer Identification Number (EIN)
25-1010303

**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** | 189,484,846 |
| **b** Actuarial value | **2b** | 190,012,726 |

**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 | 1,104 | 103,450,385 | 103,450,385 |
| **b** For terminated vested participants | 846 | 30,501,980 | 30,501,980 |
| **c** For active participants | 1,717 | 55,125,530 | 56,190,974 |
| **d** Total | 3,667 | 189,077,895 | 190,143,339 |

**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** | 5.34% |
| **6** Target normal cost | | |
| **a** Present value of current plan year accruals | **6a** | 4,864,284 |
| **b** Expected plan-related expenses | **6b** | 926,000 |
| **c** Target normal cost | **6c** | 5,790,284 |

**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**

THOMAS A. DEFILIPPO TAD
Signature of actuary

08/14/2026
Date

THOMAS A. DEFILIPPO, FSA, EA
Type or print name of actuary

2606419
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

412-402-4500
Telephone number (including area code)

PO BOX 674410
HOUSTON TX 77267
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 [ ]