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
PHH PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1972

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)
PENN HIGHLANDS HEALTHCARE

100 HOSPITAL ROAD
DUBOIS, PA 15801

2b Employer Identification Number (EIN)
32-0345810

2c Plan Sponsor's telephone number
814-375-3352

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.	10/12/2026	STEVEN M. FONTAINE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	1009
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)**	423
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	355
b	Retired or separated participants receiving benefits	**6b**	252
c	Other retired or separated participants entitled to future benefits	**6c**	331
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	938
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	32
f	Total. Add lines **6d** and **6e**.	**6f**	970
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
32-0345810

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**	70529170
b Actuarial value	**2b**	68705149

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	233	35240229	35240229
b For terminated vested participants	353	13419810	13419810
c For active participants	423	15532621	15620156
d Total	1009	64192660	64280195

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	475407
c Target normal cost	**6c**	475407

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/25/2026
Date

XIAOHONG RUFORD QI
Type or print name of actuary

26-07518
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0164
Telephone number (including area code)

MSC# 17385
PO BOX 551343
ATLANTA, GA 30355
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)	6240382	6742426
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1550072	0
9	Amount remaining (line 7 minus line 8)	4690310	6742426
10	Interest on line 9 using prior year's actual return of 4.68 %	219507	315546
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4909817	7057972

Part III Funding Percentages

14	Funding target attainment percentage	14	88.26 %
15	Adjusted funding target attainment percentage	15	103.48 %
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	102.59 %
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
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	475407
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7542835	157014
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	632421

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1065018	0	1065018

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

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

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

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

A Name of plan
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
32-0345810

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).. . . . . [X] 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

PIMCO

33-0629048

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

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

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

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

AON CONSULTING INC.

22-2232264

(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?
16 50	CONTRACT ADMIN	320580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC LLC

26-1429809

(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?
16 50	CONTRACT ADMIN	224418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEFINITI LLC

82-1667008

(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 50	ACTUARY	79712	Yes ☐ No ☒	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)

JACKSON LEWIS PC

46-3862389

(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 50	LEGAL	60933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(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 50	AUDITOR	36750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

41-0255900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	26237	Yes ☐ No ☒	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)

WELLINGTON MANAGEMENT INC.

41-1505814

(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 50	INVESMENT MANAGEMENT	20829	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(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 50	INVESMENT MANAGEMENT	18564	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

90-0337987

(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 50	INVESMENT MANAGEMENT	5889	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)

BALDWIN LAW GROUP LLP

600 FAIRMOUNT AVE, SUITE 306
BALTIMORE, MD 21286

(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 50	LEGAL	5244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

(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
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PENN HIGHLANDS HEALTHCARE

D Employer Identification Number (EIN)
32-0345810

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: SSGA 3-10 YEAR US TREASURY INDEX FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-477	C	9159321

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP COMP INDX FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-021	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 FLAGSHIP NI FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-004	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA 20+ YEAR US TREASURY STRIPS

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
90-0337987-169	C	2693200

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA FTSE RAFI US 1000 INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
06-6556853-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE 100% HEDGED USD INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
90-0337987-455	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MKT EQ CIT CLASS A

b Name of sponsor of entity listed in (a): GLOBAL 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)
86-6497312-002	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT CLASS A

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

c EIN-PN 86-6497312-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II US INV GR.INTER CORP

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-206	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18420664

a Name of MTIA, CCT, PSA, or 103-12 IE: IR+M LONG CORPORATE COLLECTIVE FD

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

c EIN-PN 37-6567224-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18673968

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA DAILY MSCI EAFE INDEX NL FD

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.

c EIN-PN 04-0025081-182	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO.

c EIN-PN 04-6928353-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17207335

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERSIFIED CREDIT CIT A

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

c EIN-PN 86-6497312-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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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
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
32-0345810

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	51447	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	18762	24586
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1100121	1731131
(2) U.S. Government securities	1c(2)	2108809	2527740
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	314651	39571
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	64482587	66154488
(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)	2452793	0
(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	70529170	70477516
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	70529170	70477516

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	96784	
(B) U.S. Government securities	2b(1)(B)	80128	
(C) Corporate debt instruments	2b(1)(C)	2171	
(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)		179083
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	32566	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		32566
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4131664	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4079853	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		51811
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2610663	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2610663

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1299150
(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)		24939
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4198212
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3960822	
(2) To insurance carriers for the provision of benefits	2e(2)	-767060	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3193762
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)	544998	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	36750	
(5) Investment advisory and investment management fees	2i(5)	47918	
(6) Bank or trust company trustee/custodial fees	2i(6)	26237	
(7) Actuarial fees	2i(7)	79712	
(8) Legal fees	2i(8)	66177	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	254312	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1056104
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4249866
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-51654
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: CLIFTONLARSONALLEN LLP **(2)** EIN: 41-0746749

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	
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 576897.

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
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
32-0345810

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): 25-6402875

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 | 3

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 97.5 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.5 % Other: 0.0 %

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_____.

COLLABORATORS | COACHES | ADVOCATES | MENTORS
FRIENDS | VOLUNTEERS | REGULARS | DINERS | VISITORS
CPAs | CONSULTANTS | WEALTH ADVISORS | *NEIGHBORS*
COLLABORATORS | COACHES | ADVOCATES | MENTORS |
CONNOISSEURS | CUSTOMERS | TEACHERS |
| VOLUNTEERS |

PHH PENSION PLAN

FINANCIAL STATEMENTS AND
ERISA—REQUIRED SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024

Right there with you

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PHH PENSION PLAN
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YEARS ENDED DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITORS' REPORT

Penn Highlands Healthcare Retirement Plan Committee
PHH Pension Plan
DuBois, Pennsylvania

Report on the Audit of the Financial Statements

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the PHH Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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- 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of December 31, 2025 and for the year then ended 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 audit 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).



CliftonLarsonAllen LLP

Baltimore, Maryland
October 8, 2026

PHH PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
CASH	$ -	$ 51,447
INVESTMENTS (at Fair Value)		
Money Market Funds	1,731,131	1,100,121
Mutual Funds	-	2,452,793
US Government Securities	2,527,741	2,108,809
Collective Investment Trust Funds	66,154,488	64,482,587
Corporate Bonds	39,571	314,651
Total Investments (at Fair Value)	70,452,931	70,458,961
RECEIVABLES		
Accrued Interest and Dividends	24,586	18,762
Total Receivables	24,586	18,762
NET ASSETS AVAILABLE FOR BENEFITS	$ 70,477,517	$ 70,529,170

See accompanying Notes to Financial Statements.

PHH PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	$ 3,986,563	$ 4,330,744
Interest and Dividends	211,649	411,809
Total Investment Income	4,198,212	4,742,553
OTHER INCOME	-	41,210
Total Additions	4,198,212	4,783,763
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,960,822	9,293,551
PAYMENT TO (REFUND FROM) INSURANCE COMPANY FOR THE PURCHASE OF ANNUITIES	(767,060)	57,835,350
ADMINISTRATIVE EXPENSES	1,056,104	1,327,378
Total Deductions	4,249,866	68,456,279
NET DECREASE	(51,654)	(63,672,516)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	70,529,171	134,201,687
End of Year	$ 70,477,517	$ 70,529,171

See accompanying Notes to Financial Statements.

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the PHH Pension Plan (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan established July 1, 1972. The Plan has been amended and restated throughout the years to comply with tax legislation and was most recently amended and restated effective July 1, 2022.

The Plan covers substantially all eligible employees of Elk Regional Health Center dba: Penn Highlands Elk (Elk Plan Participants), J.C. Blair Memorial Hospital (J.C. Blair Plan Participants) and Monongahela Valley Hospital, Inc. (Mon Valley Plan Participants). The Plan provides, in general, for monthly benefits upon retirement at or after age 65, or earlier if certain minimum age and service requirements are met. Pension benefits generally depend upon length of service and compensation. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Penn Highlands Healthcare Retirement Plan Committee (Retirement Plan Committee), which is a committee of the select officers of the Company. The Retirement Plan Committee has overall responsibility for the operation and administration of the Plan. The Penn Highlands Healthcare Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance, and reports to the Retirement Plan Committee.

The Plan was amended on January 1, 2024 (1) to provide an actuarial increase to any active or terminated participant who does not start their benefits by their normal retirement date (as defined in the Plan), (2) effective July 1, 2024 to provide lump sum payment at their regular distribution date to participants who have not begun to receive a benefit and their accrued benefit has an actuarial equivalent present value not exceeding $25,000 and 3) effective July 1, 2024 to purchase an annuity contract for participants and beneficiaries who are in pay status as July 1, 2024 and are receiving a monthly benefit of $1,000 or less and have data satisfactory to the annuity contract provider. The Plan purchased an annuity contract effective September 23, 2024 from Minnesota Life insurance Company totaling $57,835,350 to take over 1,041 participants annuity payments. On May 7, 2025 a refund of $767,060 was received by the Plan from Minnesota Life insurance Company as a result of a true up.

Plan Termination

The Plan was amended on July 1, 2025 to terminate the Plan effective July 31, 2025. All participants shall be 100% vested at the plan termination date. Plan management is in the process of executing the steps for a standard plan termination under ERISA to begin liquidation of benefits to participants to transfer to an insurance carrier.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Elk Plan Participants

Effective December 31, 2005, the Plan was amended to close the Plan to new entrants and all benefit and service accruals were frozen for all participants.

Mon Valley Plan Participants

Effective December 31, 2011, the Plan was amended to close the Plan to new entrants and all benefit and service accruals were frozen for all participants.

J.C. Blair Plan Participants

Effective December 31, 2007, accrued benefits under the Plan were frozen for all plan participants who were active nonunion employees of the Hospital and affected participants' benefits accrued were fully vested. Effective December 31, 2008, accrued benefits under the Plan were frozen for all plan participants who were represented by the Office and Professional Employees International Union Healthcare union agreement and affected participants' benefits accrued were fully vested. Effective January 1, 2010, the accrued benefits of all remaining plan participants were frozen and affected participants' benefits accrued were fully vested.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Employer's contributions exceeded the minimum funding requirements of ERISA.

Pension Benefits

Elk Plan Participants

Participants are entitled to monthly pension benefits based on employees' credited years of service and five highest compensation years during their last 10 years of credited service prior to December 31, 2005. Participants become fully vested in the Plan upon attaining normal retirement age, a participant's death, total and permanent disability, or upon the completion of five years of vesting service. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 10 years of service with the Employer.

The normal form of benefit payment is a joint and 50 percent survivor annuity for married participants and a life annuity for unmarried participants. Participants may elect to receive their accrued vested benefit in one of the optional forms of annuity payment. If the present value of the participant's accrued vested benefit does not exceed $7,000, the Plan administrator may authorize the benefit payment in the form of a lump-sum without the participant's consent.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

J.C. Blair Plan Participants

Participants are entitled to annual pension benefits equal to the product of 1.1 percent of their average annual compensation (the 5 highest consecutive plan years of the last 10 years prior to the date of termination) and years of credited service up to a maximum of 30. Benefit accruals were frozen for nonunion participants effective December 31, 2007 and participants represented by the Office and Professional Employees International Union Healthcare union agreement effective December 31, 2008, and all remaining plan participants effective January 1, 2010. Participants become fully vested in the Plan upon attaining normal retirement age, a participant's death, total and permanent disability, or upon the completion of five years of vesting service. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 10 years of service with the Employer.

The normal form of benefit payment is a joint and 50 percent survivor annuity for married participants and a life annuity for unmarried participants. Participants may elect to receive their accrued vested benefit in one of the optional forms of annuity payment. If the present value of the participant's accrued vested benefit does not exceed $7,000 the Plan Sponsor may authorize that the benefit be rolled into an individual retirement account in the participant's name without the participant's consent.

Mon Valley Plan Participants

Participants are entitled to monthly pension benefits based on average annual earnings (the 120 highest consecutive months prior to the date of termination), years of credited service, and status. Benefit accruals were frozen as of December 31, 2011. On October 20, 2021, the Mon Valley Plan was amended to merge The Orthopedic Group Pension Plan effective December 31, 2021. Participants become fully vested in the Plan upon attaining normal retirement age, a participant's death, or upon the completion of five years of vesting service. Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 60, provided that they have at least 15 years of service with the Employer.

The normal form of benefit payment is a five-year certain joint and 50 percent survivor annuity for married participants and a five-year certain and life annuity for unmarried participants. Participants may elect to receive their accrued vested benefit in one of the optional forms of annuity payment. If the present value of the participant's accrued vested benefit does not exceed $25,000, the participant may elect to receive their benefit in the form of a lump-sum payment. If the present value of the participant's accrued vested benefit does not exceed $7,000, the Plan administrator may authorize the benefit payment in the form of a lump-sum without the participant's consent.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Death Benefits

The Plan provides a death benefit for beneficiaries of vested plan participants who die prior to the commencement of benefits. The death benefit can be in the form of a monthly benefit or a lump sum, at the beneficiary's election. The benefit is payable immediately or may be deferred, at the beneficiary's election.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan 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 the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Penn Highlands Healthcare Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustees. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment 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 period.

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 Employer as provided by the Plan document. Expenses that are paid directly by the Employer 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.

NOTE 3 PLAN TERMINATION

Effective July 31, 2025, the Plan was amended to terminate the Plan. 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 former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all 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 Employer and the level of benefits guaranteed by the PBGC.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

U.S. Bank National Association, the trustee of the Plan, has supplied the Plan administrator with certifications as to the completeness and accuracy of investments as of December 31, 2025 and 2024 and investment income for the years ended December 31, 2025 and 2024, in the accompanying financial statements and ERISA-required supplemental schedules.

NOTE 5 FAIR VALUE OF INVESTMENTS

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

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

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

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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 valuation methodologies used at December 31, 2025 and 2024.

Money Market Funds, Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual Funds held by the Plan are open-end 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 money market funds and mutual funds held by the Plan are deemed to be actively traded.

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Collective Investment Trust Funds: Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 1,731,131	$ -	$ -	$ 1,731,131
Collective Investment Trust Funds	-	66,154,488	-	66,154,488
US Government Securities	-	2,527,741	-	2,527,741
Corporate Bonds	-	39,571	-	39,571
Total Investments at Fair Value	$ 1,731,131	$ 68,721,800	$ -	$ 70,452,931

	2024			
	Level 1	Level 2	Level 3	Total
Money Market Funds	$ 1,100,121	$ -	$ -	$ 1,100,121
Mutual Funds	2,452,793	-	-	2,452,793
Collective Investment Trust Funds	-	64,482,587	-	64,482,587
US Government Securities	-	2,108,809	-	2,108,809
Corporate Bonds	-	314,651	-	314,651
Total Investments at Fair Value	$ 3,552,914	$ 66,906,047	$ -	$ 70,458,961

NOTE 6 ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered through the date that benefit accruals were frozen. Accumulated plan benefits include benefits expected to be paid to:

a. retired or terminated employees or their beneficiaries,
b. beneficiaries of employees who have died, and
c. present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, and withdrawal, or retirement) between the valuation date and the expected date of payment.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31, 2024:

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The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended December 31, 2024:

Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	$	130,466,933
Change in Actuarial Assumptions		16,093
Payments to Insurance Company for the Annuity Purchase		(57,835,350)
Interest Accumulation		4,865,593
Other Changes		(611,651)
Benefits Paid		(9,293,551)
Actuarial Present Value of Accumulated Plan Benefits - End of Year	$	67,608,067

NOTE 6 ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuation as of December 31, 2024 were:

a. Life expectancy of Participants (the amounts weighted Pri-2012 Mortality Table generationally projected using Scale MP- 2021)
b. Retirement Age Assumptions (Normal retirement at the later of age 65 years or five years of service).
c. Investment Return of 5.00%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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. Had the valuations been performed as of December 31, 2024, there would be no material differences.

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

The Plan investments are managed by the investment managers qualified institutions; therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 8 TAX STATUS

The Plan obtained its latest determination letter on February 3, 2025, in which the Internal Revenue Service stated the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 9 RISKS AND UNCERTAINTIES

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

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

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 8, 2026, the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500) —2025 Plan Year
PHH Pension Plan
EIN: 32-0345810 PN: 003

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39	1	4	1							
40-44	1	17	9							
45-49		12	23	10						
50-54		17	24	30	21	1				
55-59	1	15	18	20	29	21	10			
60-64		22	19	18	14	26	15	1		
65-69		5	4	2	3	1		3		
70+			2	1	1	1				

N-423

Schedule SB Attachment (Form 5500) —2025 Plan Year
PHH Pension Plan
EIN: 32-0345810 PN: 003

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look back (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look back (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36 %
Optional Payment Form (Only for TOG Plan)	
Election Percentage	100% Lump Sum
Conversion Interest Rate and Mortality	Same as funding interest rates above for lump sum with a four-month look back (as of September 2024) Current IRC 417(e) mortality table for lump sums
Retirement Age	
Active Participants	Age 65 for Legacy TOG, Legacy JC Blair and Legacy Elk participants, see Table 1 for Legacy RIP participants
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii).
Withdrawal Rates	None for Legacy TOG participants, see Table 2 for Legacy RIP participants and see Table 3 for Legacy JC Blair and Elk participants.
Disability Rates	None
Decrement Timing	Beginning of year decrements

Surviving Spouse Benefit	Legacy TOG Participants: 100% of Males and 100% of Females have an eligible spouse, and that males are the same age as their spouses. Legacy RIP Participants: 90% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses. Legacy JC Blair Participants: 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses. Legacy Elk Participants: 85% of males and 85% of females have an eligible spouse, and that males are four years older than their spouses.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.25%, limited to 5.74%
2024 Plan Year	5.00%
2025 short plan year	5.00%
Trust Expenses Included in Target Normal Cost	Actual administrative expenses for the 2025 short plan year period ($475,407 during January 1, 2025 – July 31, 2025)
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Table 1

Retirement Rates

Age	Rate
60	10.00%
61	10.00%
62	25.00%
63	25.00%
64	35.00%
65	75.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Table 2

Withdrawal Rates for Legacy RIP Participants

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
56	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
57	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
58	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
59	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
60+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Table 3

Withdrawal Rates for Legacy JC Blair and Legacy Elk Participants

Age	Rate
35	8.71%
36	8.55%
37	8.37%
38	8.18%
39	7.98%
40	7.75%
41	7.52%
42	7.26%
43	6.98%
44	6.68%
45	6.35%
46	6.01%
47	5.62%
48	5.20%
49	4.73%
50	4.22%
51	3.68%
52	3.12%
53	2.57%
54	2.03%
55	1.55%
56	1.12%
57	0.77%
58	0.49%
59	0.29%
60	0.15%
61	0.06%
62	0.02%
63+	0.00%

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
PHH PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1972

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)

PENN HIGHLANDS HEALTHCARE

100 HOSPITAL ROAD

DUBOIS PA 15801

2b Employer Identification Number (EIN) 32-0345810

2c Plan Sponsor's telephone number 814-375-3352

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	Steven M. Fontaine	10/12/26	STEVEN M.FONTAINE
	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

PHH PENSION PLAN
E.I.N. 32-0345810 PLAN NO. 003
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred with Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
First American Funds	First Am Govt Ob Fd Cl Z							
	85 purchases	$ 6,022,229	$ -	$ -	$ -	$ 6,022,229	$ 6,022,229	$ -
	98 sales	-	5,391,224	-	-	5,391,224	5,391,224	-
State Street	Ssga 3 10 Year US TreasuryIndxFd							
	1 purchase	3,000,000	-	-	-	3,000,000	3,000,000	-
	7 sales	-	1,351,517	-	-	1,267,045	1,351,517	84,472
Wellington CIF	Wtc CifIIUSInv Grade InterCorp							
	13 purchases	3,858,700	-	-	-	3,858,700	3,858,700	-
	4 sales	-	20,829	-	-	20,298	20,829	531

There were no category (i), (ii) or (iv) reportable transactions as of December 31, 2025.



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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 07/31/2025

▶ **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
PHH PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
32-0345810

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**	70,529,170
b Actuarial value	**2b**	68,705,149

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	233	35,240,229	35,240,229
b For terminated vested participants	353	13,419,810	13,419,810
c For active participants	423	15,532,621	15,620,156
d Total	1,009	64,192,660	64,280,195

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	475,407
c Target normal cost	**6c**	475,407

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 XIAOHONG RUFORD QI

Signature of actuary — Date: 09/25/2026

XIAOHONG RUFORD QI
Type or print name of actuary

2607518
Most recent enrollment number

AON CONSULTING, INC.
Firm name

847-771-0164
Telephone number (including area code)

MSC# 17385
PO BOX 551343
ATLANTA GA 30355
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)	6,240,382	6,742,426
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,550,072	0
9	Amount remaining (line 7 minus line 8)	4,690,310	6,742,426
10	Interest on line 9 using prior year's actual return of 4.68%	219,507	315,546
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.08%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4,909,817	7,057,972

Part III Funding Percentages

14	Funding target attainment percentage	14	88.26%
15	Adjusted funding target attainment percentage	15	103.48%
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	102.59%
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
			Totals ► 18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	475,407
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7,542,835	157,014
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	632,421

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,065,018	0	1,065,018

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

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

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

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PHH Pension Plan
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Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was certified on June 4, 2025, based on unaudited assets. After that certification, the audited asset information was received, reflecting revised 2024 administrative expenses and increasing the Value of Plan Assets from $68,699,938 to $68,705,149. In addition, census data updates reduced the Funding Target from $64,435,709 to $64,280,195. As a result, the AFTAP increased from 103.48% to 103.62%. We did not re-certify the AFTAP because the change was not material. The inputs used in both determinations are as follows:

	2025 AFTAP Certified 06/04/2025	**2025 Report**
Funding Target	$64,435,709	$64,280,195
Value of Plan Assets	$68,699,938	$68,705,149
Funding Standard Carryover Balance[1]	$ 4,910,286	$ 4,909,817
Prefunding Balance[1]	$ 7,058,646	$ 7,057,972
Annuities Purchased for NHCE	$ 57,835,350	$57,835,350
Security Posted	$ 0	$ 0
AFTAP	103.48%	103.62%

[1] Since the Value of Plan Assets was greater than or equal to the Funding Target for the 2025 plan year, these balances do not impact the AFTAP.

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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60.5	10.00%	1.0000	6.05
61.5	10.00%	0.9000	5.54
62.5	25.00%	0.8100	12.66
63.5	25.00%	0.6075	9.64
64.5	35.00%	0.4556	10.29
65.5	75.00%	0.2962	14.55
66.5	20.00%	0.0740	0.98
67.5	20.00%	0.0592	0.80
68.5	20.00%	0.0474	0.65
69.5	20.00%	0.0379	0.53
70	100.00%	0.0303	2.12
	Weighted Average		63.81

The assumed retirement age is age 65 for Legacy TOG, Legacy J.C. Blair and Legacy Elk participants.

Schedule SB Attachment (Form 5500) —2025 Plan Year
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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	184,334	199,952	3,481,687	3,865,973
2026	302,124	361,768	3,409,430	4,073,322
2027	442,534	498,036	3,334,368	4,274,938
2028	568,300	638,173	3,245,281	4,451,754
2029	700,809	706,134	3,141,779	4,548,722
2030	841,688	760,385	3,033,590	4,635,663
2031	955,196	872,327	2,917,610	4,745,133
2032	1,060,394	933,221	2,806,920	4,800,535
2033	1,101,632	970,338	2,696,478	4,768,448
2034	1,161,865	1,021,082	2,579,570	4,762,517
2035	1,242,625	1,069,515	2,454,705	4,766,845
2036	1,293,397	1,089,953	2,326,719	4,710,069
2037	1,347,586	1,101,623	2,193,061	4,642,270
2038	1,403,619	1,162,814	2,059,444	4,625,877
2039	1,424,721	1,156,040	1,922,767	4,503,528
2040	1,402,706	1,155,275	1,784,090	4,342,071
2041	1,388,006	1,143,933	1,645,500	4,177,439
2042	1,372,597	1,123,884	1,507,237	4,003,718
2043	1,350,177	1,109,209	1,370,360	3,829,746
2044	1,322,519	1,075,135	1,235,989	3,633,643
2045	1,295,209	1,042,682	1,105,282	3,443,173
2046	1,256,805	1,010,718	979,411	3,246,934
2047	1,221,047	968,943	859,505	3,049,495
2048	1,171,561	925,640	746,587	2,843,788
2049	1,124,452	884,839	641,536	2,650,827
2050	1,088,191	842,328	545,045	2,475,564
2051	1,027,771	793,754	457,593	2,279,118
2052	970,399	744,102	379,443	2,093,944
2053	911,798	693,390	310,631	1,915,819
2054	854,921	641,891	250,960	1,747,772
2055	788,858	590,217	200,036	1,579,111
2056	726,479	539,092	157,275	1,422,846
2057	664,376	488,912	121,952	1,275,240
2058	603,190	440,193	93,255	1,136,638
2059	543,583	393,392	70,320	1,007,295

Schedule SB Attachment (Form 5500) —2025 Plan Year
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	486,111	348,912	52,293	887,316
2061	431,356	307,075	38,356	776,787
2062	379,753	268,124	27,754	675,631
2063	331,662	232,235	19,819	583,716
2064	287,350	199,511	13,975	500,836
2065	246,978	169,986	9,737	426,701
2066	210,609	143,618	6,708	360,935
2067	178,215	120,319	4,573	303,107
2068	149,671	99,941	3,087	252,699
2069	124,788	82,302	2,064	209,154
2070	103,315	67,196	1,366	171,877
2071	84,968	54,386	894	140,248
2072	69,435	43,635	578	113,648
2073	56,390	34,701	369	91,460
2074	45,518	27,352	232	73,102

Schedule SB Attachment (Form 5500) —2025 Plan Year
PHH Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions: Monongahela Valley Hospital, Inc. Retirement Income Plan

Effective Date

The effective date of the plan was January 1, 1966. The plan was last amended August 9, 2024.

Contributions

The company will pay to the Trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to meet the minimum required contribution within the meaning of IRC section 430. The company may also provide, from time to time, additional sums of money to the Trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Expenses

All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.

Employees Eligible for Participation

Employment while not classified as a physician. Participation is frozen for collectively bargaining employees who are hired or rehired on or after July 16, 2009.

Status of Plan

As of December 31, 2011, benefits are frozen and all participants are vested.

Definitions

Vesting Service

All years of service with the employer from the date of employment to the earlier of termination of employment, retirement date, or death. Based on the 1,000 hour rule within each plan year.

Credited Service

As of December 31, 2011, credited service is frozen.

After January 1, 1994, participants shall be credited with credited service based on the following:

Hours of Service	Years of Credited Service
Less than 1,000	0
1,000 to 1,499	1/2
1,500 to 2,079	3/4
2,080 or more	1

Prior to January 1, 1994, the participant shall be credited with credited service for purposes of the plan for periods

prior to such date equal to the credited service credited in accordance with the plan provisions in effect immediately prior to such date.

Final Average Earnings

The average of total pay received during any 120 full consecutive calendar months before retirement date or the date service ceases, if earlier.

As of December 31, 2011, final average earnings is frozen.

Accrued Benefit

Salaried Division: Greater of (1) or (3).

Hourly Division: Greater of (2) or (3).

(1) 1% of final average earnings multiplied by years of credited service.

(2) 1% of final average earnings multiplied by years of credited service, minus $960.

(3) Benefit level in effect at termination, multiplied by years of credited service.

Year of Termination	Annual Benefit Level
2004	$276
2005	$294
2006	$312
2007	$330
2008	$348
2009	$366
2011 (July 1, 2011 and later)	$384

Normal Retirement Date

The first of the month coincident with or next following both the attainment of age 65 and after either the fifth anniversary of plan participation or completion of five years of vesting service.

Actuarial Equivalence

Determined using the 1971 Group Annuity Mortality Table for male lives, with ages for participants set back five years and ages for beneficiaries set back one year and an interest rate of 6%, except that the present value of a single sum payment shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement

Eligibility

Termination of employment after both the attainment of age 65 and after either the fifth anniversary of plan

	participation or completion of five years of vesting service.
Benefit	The accrued benefit payable at normal retirement date.
Early Retirement	
Eligibility	Five years early with 15 years of service.
Benefit	Normal retirement benefit accrued to early retirement, reduced 7.2% for each year by which the annuity commencement date precedes the normal retirement date. Early retirement benefit can only be paid within the five-year period preceding normal retirement.
Deferred Vested Pension	
Eligibility	Termination of employment after completing five years of vesting service.
Benefit	The accrued benefit calculated at date of termination and payable at normal retirement date. If the benefit is commenced before age 65, but no earlier than the five-year period preceding normal retirement, the benefit is reduced in the same manner as the early retirement benefit.
Preretirement Spouse Benefit	
Eligibility	Eligible for vesting and married as of date of death.
Benefit	100% of the pension benefit accrued to the date of death, payment deferred to no earlier than the early retirement date of the deceased participant and reduced by the appropriate early retirement and joint and survivor factors guaranteed for 60 payments then reducing to 50% of above payable for life thereafter.
Forms of Payment	The normal form is a five-year certain and life annuity. The optional forms of payment are five-year certain and life annuity, 10-year certain and life annuity, 50%, 66⅔%, and 100% joint and survivor annuity with five years certain, and a lump sum if the amount is less than or equal to $25,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
PHH Pension Plan
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Plan Provisions: The Orthopedic Group, P.C. Defined Benefit Pension Plan

Effective Date

The effective date of the plan was July 1, 2001. The plan was last amended August 9, 2024.

Contributions

The employer shall pay to the Trustee from time to time such amounts in cash as the administrator and employer shall determine to be necessary to provide the benefits under the plan determined by the application of accepted actuarial methods and assumptions.

No contribution shall be required under the plan from any participant.

Expenses

All expenses incurred in connection with the administration of the plan and the Trust are paid by the fund to the extent they are not paid by the company.

Employees Eligible for Participation

All eligible employees with one year of service and has attained age 21. The plan was closed to new entrants as of June 30, 2015.

Status of Plan

As of June 30, 2015, benefits are frozen and all participants are vested.

Definitions

Year of Service

Computation period of 12 consecutive months during which an employee has at least 1,000 hours of service.

Vesting Schedule

The vested portion of any participant's accrued benefit shall be a percentage of the participant's accrued benefit determined on the basis of the participant's number of years of service according to the following schedule:

Years	Percent
0–1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Service is calculated using all years of service.

Credited Service

Year of service for benefit accrual purpose.

As of June 30, 2015, credited service is frozen.

Average Earnings	The average of total pay received during any 36 full consecutive calendar months which produce the highest average before retirement date or the date service ceases, if earlier. As of June 30, 2015, average earnings are frozen.
Accrued Benefit	Frozen accrued benefit as of June 30, 2015.
Normal Retirement Date	The first of the month coincident with or next following attainment of age 65 and completion of five years of participation.
Actuarial Equivalence	Determined using the G83 — 1983 Group Annuity blended 50.00% male and 50.00% female rates and an interest rate of 6.5% (assuming no mortality for preretirement). For Lump sum form, shall be determined in accordance with section 417(e) of the Code using the applicable mortality and applicable interest rate.

Normal Retirement

Eligibility	Age 65 and five years of service.
Benefit	The accrued benefit payable at normal retirement date. A participant's accrued benefit is based on the sum of the participant's frozen benefit and a retirement benefit formula equal to the percentage of such participant's average monthly compensation or dollar amount shown in the table below multiplied by the participant's total number or year of service, computed to the nearest cent.

Group	Percent of AMC/Dollar Amount
1	3.35%
2	3.65%
3	2.65%
4	1.30%
5	$15.00

For purposes of above formula, the groups are defined as follows:

Group	Description
1	Scott Baron
2	Thomas Brockmeyer
3	Alexander Kandabarow
4	Ari Pressman
5	All other participants who are eligible for an accrual

Early Retirement	Not provided.
Death Benefit	Present value of accrued benefit.
Forms of Payment	The normal form is life annuity. The optional forms of payment are 10-year certain and life annuity, 50%, 75%, and 100% joint and survivor annuity and a lump sum.

Plan Provisions: J. C. Blair Memorial Hospital Retirement Plan

Plan Year	Twelve-month period beginning January 1 and ending December 31.
Effective Date	The effective date of the plan was January 1, 1966. The plan was last amended August 9, 2024.
Eligibility	Eligibility date is the first day of the month coincident with or next following date of hire. Effective January 1, 2008 only new union employees are eligible to participate in the plan. Effective January 1, 2009 only SEIU Healthcare affiliated new employees are eligible. Effective January 1, 2010, no new employees are eligible to participate in the plan.
Definitions	
Vesting Service	For vesting and retirement eligibility, one year of service for each plan year in which the participant is credited with at least 1,000 hours.
Credited Service	One year of Credited Service is granted for each Plan Year in which the participant is credited with 1,000 hours prior to their respective benefit accrual freeze date.
Final Average Compensation	Final Average Compensation is equal to one-fifth of the compensation received by the participant for the highest five consecutive years of credited service out of the 10 year period immediately preceding the earlier of date of retirement, termination, death, or plan freeze. Compensation is equal to the annual W-2 compensation. No compensation after 2009 is considered as all benefit accruals are frozen.
Accrued Benefit	1.1% of 1/12th of the Final Average Compensation multiplied by years of Credited Service (maximum of 30 years) earned prior to benefit accrual freeze. Accrued benefits of nonunion employees were frozen as of December 31, 2007. Accrued benefits of OPEIU Healthcare affiliated employees were frozen as of December 31, 2008. Accrued benefits for SEIU Healthcare affiliated employees were frozen as of December 31, 2009.
Actuarial Equivalence	For early retirement and optional benefit forms, a benefit of equivalent value based on the 1971 Group Annuity Mortality Table for males with a six-year setback for the Participant and a six-year setback for any spouse and an interest rate of 8.0%.

Normal Retirement	
Eligibility	Age 65.
Benefit	Accrued Benefit as of the Normal Retirement Date.
Late Retirement	
Eligibility	Employment beyond Normal Retirement Date.
Benefit	The late retirement is the greater of: (1) The actuarial equivalent of the accrued benefit at the normal retirement date; or (2) The accrued benefit at the late retirement date.
Early Retirement	
Eligibility	Attainment of age 55 and 10 years of Service.
Benefit	The Accrued Benefit is reduced by 5/9% for the first 60 months and by 5/18% for the next 60 months that Early Retirement precedes Normal Retirement.
Deferred Vested Retirement	
Eligibility	A participant is fully vested in his accrued benefit upon termination after 5 years of vesting service or age 65, if earlier.
Benefit	The accrued benefit will be payable in full at normal retirement or will be reduced if payments begin on an early retirement date.
Disability Retirement	
Eligibility	Total and permanent disability and age 55 with 10 years of Service.
Benefit	Accrued Benefit payable at Disability Retirement Date.
Preretirement Death Benefit	
Eligibility	After becoming vested, and before receiving any benefits under the plan.
Benefit	Vested but prior to Normal Retirement Date: 50% of accrued benefit payable at deceased participant's earliest retirement date, adjusted for both early commencement and Joint and Survivor form of payment. Vested and on or after Normal Retirement Date: 100% of accrued benefit payable immediately, adjusted for Joint and Survivor form of payment.

Forms of Payment	The normal form is: For unmarried employees: life annuity. For married employees: the actuarial equivalent 50% joint and survivor annuity. Optional forms available that are the actuarial equivalent of the Normal Form are as follows: Life Annuity, Life Annuity with 60, 120 or 180 months guaranteed, Joint and 50%, 66-2/3%, 75% or 100% to Survivor, and a lump sum if the amount is less than or equal to $25,000.

Plan Provisions: Retirement Plan for Employees of the Elk Regional Health Center

Plan Year	Twelve-month period beginning January 1 and ending December 31.
Effective Date	The plan was amended and restated July 1, 2022. The plan was last amended August 9, 2024.
Eligibility	All employees who are not excluded by reason of a collective bargaining agreement or covered under another plan maintained by the employer, on the July 1 or July 1 after they reach age 21 and complete a year in which they are credited with at least 1,000 hours of service. The Plan was frozen effective December 31, 2005.
Definitions	
Vesting Service	For vesting and retirement eligibility, one year of service for each Plan Year in which the participant is credited with at least 1,000 hours.
Credited Service	One year of Credited Service is granted for each Plan Year up to December 31, 2005 in which the participant is credited with 1,950 hours. A portion of a year of Credited Service is granted for each Plan Year in which the participant earns at least 1,000 hours but less than 1,950 hours. The portion granted is equal to the ratio of actual hours credited during the year to 1,950 hours.
Average Monthly Earnings	Average Monthly Earnings is equal to the average of the monthly earnings for the highest 60 consecutive calendar months out of the 120-month period immediately preceding date of retirement, termination, death, or plan freeze. Monthly earnings are equal to the annual W-2 compensation, adjusted to full-time basis for employees credited with less than 1,950 hours in the calendar year by multiplying by the ratio of 1,950 hours over the actual hours credited to the employee in the calendar year.
Actuarial Equivalence	For early retirement and optional benefit forms, a benefit of equivalent value based on the 1983 Group Annuity Mortality Table for males with a five-year setback for the Participant and a one-year setback for any spouse and an interest rate of 7.5%.

Normal Retirement

Eligibility	Later of age 65 or five years of participation.
Benefit	Greater of the sum of (1) and (2) or (3) (1) 1.0% of the first $1,000 of Average Monthly Earnings plus 1.3% of Average Monthly Earnings in excess of $1,000 multiplied by years of Credited Service earned prior to July 1, 1986; plus (2) 1.0% of the first $1,000 of Average Monthly Earnings plus 1.5% of Average Monthly Earnings in excess of $1,000 multiplied by years of Credited Service earned on or after July 1, 1986 through December 31, 2002, or (3) 25% of Average Monthly Earnings plus 15% of Average Monthly Earnings in excess of Covered Compensation multiplied by a fraction, not to exceed one, where the numerator is years of Credited Service to the earlier of the date of calculation or December 31, 2005 and the denominator is years of Credited Service to Normal Retirement Date (but not less than 25 years).

Late Retirement

Eligibility	Employment beyond Normal Retirement Date.
Benefit	The benefit developed under the normal retirement benefit formula based upon Credited Service and Average Monthly Earnings to actual retirement.

Early Retirement

Eligibility	Attainment of age 55 and 10 years of Service.
Benefit	The benefit developed under the normal retirement benefit formula based upon Credited Service and Average Monthly Earnings at the time of retirement. The benefit is reduced actuarially if it commences prior to normal retirement. The benefit is reduced by one of the below factors, whichever results in the greater Monthly Retirement Income: (1) on a actuarially equivalent basis for each month by prior to Normal Retirement. (2) by 5/9% for the first 60 months and by 5/18% for the next 60 months that Early Retirement precedes Normal Retirement.

Deferred Vested Retirement	
Eligibility	A participant is fully vested in his accrued benefit upon termination after five years of Service.
Benefit	The accrued benefit is based upon Average Monthly Earnings and Credited Service at the time of termination. The benefit will be payable in full at normal retirement or will be reduced if payments begin on an early retirement date.
Disability Retirement	
Eligibility	Total and permanent disability and five years of Service.
Benefit	Accrued benefit payable at Normal Retirement Date.
Preretirement Death Benefit	
Eligibility	After becoming vested, and before receiving any benefits under the plan.
Benefit	A monthly income payable for the life of the Spouse or Beneficiary, commencing on the first day of the month immediately following the Participant's date of death equal to the Actuarial Equivalent of the Participant's Accrued Benefit determined as of his date of death (except where termination of employment shall be used).
Forms of Payment	The normal form is: For unmarried employees: life annuity. For married employees: the actuarial equivalent 50% joint and survivor annuity. Optional forms available that are the actuarial equivalent of the Normal Form are as follows: Life Annuity, Joint and 50%, 75% and 100% to Survivor, and a lump sum if the amount is less than or equal to $25,000.

Plan Changes Since the Prior Year

The plan was amended to allow for a lump sum if the amount is less than or equal to $25,000.

The funding valuation reflects the plan termination date of July 31, 2025.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

This is the final Schedule SB as the plan was terminated effective July 31, 2025 in accordance with the board resolution. Please note that the submitted Schedule SB reflects a plan year end date of December 31, 2025 for consistency with the Form 5500 filing. However, the signed Schedule SB reflects the plan year end date of July 31, 2025 for completeness.

PHH PENSION PLAN
E.I.N. 32-0345810 PLAN NO. 003
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	First American Funds	Government Obligations Fund	$ 1,731,131	$ 1,731,131
	Wellington CIF	WTC-CIF II US Investment Grade Inter Corp Portfolio	17,774,439	18,420,664
	Income Research + Management	IR+M CIT Long Corporate Collective Fund	16,366,898	18,673,968
	State Street Global Advisors	Ssga Long US Treasury Index Nl Fund	17,081,068	17,207,335
	State Street Global Advisors	Ssga 3-10 Year US Treasury Indx Fd	8,400,142	9,159,321
	State Street Global Advisors	Ssga 20+year US Treasury Strips Indx	2,906,641	2,693,200
	F H L M C	3.500% Due 6/01/35	94,783	96,996
	F N M A	2.500% Due 8/01/34	88,146	90,220
	G N M A I I	2.500% Due 4/01/36	94,511	96,033
	F N M A	2.000% 3/01/37	127,112	127,616
	F N M A	2.500% Due 9/01/32	98,259	99,282
	U S Treasury	4.125% 7/31/28	140,575	142,089
	U S Treasury	4.125% 8/31/30	245,657	244,219
	U S Treasury	4.625% 9/30/28	198,878	200,515
	U S Treasury	4.375% 11/30/28	288,795	291,470
	U S Treasury	3.750% 12/31/28	180,844	181,019
	U S Treasury	1.500% 2/15/30	192,866	192,889
	U S Treasury	2.250% 11/15/27	37,175	39,112
	U S Treasury	3.500% 1/31/28	256,406	260,052
	U S Treasury	3.625% 3/31/28	264,422	265,705
	U S Treasury	3.625% 5/31/28	197,111	200,524
	Proctor Gamble Co	2.850% 8/11/27	38,532	39,571
		Total	$ 66,804,391	$ 70,452,931

Schedule SB Attachment (Form 5500) —2025 Plan Year
PHH Pension Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base		Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall		$ 3,013,135	July 1, 2020	10.5	$ 361,791
Shortfall		$ (1,402,070)	July 1, 2021	11.5	$ (157,369)
Shortfall		$ 612,555	July 1, 2022	12.5	$ 64,744
	Total	$ 2,223,620		Full Year	$ 269,166
				Short Plan Year	$ 157,014