Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1970

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

2900 FIRST AVE.
HUNTINGTON, WV 25702

2b Employer Identification Number (EIN) 55-0357050

2c Plan Sponsor's telephone number 304-523-1234

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.	10/15/2026	MOLLY FRICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	MOLLY FRICK
	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**	4518
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)**	3729
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3776
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	735
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4511
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	7
f	Total. Add lines **6d** and **6e**.	**6f**	4518
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)**	4285
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)**	4365
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	202
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:

2F 2G 2L 2M 2R 2S 2T 3D

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)	[X] 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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	4518	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	972141
c	Additions: (1) Contributions deposited during the year	7c(1)	1192582		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	89813		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	661745		
	▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER				
	(6) Total additions			7c(6)	1944140
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	2916281
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	199121		
	(2) Administration charge made by carrier	7e(2)	4923		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	125374		
	▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, MISTAKE OF FACT REFUND				
	(5) Total deductions			7e(5)	329418
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2586863

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	913765	4518	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	591740
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	638583
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21605		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	2261		
	▶ LOAN PAYMENTS/FUND TRANSFERS				
	(6)Total additions			7c(6)	23866
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	662449
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	70709		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	70709
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	591740

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	62313	4518	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	11426260
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	222842		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	222842
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	11649102
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	684861		
	(2) Administration charge made by carrier	7e(2)	19024		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶ LOAN WITHDRAWALS	7e(4)	132103		
	(5) Total deductions			7e(5)	835988
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	10813114

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	62313	4518	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	355338
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	538869
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	12544		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	5240		
	▶ TRANSFERS				
	(6)Total additions			7c(6)	17784
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	556653
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	201315		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	201315
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	355338

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE OF CT

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-0566090	87726	1013526-01	6	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	44325
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1323		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	1323
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	45648
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2616		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	2616
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	43032

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

CHARLES SCHWAB & CO, INC.

94-1737782

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	282764	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORGAN STANLEY

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISORY	54381	Yes [X] No [ ]	Yes [ ] No [X]	21	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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2808874	2721318
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	2464332	3204878
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	139391056	169350671
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	13627137	14398190
(15) Other	1c(15)	2193293	2664773

		(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	160484692	192339830
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	160484692	192339830

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)	5845180	
(B) Participants	2a(1)(B)	10570567	
(C) Others (including rollovers)	2a(1)(C)	1506166	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		17921913
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	235898	
(F) Other	2b(1)(F)	147593	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		383491
(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)	2839257	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2839257
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		22418414
c Other income	2c		355076
d Total income. Add all **income** amounts in column (b) and enter total	2d		43918151
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11650703	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	400	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		11651103
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		69377
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	285054	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	54454	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3025	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		342533
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12063013
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31855138
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: SUTTLE & STALNAKER, PLLC **(2)** EIN: 55-0538163

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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.) ..... ☐ Yes ☐ No ☐ Not determined

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
ST. MARY'S MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ST. MARY'S MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
55-0357050

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): 42-0127290 76-0519990

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** 585

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A .

ST. MARY'S MEDICAL CENTER 403(B) PLAN

Financial Statements

December 31, 2025 and 2024

With Independent Auditor's Report

Suttle & Stalnaker Certified Public Accountants
A Professional Limited Liability Company

Table of Contents

	Page
INDEPENDENT AUDITOR'S REPORT	3 - 6
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits	7
Statement of Changes in Net Assets Available for Benefits	8
Notes to Financial Statements	9 - 16
SUPPLEMENTAL SCHEDULE:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	18 - 20

Suttle & Stalnaker Certified Public Accountants
A Professional Limited Liability Company

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
St. Mary's Medical Center 403(b) Plan
Huntington, West Virginia

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

We have performed audits of the accompanying financial statements of St. Mary's Medical Center 403(b) 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 statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Opinion

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

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

- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 Matters - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Huntington, West Virginia
October 14, 2026

ST. MARY'S MEDICAL CENTER 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value	$ 172,088,316	$ 141,584,349
Investments, at contract value	14,325,318	13,627,137
Receivables		
Notes receivable from participants	3,204,878	2,464,332
Employer contributions	2,721,318	2,808,874
Total receivables	5,926,196	5,273,206
Total assets	192,339,830	160,484,692
Net assets available for benefits	**$ 192,339,830**	**$ 160,484,692**

The Accompanying Notes Are An Integral
Part Of These Financial Statements

ST. MARY'S MEDICAL CENTER 403(B) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025

Additions	
Investment income	
Net appreciation in fair value of investments	$ 22,500,838
Interest and dividends	2,904,426
Total investment income	25,405,264
Other income	355,076
Interest income on notes receivable from participants	235,898
Contributions	
Employer contributions	5,845,180
Employee contributions	10,570,567
Rollover contributions	1,506,166
Total contributions	17,921,913
Total additions	43,918,151
Deductions	
Benefits paid to participants	11,720,480
Administrative expenses	342,533
Total deductions	12,063,013
Net increase	**31,855,138**
Net assets available for benefits:	
Beginning of year	160,484,692
End of year	**$ 192,339,830**

The Accompanying Notes Are An Integral
Part Of These Financial Statements

NOTE 1 - DESCIPTION OF PLAN

The following description of the St. Mary's Medical Center ("Company") 403(b) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan, effective January 1, 1996 (restatement effective date April 30, 2019), is a salary reduction and defined contribution plan covering substantially all full-time employees of the Company who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Retirement Committee of the Company oversees governance of the Plan. The Plan's Retirement Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions - All employees (not including "leased employees") shall be immediately eligible to make elective deferrals with the Company under the Plan. The Plan includes an automatic deferral feature for all eligible participants under which an amount equal to 3% of compensation will be withheld each payroll period and contributed to the Plan as an elective deferral unless a contrary election is made. Participants direct the investment of their contributions into various investment options offered by the Plan. All active participants in the 403(b) Plan are eligible for a discretionary 3% employer direct contribution.

Participant accounts - Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant has 0% vested the first two years of service and is 100% vested after three years of service. A participant who dies or becomes totally disabled shall also become 100% vested.

Notes receivable from participants - Loans from the Plan shall not exceed the maximum dollar or percentage limits and shall comply at origination with the reasonable interest rate and repayment requirements, as such limits and requirements are prescribed by Code Section 403(b). Loan interest rates established at loan origination shall remain fixed during the period of the loan with certain exceptions. In the case of loans to participants who are actively employed with the Company, all such loan payments will be made by payroll deduction.

Loans taken from an annuity balance may be repaid directly by the participant via ACH or Coupon.

Payment of benefits - Prior to a participant separation from service, the portion of the participant's account attributable to elective deferrals shall be available for distribution only in the event of hardship or after the participant attains age 59 ½. The portion of the participant's account attributable to employer contributions shall be available for distribution only after the participant has both become 100% vested in such portion and attained age 59 ½.

NOTE 1 - DESCIPTION OF PLAN (Continued)

The portion of a participant's account attributable to elective deferrals shall be available for distribution at any time after the participant's separation from service. The vested portion of a participant's account attributable to employer contributions shall also be available for distribution at any time after the participant's separation from service.

Upon the occurrence of any of the distribution events, the participant shall be entitled to receive distributions under any of the payout options that may be provided under the Plan.

If a participant incurs a separation from service at a time when the vested portion of the participant's account balance is less than $1,000, the participant shall receive a single sum distribution of the entire vested account balance. If a participant incurs a separation from service at a time when the vested portion of the participant's account balance is greater than $1,000 but does not exceed $7,000, and if the participant does not elect to have such distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the administrator shall pay the distribution in a direct rollover to an individual retirement plan designated by the administration.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment valuation and income recognition - Investments are reported at fair value except for fully benefit-responsive investment contracts, which are recorded at contract 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 Plan's valuation policies utilize information provided by the investment advisors, custodian, and insurance companies. See Note 4 for discussion of fair value measurements. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for discussion of the fully benefit-responsive investment contracts.

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

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Operating expenses - All expenses of maintaining the Plan are paid by the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

Payment of benefits - Benefits are recorded when paid.

NOTE 3 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The following is a summary of the unaudited information regarding the Plan, as included in the Plan's financial statements and supplemental schedule prepared by or derived from information reported by the custodian of the Plan for the years ended December 31, 2025 and 2024. The Plan administrator has obtained certifications from Principal Trust Company, MetLife, VALIC Trust Company, Inc., Variable Annuity Life Insurance Company, and Brighthouse Life Insurance Company, the custodians, that such information is complete and accurate as of the years ended December 31, 2025 and 2024 as follows:

	2025	2024
Investments at fair value:		
Mutual funds	$ 169,425,113	$ 140,106,031
Annuities	2,663,203	1,478,318
Total investments, at fair value	$ 172,088,316	$ 141,584,349
Investments at contract value:	$ 14,325,318	$ 13,627,137

The net investment income for the year ended December 31, 2025 was as follows:

Net appreciation in fair value of investments	$ 22,500,838
Interest and dividends	2,904,426
Net investment income	$ 25,405,264

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2025 and 2024.

Mutual funds and annuities - valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily Net Asset Value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued):

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

	Fair Value Measurements at Reporting Date Using:			
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Investments:				
Mutual funds	$ 169,425,113	$ 169,425,113	$ -	$ -
Annuities	2,663,203	2,663,203	-	-
Total investments at fair value	$ 172,088,316	$ 172,088,316	$ -	$ -
December 31, 2024				
Investments:				
Mutual funds	$ 140,106,031	$ 140,106,031	$ -	$ -
Annuities	1,478,318	1,478,318	-	-
Total investments at fair value	$ 141,584,349	$ 141,584,349	$ -	$ -

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan has entered into benefit-responsive guaranteed investment contracts with Variable Annuity Life Insurance Company (VALIC). VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the face of the Statements of Net Assets Available for Benefits at contract value. Contract value, as reported to the Plan by VALIC, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracts at December 31, 2025 and 2024 were $14,325,318 and $13,627,137, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a periodic basis for resetting.

Certain events limit the Plan's ability to transact at contract value with VALIC. Such events include the following: (a) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with plan participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

NOTE 7 - TAX STATUS

The Plan is included in the custodian's 403(b) pre-approved volume submitter plan. The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 5, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has concluded that as of December 31, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - RISKS AND UNCERTAINTIES

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

NOTE 9 - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Principal Trust Company, MetLife, VALIC Trust Company, Inc., Variable Annuity Life Insurance Company, and Brighthouse Life Insurance Company. Principal Trust Company, VALIC Trust Company, Inc., Variable Annuity Life Insurance Company, and Brighthouse Life Insurance Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan amounted to $342,533 for the year ended December 31, 2025.

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

NOTE 10 - RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS DUE TO CORRECTION OF ERROR

The accompanying financial statements have been restated to correct a prior-period error related to the omission of plan investments from the Plan's previously issued financial statements. The omitted investments have a fair value of $1,009,382 as of December 31, 2024 and were not included in investments at fair value, investments at contract value, or net assets available for benefits in the previously issued financial statements for 2024.

The correction has been accounted for as a restatement of the prior-period financials statements in accordance with ASC 250 *Accounting Changes and Error Corrections*. Accordingly, the Plan has adjusted investments at fair value, investments at contract value, and net assets available for benefits as of December 31, 2024 and has restated the affected prior-period amounts presented in the accompanying financial statements. The correction also resulted in adjustments to other income December 31, 2024.

Financial statement item	Year ended	Previously reported	Adjustment	Restated
Investments, at fair value	December 31, 2024	$ 140,626,252	$ 958,097	$ 141,584,349
Investments, at contract value	December 31, 2024	13,575,852	51,285	13,627,137
Net assets available for benefits	December 31, 2024	159,475,310	1,009,382	160,484,692
Other income	December 31, 2024	-	1,009,382	1,009,382
Net increase in net assets available for benefits	December 31, 2024	11,363,728	1,009,382	12,373,110
Ending net assets available for benefits	December 31, 2024	159,475,310	1,009,382	160,484,692

NOTE 10 - RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS DUE TO CORRECTION OF ERROR (Continued)

The cumulative effect of the correction increased net assets available for benefits as of December 31, 2024 by $1,009,382. The Plan also evaluated the effect of the correction on the Form 5500 and the ERISA-required supplemental schedule for December 31, 2024. The correction did affect amounts reported on Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year). The Plan intends to file an amended Form 5500 annual return for 2024.

NOTE 11 - SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 14, 2026, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ST. MARY'S MEDICAL CENTER 403(B) PLAN
EIN: 55-0357050, Plan Number 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
01/01/2025 - 12/31/2025

(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
	BRIGHTHOUSE LIFE INSURANCE COMPANY	FIXED ACCOUNT 3.5%		$ 526,971
	COREBRIDGE FINANCIAL	SHORT TERM FIXED ACCOUNT		9,923
	COREBRIDGE FINANCIAL	FIXED ACCOUNT PLUS		345,415
	METROPOLITAN LIFE INSURANCE CO	GTS FIXED ACCOUNT (TRADITIONAL)		43,032
*	PRINCIPAL LIFE INSURANCE COMPANY	PRINCIPAL FIXED INC GUAR OPTION		2,586,863
	VALIC	VALIC FIXED INCOME		10,813,114
		Total Guaranteed Investment Contracts		14,325,318
	SEI TRUST COMPANY	ALLSPRING SPEC M CAP VALUE R6		1,606,019
	AMERICAN CENTURY INVESTMENTS	AM CENT GROWTH R6 FUND		7,500,436
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2010 TRGT DTE RTM R6 FD		164,324
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2015 TRGT DTE RTM R6 FD		1,065,364
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2020 TRGT DTE RTM R6 FD		3,202,802
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2025 TRGT DTE RTM R6 FD		4,249,782
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2030 TRGT DTE RTM R6 FD		5,490,064
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2035 TRGT DTE RTM R6 FD		8,317,506
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2040 TRGT DTE RTM R6 FD		8,137,221
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2045 TRGT DTE RTM R6 FD		7,887,597
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2050 TRGT DTE RTM R6 FD		11,172,584
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2055 TRGT DTE RTM R6 FD		5,860,867
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2060 TRGT DTE RTM R6 FD		2,869,215
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2065 TRGT DTE RTM R6 FD		1,879,858
	AMERICAN FUNDS SERVICE COMPANY	AM FDS 2070 TRGT DTE RTM R6 FD		410,033
	AMERICAN CENTURY INVESTMENTS	AMERICAN CENTURY SC GR R6 FD		1,346,937
	THE AMERICAN FUNDS	AMERICAN FUNDS NEWWORLD R6		3,417,603
	BLACKROCK	BLACKROCK EQUITY DIV K FUND		11,552,291
	BLACKROCK	BLACKROCK TOTAL RETURN K FUND		2,641,645
	DIMENSIONAL FUND ADVISORS	DFA US TARGETED VALUE I FUND		2,141,823
	FIDELITY INVESTMENTS	FIDELITY 500 INDEX FUND		24,345,887
	FIDELITY INVESTMENTS	FIDELITY INF-PR BOND INDEX FD		1,971,021
	FIDELITY INVESTMENTS	FIDELITY MID CP INDEX FUND		8,803,319
	FIDELITY INVESTMENTS	FIDELITY SM CAP INDEX FUND		5,675,578
	FIDELITY INVESTMENTS	FIDELITY US BOND INDEX FUND		7,739,878
	FIDELITY INVESTMENTS	INTERNATL EQUITIES INDEX FUND		13,239,147
	JP MORGAN FUNDS	JP MORGAN MID CAP GROWTH R6 FD		1,322,645
	JP MORGAN	JPMORGAN US GOV MM CAPITAL FD		1,593,601
	MFS INVESTMENTS MANAGEMENT	MFS GLOBAL REAL ESTATE R6 FUND		1,793,852
	MFS INVESTMENTS MANAGEMENT	MFS INTL INTRINSIC VALUE R6 FD		2,273,689
	THE AMERICAN FUNDS	EUPAC FUND		2,757,667
	VANGUARD GROUP	VANGUARD WELLINGTON ADM FUND		3,986,188
	METROPOLITAN LIFE INSURANCE CO	AMERICAN CENTURY DISCIPLINE CORE VAL INV		5,118
	METROPOLITAN LIFE INSURANCE CO	BNY MELLON ACTIVE MIDCAP A		40,076
	METROPOLITAN LIFE INSURANCE CO	BNY MELLON SMALLCAP STOCK INDEX INV		6,074
	METROPOLITAN LIFE INSURANCE CO	CLEARBRIDGE SMALL CAP GROWTH A		13,609
	METROPOLITAN LIFE INSURANCE CO	DWS INTERNATIONAL OPPORTUNITIES S		17,617
	METROPOLITAN LIFE INSURANCE CO	INVESCO DEVELOPING MARKETS A		7,895
	METROPOLITAN LIFE INSURANCE CO	INVESCO GLOBAL OPPORTUNITIES A		4,513
	METROPOLITAN LIFE INSURANCE CO	JPMORGAN SMARTRETIREMENT INCOME A		1,927
	METROPOLITAN LIFE INSURANCE CO	STATE STREET INSTL US GOVT MMKT ADMIN		22,913
	METROPOLITAN LIFE INSURANCE CO	VANGUARD 500 INDEX ADMIRAL		625,750
	METROPOLITAN LIFE INSURANCE CO	VANGUARD FEDERAL MONEY MARKET INV		210
	METROPOLITAN LIFE INSURANCE CO	VANGUARD SHORT-TERM BOND INDEX ADM		2,166
	METROPOLITAN LIFE INSURANCE CO	VANGUARD TOTAL BOND MARKET INDEX ADM		4
	METROPOLITAN LIFE INSURANCE CO	BHFT MFS RESEARCH INTERNATIONAL CLASS B		1,777
	METROPOLITAN LIFE INSURANCE CO	BHFT MFS TOTAL RETURN CLASS F		1,842
	METROPOLITAN LIFE INSURANCE CO	BHFTI LOOMIS SAYLES GROWTH PORTFOLIO A		4,485
	METROPOLITAN LIFE INSURANCE CO	FORFEITURES		1,570

ST. MARY'S MEDICAL CENTER 403(B) PLAN
EIN: 55-0357050, Plan Number 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
01/01/2025 - 12/31/2025

(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
	COREBRIDGE FINANCIAL	MID CAP INDEX FUND		13,587
	COREBRIDGE FINANCIAL	STOCK INDEX FUND		47,565
	COREBRIDGE FINANCIAL	INTERNATL EQUITIES INDEX FUND		24,607
	COREBRIDGE FINANCIAL	INTL SOCIALLY RESPONSIBLE FUND		4,904
	COREBRIDGE FINANCIAL	INTERNATIONAL GOVERNMENT BOND		846
	COREBRIDGE FINANCIAL	SMALL CAP INDEX FUND		5,315
	COREBRIDGE FINANCIAL	SYSTEMATIC CORE FUND		5,542
	COREBRIDGE FINANCIAL	SCIENCE & TECHNOLOGY FUND		2,278
	COREBRIDGE FINANCIAL	INTERNATIONAL GROWTH FUND		1,321
	COREBRIDGE FINANCIAL	VANGUARD LT INV-GRADE FUND		8,429
	COREBRIDGE FINANCIAL	VANGUARD LONG-TERM TREASURY		21,904
	COREBRIDGE FINANCIAL	VANGUARD WINDSOR II		156,389
	COREBRIDGE FINANCIAL	VANGUARD WELLINGTON FUND INC		20,160
	COREBRIDGE FINANCIAL	NASDAQ-100(R) INDEX FUND		6,826
	COREBRIDGE FINANCIAL	ARIEL FUND		26,757
	COREBRIDGE FINANCIAL	ARIEL APPRECIATION FUND		102,983
	COREBRIDGE FINANCIAL	SYSTEMATIC VALUE		30,298
	COREBRIDGE FINANCIAL	INFLATION PROTECTED FUND		4,017
	COREBRIDGE FINANCIAL	GROWTH FUND		8,017
	COREBRIDGE FINANCIAL	LARGE CAP CORE FUND		1,482
	COREBRIDGE FINANCIAL	MID CAP STRATEGIC GWTH		13,734
	COREBRIDGE FINANCIAL	SMALL CAP CORE FUND		101,662
	COREBRIDGE FINANCIAL	EMERGING ECONOMIES		15,199
	COREBRIDGE FINANCIAL	GLOBAL STRATEGY		10,422
	COREBRIDGE FINANCIAL	INTERNATIONAL VALUE FUND		21,043
	COREBRIDGE FINANCIAL	AMER BEA MAN LRG CP GR INV CL		13,799
	COREBRIDGE FINANCIAL	GLOBAL REAL ESTATE FUND		4,700
	COREBRIDGE FINANCIAL	INVESCO BAL RISK COMMOD STR R5		3,879
	COREBRIDGE FINANCIAL	INTL OPPORTUNITIES		22,853
	COREBRIDGE FINANCIAL	SMALL CAP GROWTH FUND		113
	COREBRIDGE FINANCIAL	SMALL CAP VALUE FUND		2,239
	COREBRIDGE FINANCIAL	MID CAP VALUE FUND		62,730
	COREBRIDGE FINANCIAL	VC I CAPITAL APPRECIATION		4,471
	COREBRIDGE FINANCIAL	US SOCIALLY RESPONSIBLE FUND		11,486
	COREBRIDGE FINANCIAL	AGGRESSIVE ALLOC LIFESTYLE FND		336
	COREBRIDGE FINANCIAL	MODERATE ALLOC LIFESTYLE FUND		4,138
	COREBRIDGE FINANCIAL	CORE BOND FUND		10,686
	COREBRIDGE FINANCIAL	HIGH YIELD BOND FUND		3,188
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BLACKROCK BOND INCOME PORTFOLIO		6,031
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BLACKROCK CAPITAL APPRECIATION PORTFOLIO		90,454
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BLACKROCK HIGH YIELD PORTFOLIO CLASS A		18,855
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BRIGHTHOUSE ASSET ALLOCATION 60 PORTFOLIO		89,572
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BRIGHTHOUSE ASSET ALLOCATION 80 PORTFOLIO		356,704
	BRIGHTHOUSE LIFE INSURANCE COMPANY	BRIGHTHOUSE SMALL CAP VALUE PORTFOLIO		4,184
	BRIGHTHOUSE LIFE INSURANCE COMPANY	CLEARBRIDGE VARIABLE GROWTH PORTFOLIO		16,445
	BRIGHTHOUSE LIFE INSURANCE COMPANY	FIDELITY VIP EQUITY-INCOME PORTFOLIO		47,542
	BRIGHTHOUSE LIFE INSURANCE COMPANY	FIDELITY VIP HIGH INCOME PORTFOLIO		3,174
	BRIGHTHOUSE LIFE INSURANCE COMPANY	FIXED ACCOUNT 3.5%		64,770
	BRIGHTHOUSE LIFE INSURANCE COMPANY	INVESCO GLOBAL EQUITY PORTFOLIO		9,960
	BRIGHTHOUSE LIFE INSURANCE COMPANY	JENNISON GROWTH PORTFOLIO		233,247
	BRIGHTHOUSE LIFE INSURANCE COMPANY	LOOMIS SAYLES GLOBAL ALLOCATION PORTFOLIO		25,457
	BRIGHTHOUSE LIFE INSURANCE COMPANY	LOOMIS SAYLES GROWTH PORTFOLIO		322,474
	BRIGHTHOUSE LIFE INSURANCE COMPANY	METLIFE AGGREGATE BOND INDEX PORTFOLIO		7,850
	BRIGHTHOUSE LIFE INSURANCE COMPANY	METLIFE MSCI EAFE INDEX PORTFOLIO		7,424
	BRIGHTHOUSE LIFE INSURANCE COMPANY	METLIFE RUSSELL 2000 INDEX PORTFOLIO		13,088
	BRIGHTHOUSE LIFE INSURANCE COMPANY	METLIFE STOCK INDEX PORTFOLIO CLASS A		76,849
	BRIGHTHOUSE LIFE INSURANCE COMPANY	MFS RESEARCH INTERNATIONAL PORTFOLIO		12,632
	BRIGHTHOUSE LIFE INSURANCE COMPANY	MFS TOTAL RETURN PORTFOLIO		2,483

ST. MARY'S MEDICAL CENTER 403(B) PLAN
EIN: 55-0357050, Plan Number 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
01/01/2025 - 12/31/2025

(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
	BRIGHTHOUSE LIFE INSURANCE COMPANY	MFS VALUE PORTFOLIO		6,143
	BRIGHTHOUSE LIFE INSURANCE COMPANY	T. ROWE PRICE SMALL CAP GROWTH PORTFOLIO		35,881
		Total Mutual Funds		169,425,113
	METROPOLITAN LIFE INSURANCE CO	SELF-DIRECTED BROKERAGE ACCOUNT		351,635
	SCHWAB FUNDS	SELF-DIRECTED BROKERAGE ACCOUNT		2,311,568
		Total Self-Directed Brokerage Account		2,663,203
		Total investments		$ 186,413,634
*	PRINCIPAL	Participants Loans		$ 3,204,878
		Total Participant Loans		$ 3,204,878

* Indicates a party-in-interest to the Plan.
** Cost information is not required for participant-directed investments.

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	SEI TRUST COMPANY	Registered Investment Company Allspring Spec M Cap Value R6	$ 0.00	$ 1,606,019.48
	American Century Investments	Registered Investment Company Am Cent Growth R6 Fund	$ 0.00	$ 7,500,435.55
	American Funds Service Company	Registered Investment Company Am Fds 2010 Trgt Dte Rtm R6 Fd	$ 0.00	$ 164,323.65
	American Funds Service Company	Registered Investment Company Am Fds 2015 Trgt Dte Rtm R6 Fd	$ 0.00	$ 1,065,364.37
	American Funds Service Company	Registered Investment Company Am Fds 2020 Trgt Dte Rtm R6 Fd	$ 0.00	$ 3,202,801.79
	American Funds Service Company	Registered Investment Company Am Fds 2025 Trgt Dte Rtm R6 Fd	$ 0.00	$ 4,249,781.78
	American Funds Service Company	Registered Investment Company Am Fds 2030 Trgt Dte Rtm R6 Fd	$ 0.00	$ 5,490,063.57
	American Funds Service Company	Registered Investment Company Am Fds 2035 Trgt Dte Rtm R6 Fd	$ 0.00	$ 8,317,505.64
	American Funds Service Company	Registered Investment Company Am Fds 2040 Trgt Dte Rtm R6 Fd	$ 0.00	$ 8,137,220.59
	American Funds Service Company	Registered Investment Company Am Fds 2045 Trgt Dte Rtm R6 Fd	$ 0.00	$ 7,887,597.34
	American Funds Service Company	Registered Investment Company Am Fds 2050 Trgt Dte Rtm R6 Fd	$ 0.00	$ 11,172,584.18
	American Funds Service Company	Registered Investment Company Am Fds 2055 Trgt Dte Rtm R6 Fd	$ 0.00	$ 5,860,866.62
	American Funds Service Company	Registered Investment Company Am Fds 2060 Trgt Dte Rtm R6 Fd	$ 0.00	$ 2,869,214.65
	American Funds Service Company	Registered Investment Company Am Fds 2065 Trgt Dte Rtm R6 Fd	$ 0.00	$ 1,879,857.59
	American Funds Service Company	Registered Investment Company Am Fds 2070 Trgt Dte Rtm R6 Fd	$ 0.00	$ 410,033.06

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	The American Funds	Registered Investment Company Am Funds EUPAC R6 Fund	$ 0.00	$ 2,757,667.34
	American Century Investments	Registered Investment Company American Century SC Gr R6 Fd	$ 0.00	$ 1,346,936.83
	The American Funds	Registered Investment Company American Funds NewWorld R6	$ 0.00	$ 3,417,602.53
	COREBRIDGE FINANCIAL	Registered Investment Company AGGRESSIVE GROWTH LIFESTYLE	$ 0.00	$ 336.41
	COREBRIDGE FINANCIAL	Registered Investment Company AMER BEA MAN LRG CP GR INV CL	$ 0.00	$ 13,798.64
	Metropolitan Life Insurance Co	Registered Investment Company AMERICAN CENTURY DISCIPLINE CO	$ 0.00	$ 5,118.09
	COREBRIDGE FINANCIAL	Registered Investment Company ARIEL APPRECIATION FUND	$ 0.00	$ 102,983.09
	COREBRIDGE FINANCIAL	Registered Investment Company ARIEL FUND	$ 0.00	$ 26,757.12
	BlackRock	Registered Investment Company BlackRock Equity Div K Fund	$ 0.00	$ 11,552,290.57
	BlackRock	Registered Investment Company BlackRock Total Return K Fund	$ 0.00	$ 2,641,644.58
	Metropolitan Life Insurance Co	Insurance Company General BHFT MFS RESEARCH INTERNATIONA	$ 0.00	$ 1,777.24
	Metropolitan Life Insurance Co	Insurance Company General BHFT MFS TOTAL RETURN CLASS F	$ 0.00	$ 1,841.59
	Metropolitan Life Insurance Co	Insurance Company General BHFTI LOOMIS SAYLES GROWTH POR	$ 0.00	$ 4,484.77
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BLACKROCK BOND INCOME PORTFOLI	$ 0.00	$ 6,031.41
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BLACKROCK CAPITAL APPRECIATION	$ 0.00	$ 90,453.95

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BLACKROCK HIGH YIELD PORTFOLIO	$ 0.00	$ 18,854.53
	Metropolitan Life Insurance Co	Registered Investment Company BNY MELLON ACTIVE MIDCAP A	$ 0.00	$ 40,076.08
	Metropolitan Life Insurance Co	Registered Investment Company BNY MELLON SMALLCAP STOCK INDE	$ 0.00	$ 6,073.66
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BRIGHTHOUSE ASSET ALLOCATION 6	$ 0.00	$ 89,572.36
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BRIGHTHOUSE ASSET ALLOCATION 8	$ 0.00	$ 356,703.93
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company BRIGHTHOUSE SMALL CAP VALUE PO	$ 0.00	$ 4,184.25
	Metropolitan Life Insurance Co	Registered Investment Company CLEARBRIDGE SMALL CAP GROWTH A	$ 0.00	$ 13,608.53
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company CLEARBRIDGE VARIABLE GROWTH PO	$ 0.00	$ 16,444.56
	COREBRIDGE FINANCIAL	Registered Investment Company CORE BOND FUND	$ 0.00	$ 10,685.68
	Dimensional Fund Advisors	Registered Investment Company DFA US Targeted Value I Fund	$ 0.00	$ 2,141,823.27
	Metropolitan Life Insurance Co	Registered Investment Company DWS INTERNATIONAL GROWTH S	$ 0.00	$ 17,617.27
	COREBRIDGE FINANCIAL	Registered Investment Company EMERGING ECONOMIES	$ 0.00	$ 15,199.04
	Fidelity Investments	Registered Investment Company Fidelity Inf-Pr Bond Index Fd	$ 0.00	$ 1,971,021.33
	Fidelity Investments	Registered Investment Company Fidelity International Idx Fd	$ 0.00	$ 13,239,146.52
	Fidelity Investments	Registered Investment Company Fidelity Mid Cp Index Fund	$ 0.00	$ 8,803,318.89

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Fidelity Investments	Registered Investment Company Fidelity Sm Cap Index Fund	$ 0.00	$ 5,675,578.04
	Fidelity Investments	Registered Investment Company Fidelity US Bond Index Fund	$ 0.00	$ 7,739,877.63
	Fidelity Investments	Registered Investment Company Fidelity 500 Index Fund	$ 0.00	$ 24,345,887.23
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company FIDELITY VIP EQUITY-INCOME POR	$ 0.00	$ 47,541.64
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company FIDELITY VIP HIGH INCOME PORTF	$ 0.00	$ 3,174.26
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Insurance Company General FIXED ACCOUNT PLUS	$ 0.00	$ 591,740.17
	COREBRIDGE FINANCIAL	Insurance Company General FIXED ACCOUNT PLUS	$ 0.00	$ 345,414.54
	COREBRIDGE FINANCIAL	Registered Investment Company GLOBAL REAL ESTATE FUND	$ 0.00	$ 4,700.30
	COREBRIDGE FINANCIAL	Registered Investment Company GLOBAL STRATEGY	$ 0.00	$ 10,421.68
	COREBRIDGE FINANCIAL	Registered Investment Company GROWTH FUND	$ 0.00	$ 8,017.34
	Metropolitan Life Insurance Co	Insurance Company General GTS FIXED ACCOUNT (TRADITIONAL	$ 0.00	$ 43,031.87
	COREBRIDGE FINANCIAL	Registered Investment Company HIGH YIELD BOND FUND	$ 0.00	$ 3,188.32
	COREBRIDGE FINANCIAL	Registered Investment Company INFLATION PROTECTED FUND	$ 0.00	$ 4,017.24
	COREBRIDGE FINANCIAL	Registered Investment Company INTERNATIONAL GOVERNMENT BOND	$ 0.00	$ 845.72
	COREBRIDGE FINANCIAL	Registered Investment Company INTERNATIONAL GROWTH FUND	$ 0.00	$ 1,321.26

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	COREBRIDGE FINANCIAL	Registered Investment Company INTERNATIONAL VALUE FUND	$ 0.00	$ 21,042.52
	COREBRIDGE FINANCIAL	Registered Investment Company INTERNATL EQUITIES INDEX FUND	$ 0.00	$ 24,606.78
	COREBRIDGE FINANCIAL	Registered Investment Company INTL OPPORTUNITIES	$ 0.00	$ 22,852.63
	COREBRIDGE FINANCIAL	Registered Investment Company INTL SOCIALLY RESPONSIBLE FUND	$ 0.00	$ 4,904.01
	COREBRIDGE FINANCIAL	Registered Investment Company INVESCO BAL RISK COMMOD STR R5	$ 0.00	$ 3,879.32
	Metropolitan Life Insurance Co	Registered Investment Company INVESCO DEVELOPING MARKETS A	$ 0.00	$ 7,894.75
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company INVESCO GLOBAL EQUITY PORTFOLI	$ 0.00	$ 9,960.02
	Metropolitan Life Insurance Co	Registered Investment Company INVESCO GLOBAL OPPORTUNITIES A	$ 0.00	$ 4,513.08
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company JENNISON GROWTH PORTFOLIO	$ 0.00	$ 233,246.85
	JP Morgan Funds	Registered Investment Company JP Morgan Mid Cap Growth R6 Fd	$ 0.00	$ 1,322,645.18
	JPMorgan	Registered Investment Company JPMorgan US Gov MM Capital Fd	$ 0.00	$ 1,593,601.19
	Metropolitan Life Insurance Co	Registered Investment Company JPMORGAN SMARTRETIREMENT INCOM	$ 0.00	$ 1,927.35
	COREBRIDGE FINANCIAL	Registered Investment Company LARGE CAPITAL GROWTH	$ 0.00	$ 1,482.02
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company LOOMIS SAYLES GLOBAL ALLOCATIO	$ 0.00	$ 25,456.73
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company LOOMIS SAYLES GROWTH PORTFOLIO	$ 0.00	$ 322,473.53

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company METLIFE AGGREGATE BOND INDEX P	$ 0.00	$ 7,850.32
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company METLIFE MSCI EAFE INDEX PORTFO	$ 0.00	$ 7,423.65
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company METLIFE RUSSELL 2000 INDEX POR	$ 0.00	$ 13,087.58
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company METLIFE STOCK INDEX PORTFOLIO	$ 0.00	$ 76,848.86
	MFS Investment Management	Registered Investment Company MFS Global Real Estate R6 Fund	$ 0.00	$ 1,793,851.73
	MFS Investment Management	Registered Investment Company MFS Intl Intrinsic Value R6 Fd	$ 0.00	$ 2,273,688.82
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company MFS RESEARCH INTERNATIONAL POR	$ 0.00	$ 12,631.51
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company MFS TOTAL RETURN PORTFOLIO	$ 0.00	$ 2,483.05
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company MFS VALUE PORTFOLIO	$ 0.00	$ 6,142.75
	COREBRIDGE FINANCIAL	Registered Investment Company MID CAP INDEX FUND	$ 0.00	$ 13,586.86
	COREBRIDGE FINANCIAL	Registered Investment Company MID CAP STRATEGIC GWTH	$ 0.00	$ 13,733.93
	COREBRIDGE FINANCIAL	Registered Investment Company MID CAP VALUE FUND	$ 0.00	$ 62,729.83
	COREBRIDGE FINANCIAL	Registered Investment Company MODERATE GROWTH LIFESTYLE	$ 0.00	$ 4,137.67
	COREBRIDGE FINANCIAL	Registered Investment Company NASDAQ-100(R) INDEX FUND	$ 0.00	$ 6,825.58
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	$ 0.00	$ 2,586,862.58

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	Schwab Funds	Brokerage Account Self-Directed Brokerage Acct	$ 0.00	$ 2,311,567.92
	COREBRIDGE FINANCIAL	Registered Investment Company SCIENCE & TECHNOLOGY FUND	$ 0.00	$ 2,278.47
	Metropolitan Life Insurance Co	Other SELF-DIRECTED BROKERAGE ACCOUN	$ 0.00	$ 353,205.26
	COREBRIDGE FINANCIAL	Insurance Company General SHORT TERM FIXED ACCOUNT	$ 0.00	$ 9,923.35
	COREBRIDGE FINANCIAL	Registered Investment Company SMALL CAP GROWTH FUND	$ 0.00	$ 113.29
	COREBRIDGE FINANCIAL	Registered Investment Company SMALL CAP INDEX FUND	$ 0.00	$ 5,315.01
	COREBRIDGE FINANCIAL	Registered Investment Company SMALL CAP SPECIAL VALUE FUND	$ 0.00	$ 101,661.50
	COREBRIDGE FINANCIAL	Registered Investment Company SMALL CAP VALUE FUND	$ 0.00	$ 2,239.27
	Metropolitan Life Insurance Co	Registered Investment Company STATE STREET INSTL US GOVT MMK	$ 0.00	$ 22,912.62
	COREBRIDGE FINANCIAL	Registered Investment Company STOCK INDEX FUND	$ 0.00	$ 47,565.07
	COREBRIDGE FINANCIAL	Registered Investment Company SYSTEMATIC CORE FUND	$ 0.00	$ 5,541.62
	COREBRIDGE FINANCIAL	Registered Investment Company SYSTEMATIC VALUE	$ 0.00	$ 30,297.66
	BRIGHTHOUSE LIFE INSURANCE COMPANY	Registered Investment Company T. ROWE PRICE SMALL CAP GROWTH	$ 0.00	$ 35,890.83
	COREBRIDGE FINANCIAL	Registered Investment Company US SOCIALLY RESPONSIBLE FUND	$ 0.00	$ 11,486.21
	Vanguard Group	Registered Investment Company Vanguard Wellington Adm Fund	$ 0.00	$ 3,986,187.50

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S. M' M C 403() P

EIN 55 0357050
PLAN NUMBER 002
PLAN YEAR 01/01/2025 TO 12/31/2025

(A)	(B) Identity of issuer, 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
	VALIC	Insurance Company General VALIC FIXED-INCOME OPT GFUA315	$ 0.00	$ 10,813,114.00
	Metropolitan Life Insurance Co	Registered Investment Company VANGUARD FEDERAL MONEY MARKET	$ 0.00	$ 210.36
	COREBRIDGE FINANCIAL	Registered Investment Company VANGUARD LONG-TERM TREASURY	$ 0.00	$ 21,904.25
	COREBRIDGE FINANCIAL	Registered Investment Company VANGUARD LT INV-GRADE FUND	$ 0.00	$ 8,429.02
	Metropolitan Life Insurance Co	Registered Investment Company VANGUARD SHORT-TERM BOND INDEX	$ 0.00	$ 2,165.84
	Metropolitan Life Insurance Co	Registered Investment Company VANGUARD TOTAL BOND MARKET IND	$ 0.00	$ 3.58
	COREBRIDGE FINANCIAL	Registered Investment Company VANGUARD WELLINGTON FUND INC	$ 0.00	$ 20,160.40
	COREBRIDGE FINANCIAL	Registered Investment Company VANGUARD WINDSOR II	$ 0.00	$ 156,388.52
	Metropolitan Life Insurance Co	Registered Investment Company VANGUARD 500 INDEX ADMIRAL	$ 0.00	$ 625,749.61
	COREBRIDGE FINANCIAL	Registered Investment Company VC I CAPITAL APPRECIATION	$ 0.00	$ 4,471.33
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 9.50%	$ 0.00	$ 3,204,878.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)