

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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: ☒ 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 POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1972
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PMMC OVER LIQUIDATION, LLC 152 E HIGH ST POTTSTOWN, PA 19464-5400
2b	Employer Identification Number (EIN) 26-2874737
2c	Plan Sponsor's telephone number 610-323-2006
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.	10/16/2023	MATTHEW HOWALD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor PMMC OVER LIQUIDATION, LLC 152 E HIGH ST POTTSTOWN, PA 19464-5400		3b Administrator's EIN 26-2874737 3c Administrator's telephone number 610-323-2006
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1185
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) 121
a(2) Total number of active participants at the end of the plan year		6a(2) 107
b Retired or separated participants receiving benefits		6b 589
c Other retired or separated participants entitled to future benefits.....		6c 430
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 50
f Total. Add lines 6d and 6e		6f 1176
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>75639134</u>
b Actuarial value	2b <u>72486708</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>622</u> <u>40672195</u> <u>40672195</u>
b For terminated vested participants.....	<u>442</u> <u>16948065</u> <u>16948065</u>
c For active participants.....	<u>121</u> <u>5565403</u> <u>5565403</u>
d Total	<u>1185</u> <u>63185663</u> <u>63185663</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.34 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>378000</u>
c Total (line 6a + line 6b)	6c <u>378000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/28/2023</u>
	Signature of actuary	Date
<u>D. PATRICK MCDONALD</u>	Type or print name of actuary	<u>23-04834</u>
		Most recent enrollment number
<u>FOSTER & FOSTER, INC.</u>	Firm name	<u>239-600-6231</u>
		Telephone number (including area code)
<u>870 S. DENTON TAP RD</u> <u>SUITE 250</u> <u>COPPELL, TX 75019</u>	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	666374
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	666374
10 Interest on line 9 using prior year's actual return of <u>9.07</u> %	0	60440
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		1966308
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %.....		108540
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		2074848
d Portion of (c) to be added to prefunding balance.....		2074848
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	2801662

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.28 %
15 Adjusted funding target attainment percentage	15	114.72 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	101.94 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/29/2023	156250	0			
06/13/2023	156250	0			
09/06/2023	125000	0			
			Totals ►	18(b)	437500
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 405966
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 378000**b** Excess assets, if applicable, but not greater than line 31a **31b** 378000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance Installment 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 405966**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 405966**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOSTER & FOSTER, INC.

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	ACTUARY	49795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD ADVISORS, INC.

23-2811930

(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	INVESTMENT ADVISOR	45067	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	37729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	562500	437500
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	345517	340490
(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)		
(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)	74315843	54321888
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	430653	268024

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	75654513	55367902

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	75654513	55367902
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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)	437500	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		437500
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	1841370	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1841370
(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)	-129379	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-129379

		(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)		-17795458
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-15645967
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4061605	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4061605
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	49795	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	164612	
(4) Other	2i(4)	364632	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		579039
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4640644
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-20286611
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: FISCHER CUNNANE & ASSOCIATES, LTD

(2) EIN: 23-3060583

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 498512.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC		D Employer Identification Number (EIN) 26-2874737
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 23-2926795		
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 1
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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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) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: <u>100.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
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 _____

Pottstown Memorial Medical Center Retirement Income Plan

Financial Statements and
Supplemental Schedule
For the Years Ended December 31, 2022 and 2021
With Independent Auditors' Report

Pottstown Memorial Medical Center Retirement Income Plan

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
the Pottstown Area Health & Wellness Foundation

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

We have performed audits of the financial statements of the Pottstown Memorial Medical Center Retirement Income 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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Pottstown Memorial Medical Center Retirement Income 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pottstown Memorial Medical Center Retirement Income 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 Pottstown Memorial Medical Center Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

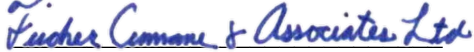
Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2022, 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 GAAS. 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 its 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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).


Fischer Cunnane & Associates Ltd
Certified Public Accountants

West Chester, Pennsylvania
October 13, 2023

Pottstown Memorial Medical Center

Retirement Income Plan

Statements of Net Assets Available for Benefits **As of December 31, 2022 and 2021**

	2022	2021
Investments at fair value	\$ 54,930,402	\$ 75,092,013
Employer contribution receivable	437,500	562,500
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 55,367,902</u>	<u>\$ 75,654,513</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center

Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS TO NET ASSETS:		
Investment Income (Loss)		
Net appreciation (depreciation) in fair value of investments	\$ (17,924,837)	\$ 4,088,499
Interest and dividends	1,841,370	2,389,366
Total Investment Income (Loss)	<u>(16,083,467)</u>	<u>6,477,865</u>
Employer contributions	<u>437,500</u>	<u>2,062,500</u>
Total Additions (Reductions)	<u>(15,645,967)</u>	<u>8,540,365</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid directly to participants	4,061,605	3,889,040
Administrative expenses	<u>579,039</u>	<u>517,599</u>
Total Deductions	<u>4,640,644</u>	<u>4,406,639</u>
NET INCREASE (DECREASE)	(20,286,611)	4,133,726
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>75,654,513</u>	<u>71,520,787</u>
End of Year	<u>\$ 55,367,902</u>	<u>\$ 75,654,513</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

1. Description of Plan

The following brief description of the Pottstown Memorial Medical Center Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit plan which covers substantially all employees of Pottstown Memorial Medical Center (the "Medical Center") and provides for pension, death, and disability benefits. The Plan froze its benefit accruals effective June 30, 2003 as a result of Community Health Systems, Inc. ("CHS") purchasing substantially all of the assets of the Medical Center. CHS did not purchase the Plan as part of the acquisition. The Pottstown Area Health & Wellness Foundation (the "Foundation"), through its controlled group, assumed responsibility for the funding and administration of the Plan, effective June 30, 2003. The Plan continues to be a tax-qualified, defined benefit plan with benefits guaranteed by the Pension Benefit Guaranty Corporation. All active employees who were not fully vested as of June 30, 2003 were deemed to be fully vested effective on that date. Prior to June 30, 2003, employees were considered vested upon completion of five years of credited service. Employees of the Medical Center hired after June 30, 2003 are not eligible to participate in the Plan.

The Foundation sponsored the Plan through PMMC Over Corp., a subsidiary corporation. PMMC Over Corp., was liquidated and dissolved by PMMC Over Liquidation, LLC, its parent corporation, effective June 30, 2008. PMMC Over Liquidation, LLC assumed sponsorship of the Plan effective June 30, 2008. PMMC Over Liquidation, LLC and the Foundation survive the Medical Center as the sole members of the controlled group.

Pension Benefits – Covered employees age 19 and older who have completed one year of eligibility service, excluding leased employees, are entitled to annual pension benefits beginning at normal retirement age of 65, equal to 1.25% of final average monthly compensation times years of benefit accrual service not in excess of 35 years plus 1.35% of final average monthly compensation times years of benefits accrual service in excess of 35 years. In no event shall the benefit be less than the participant's benefit accrual as of December 31, 1988. The Plan permits early retirement at age 55, subject to completion of at least 15 years of vesting service, subject to early retirement penalties of 1/180th reduction for the first 60 months and 1/360th reduction for the next 60 months, by which the early retirement date precedes the normal retirement date. Subsidized early retirement is available for participants at age 62 or older with at least 25 years of vesting service in the form of accrued benefits payable.

Death and Disability Benefits – If a legally married participant dies prior to normal retirement and is eligible for early retirement at the date of their death, the surviving legal spouse will receive 50% of the benefit the participant would have received had he/she retired on the date preceding death. If a participant dies after retirement, under the joint and survivor annuity, the surviving legal spouse will receive a monthly benefit for life under that annuity form. A \$2,000 lump-sum death benefit is also payable to the beneficiary of any retired participant who dies and was receiving early, normal, or disability benefits under the Plan.

Disability benefits are available for a participant who qualifies for total and permanent disability under either social security, workers' compensation, or an employer-sponsored long-term disability plan.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

Contributions – The Foundation’s funding policy is to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Foundation’s present intention is to make contributions in amounts sufficient to fund the Plan’s current service cost and the initial past service cost plus interest over a period of 30 years. There was no minimum required contribution for the years ended December 31, 2022 and 2021. As of the date the financial statements were available to be issued, the amounts actually contributed to the Plan for 2022 and 2021 were \$437,500 and \$2,062,500, respectively. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Termination – Although it has not expressed any intention to do so, the Foundation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its assets will generally not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Significant Accounting Policies

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

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

Investment Valuation and Income Recognition – Investments are stated at fair value in the accompanying financial statements. 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 Finance Committee determines the Plan’s valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

The Plan’s investments (including investments bought, sold, as well as held during the year) depreciated in fair value by \$17,924,837 during 2022, and appreciated in fair value by \$4,088,499 during 2021. Interest and dividends earned on the Plan’s investments were \$1,841,370 and \$2,389,366 for the years ended December 31, 2022 and 2021, respectively.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

Administrative Expenses – Legal and accounting expenses are paid by the Plan Sponsor. Actuarial fees and PBGC premiums are paid by the Plan. Other administrative expenses, such as investment management fees and custodian and trustee fees, are charged directly against Plan assets and disclosed in Note 9. Administrative expenses charged directly against Plan assets are recorded when paid, which is not materially different from recording such amounts on the accrual basis. Investment related expenses are included in net appreciation in fair value of investments.

Accumulated Plan Benefits – Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their highest consecutive 60 months of the final 120 months preceding retirement. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. As described in Note 1, the Plan froze its benefit accruals effective June 30, 2003. Accumulated plan benefits were calculated as of that date.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

CARES Act – During 2020, the Plan implemented certain relief provisions available to participants under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") that was signed into law on March 27, 2020. Pursuant to the CARES Act, the Plan adopted the provision of the CARES Act whereby any contributions to the Plan otherwise due in 2020 were instead due on January 1, 2021, extending the Plan's previous October 15, 2020 deadline. The Plan has not been amended for the CARES Act provisions. The deadline for amending the Plan for the provisions of the CARES Act is December 31, 2025.

3. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits information as of January 1, 2023 and 2022 is as follows:

	January 1,	
	2023	2022
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 39,815,073	\$ 35,738,553
Other participants	20,332,033	18,122,193
Total actuarial present value of accumulated plan benefits	<u>\$ 60,147,106</u>	<u>\$ 53,860,746</u>

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

The changes in the accumulated plan benefits during the years ended January 1, 2023 and 2022 are as follows:

	2023	2022
Actuarial present value of accumulated plan benefits, beginning of year	\$ 53,860,746	\$ 53,992,505
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	5,874,449	112,727
Benefits accumulated	453,759	(391,977)
Increase for interest due to the decrease in the discount period	4,019,757	4,036,531
Benefits paid	(4,061,605)	(3,889,040)
Net change	6,286,360	(131,759)
Actuarial present value of accumulated plan benefits, end of year	\$ 60,147,106	\$ 53,860,746

The significant actuarial assumptions used in the valuation as of January 1, 2023 were:

Actuarial Cost Method	Unit Credit Actuarial Cost Method
Discount Rate	6.50% per annum
Retirement	At normal retirement age (65)
Mortality with Scale MP-2021	SOA RP-2014 White Collar Mortality Table
Asset Valuation Method	Two-year smoothing method, subject to a minimum of 90% and maximum of 110% of fair market value

The major change in actuarial assumptions since the January 1, 2022 valuation was the required update of the segment interest rates and the updated mortality assumption with PPA.

The foregoing actuarial assumptions are based on the presumptions that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Fair Value Measurements

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

The three levels of the fair value hierarchy are described as follows:

Level 1: unadjusted quoted prices in active markets for identical assets or liabilities.

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements

For the Years Ended December 31, 2022 and 2021

Level 2: inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.

Level 3: unobservable inputs that reflect the reporting entity's own assumptions.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual funds and money market funds: The investments in mutual funds and money market funds are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Private equity fund: The investment in the private equity fund is valued at NAV, utilizing the valuations provided by the underlying investment companies and/or their administrators. Plan management considers subscription and redemption rights, including any restrictions on the disposition of the interest in its determination of fair value.

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

Basis of Fair Value Measurements as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 54,321,889	\$ -	\$ -	\$ 54,321,889
Money market funds	340,489	-	-	340,489
Total investments in the fair value hierarchy	<u>\$ 54,662,378</u>	<u>\$ -</u>	<u>\$ -</u>	
Private equity fund measured at NAV (a)				268,024
Total investments at fair value				<u>\$ 54,930,402</u>
Basis of Fair Value Measurements as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 74,315,843	\$ -	\$ -	\$ 74,315,843
Money market funds	345,517	-	-	345,517
Total investments in the fair value hierarchy	<u>\$ 74,661,360</u>	<u>\$ -</u>	<u>\$ -</u>	
Private equity fund measured at NAV (a)				430,653
Total investments at fair value				<u>\$ 75,092,013</u>

Pottstown Memorial Medical Center

Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

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

The estimated fair values of certain investments may differ significantly from the values that would have been used had a ready market for the securities existed because of the inherent uncertainty of valuation methods. It is also reasonably possible that valuation methods will change in the near future.

5. Information Certified by the Trustee of the Plan

The following information included in the accompanying Plan financial statements as of December 31, 2022 and 2021, and for the years then ended, and the ERISA-required supplemental schedule as of December 31, 2022, was obtained by management and agreed to or derived from information certified by the Vanguard Fiduciary Trust Company, the trustee of the Plan, as complete and accurate, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

	2022	2021
Investments, at fair value:		
Money market funds	\$ 340,489	\$ 345,517
Mutual funds	54,321,889	74,315,843
Investment income:		
Net appreciation (depreciation) in fair value of investments	(17,795,457)	4,082,280
Interest and dividends	1,841,370	2,389,366

6. Income Tax Status

The Plan obtained its latest determination letter on February 5, 2003, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, 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 plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

7. Related-Party and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company, the trustee of the Plan. Certain fees are paid to the Plan's service providers as described in Note 9. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2022 and 2021

8. Investments in Entities that Calculate Net Asset Value Per Share

The Plan invests in the Glenmede Private Equity Fund III, LLC (the "Fund"), a private equity fund that invests in limited partnerships and other pooled investment vehicles organized by independent fund sponsors to make private investments in non-public companies consisting primarily of equity and equity-related ownership interest. As an investor in the Fund, the Plan entered into a subscription agreement during 2004 in which the Plan committed to contribute capital of \$3,500,000 to the Fund. Through December 31, 2015, the Plan made contributions of \$2,975,000, 85% of the total commitment, under the terms of the Fund agreement. The Fund had an initial term that expired on December 31, 2013 with up to three one-year extensions under certain circumstances. The Fund received its second one-year extension, which expired on December 31, 2015. The Fund invoked its third one-year extension, which expired on December 31, 2016, upon which the Fund commenced the orderly disposition of its remaining assets in accordance with the agreement. As proceeds are received from underlying partnerships, the Fund will make cash distributions to the Plan. However, the Plan may not redeem its investment prior to the dissolution of the Fund, under the terms of the Fund agreement. As the Fund is in its realization phase, management of the Plan believes it is unlikely that the unfunded commitment balance of \$525,000 will be required to be contributed to the Fund.

The fair value of the private equity fund is \$268,024 and \$430,653 as of December 31, 2022 and 2021, respectively. In determining fair value, the Glenmede Trust Company, N.A. ("Glenmede") has, as a practical expedient, where allowable under ASC 820, estimated the fair value of the Fund's underlying investments using the NAV (or its equivalent) per share of the investments as of the investments' measurement date. Glenmede has determined these values are indicative of the fair values of the investments.

9. Administrative Expenses

The Plan incurred administrative expenses for the years ended December 31, 2022 and 2021 as follows:

	2022	2021
Investment management fees*	\$ 95,567	\$ 100,420
Custodian and trustee fees*	69,045	38,877
PBGC premiums	364,632	358,902
Actuary fees*	49,795	19,400
	<u>\$ 579,039</u>	<u>\$ 517,599</u>

* These fees qualify as party in interest transactions, which are exempt from the prohibited transactions rules of ERISA.

Pottstown Memorial Medical Center Retirement Income Plan

**Notes to the Financial Statements
For the Years Ended December 31, 2022 and 2021**

10. Risks and Uncertainties

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

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

11. Subsequent Events

Plan management has evaluated all subsequent events through, October 13, 2023, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Pottstown Memorial Medical Center Retirement Income Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Vanguard Prime Money Market Fund	Money Market Fund	\$ 340,489	\$ 340,489
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	2,624,911	1,991,062
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	26,163,040	19,605,299
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	8,007,044	12,907,630
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,530,732	5,305,837
*	Vanguard FTSE All-World Ex-US Fund Institutional Shares	Mutual Fund	9,808,689	10,085,964
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	4,312,327	4,426,097
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	399,085	268,024
			<u>\$ 59,186,317</u>	<u>\$ 54,930,402</u>

* Party-in-interest transaction

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26a - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	1	3	0	0	0	0	0	0	0	0
45 to 49	0	2	6	0	0	0	0	0	0	0
50 to 54	2	10	8	8	1	0	0	0	0	0
55 to 59	1	7	2	11	5	2	0	0	0	0
60 to 64	2	7	7	5	7	8	0	0	0	0
65 to 69	1	4	1	3	2	3	0	0	0	0
70 & up	0	1	0	0	0	1	0	0	0	0

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001

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

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2022.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2022 plan year, applied on a static basis.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2022 Plan Year		2021 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	1.07%	4.75%	2.22%	4.75%
Second Segment Rate	2.68%	5.18%	3.38%	5.36%
Third Segment Rate	3.36%	5.92%	3.92%	6.11%
Effective Interest Rate	2.81%	5.34%	3.49%	5.52%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year (\$378,000 for 2022 and \$806,000 for 2021).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

ACTUARIAL METHODS

Actuarial Cost Method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.75% per annum, limited to the applicable third segment rate as follows:
2021 measurement period: 6.11%
2020 measurement period: 6.27%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$806,000 for 2021 to \$378,000 for 2022.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2022**This Form is Open to Public
Inspection**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PMMC OVER LIQUIDATION, LLC		D Employer Identification Number (EIN) 26-2874737	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value		2a	75,639,134
b Actuarial value		2b	72,486,708
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	622	40,672,195	40,672,195
b For terminated vested participants.....	442	16,948,065	16,948,065
c For active participants	121	5,565,403	5,565,403
d Total.....	1,185	63,185,663	63,185,663
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		5.34%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	378,000
c Total (line 6a + line 6b)		6c	378,000

Statement by Enrolled Actuary

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

SIGN HERE	D. Patrick McDonald <i>ppm</i>	09/28/2023
	Signature of actuary	Date
D. PATRICK MCDONALD		2304834
Type or print name of actuary		Most recent enrollment number
FOSTER & FOSTER, INC.		239-600-6231
Firm name		Telephone number (including area code)
870 S. DENTON TAP RD SUITE 250 COPPELL TX 75019		
Address of the firm		

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	666,374
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	666,374
10	Interest on line 9 using prior year's actual return of <u>9.07</u> %	0	60,440
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,966,308
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.52</u> %		108,540
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,074,848
	d Portion of (c) to be added to prefunding balance		2,074,848
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2,801,662

Part III		Funding Percentages	
14	Funding target attainment percentage	14	110.28 %
15	Adjusted funding target attainment percentage	15	114.72 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/29/2023	156,250	0			
06/13/2023	156,250	0			
09/06/2023	125,000	0			
Totals ▶			18(b)	437,500	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	405,966	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	378,000	
b Excess assets, if applicable, but not greater than line 31a	31b	378,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	405,966	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	405,966	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

SCHEDULE SB NOTES FOR 2022 PLAN YEAR

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on participants covered by the Plan.

The measurements shown in this report may not be applicable for other purposes. The funding percentages and unfunded accrued liability as measured by the actuarial value of assets will differ from similar measures based on market value of assets. These measures, as provided, are appropriate for determining the adequacy of future contributions, but may not be appropriate for the purpose of settling a portion or all of its liabilities. Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements, and changes in the plan provisions or applicable laws. Due to limited scope, the actuary has not performed any analysis of the potential range of such future differences.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	109.1929	1.0000	109.1929	7,097.5387
66	5.0000	1.0000	5.0000	330.0000
67	1.0000	1.0000	1.0000	67.0000
68	2.0000	1.0000	2.0000	136.0000
69	0.0000	1.0000	0.0000	0.0000
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	1.0000	1.0000	1.0000	72.0000
Total			119.1929	7,772.5387
Average				65.21

The assumed rate of retirement is 100% at age 65.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2022.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 applicable for the 2022 plan year, applied on a static basis.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2022 Plan Year		2021 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	1.07%	4.75%	2.22%	4.75%
Second Segment Rate	2.68%	5.18%	3.38%	5.36%
Third Segment Rate	3.36%	5.92%	3.92%	6.11%
Effective Interest Rate	2.81%	5.34%	3.49%	5.52%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year (\$378,000 for 2022 and \$806,000 for 2021).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

ACTUARIAL METHODS

Actuarial Cost Method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.75% per annum, limited to the applicable third segment rate as follows:
2021 measurement period: 6.11%
2020 measurement period: 6.27%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$806,000 for 2021 to \$378,000 for 2022.

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.			
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.			
Credited Service	Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:			
	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>
	1,900 or more	1 year	1,300 – 1,449	8/12 of year
	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year
	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year
	1,450 – 1,599	9/12 of year	Less than 1,000	None
	No Participant shall accrue any additional years of Credited Service after June 30, 2003.			
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.			
Annual Compensation	Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.			
	Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.			
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.			
Accrued Benefit	For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.			
	In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.			
	Benefits are frozen as of June 30, 2003.			

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement

Eligibility	Normal Retirement Date: The first day of the month following the attainment of age 65.
Benefit Amount	Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility	25 years of Vesting Service.
Monthly Benefit	Accrued Benefit as of retirement date, payable at age 62. In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility	Age 55 and 15 years of Vesting Service.
Benefit Amount	Accrued Benefit as of Early Retirement Date, payable at age 65. In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility	Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.
Monthly Benefit	Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment	Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.
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Optional Forms of Payment	Actuarial equivalent of Normal Form of Payment as: Life annuity with period certain of five, ten, or 15 years; Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.
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**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2021 valuation, administrative expenses were assumed to be \$806,000. For the 2022 valuation, administrative expenses were assumed to be \$378,000. Administrative expenses are calculated based on the prior year's actual expenses and are updated annually to better reflect actual expenses expected to be paid by the Plan.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 26a - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	1	3	0	0	0	0	0	0	0	0
45 to 49	0	2	6	0	0	0	0	0	0	0
50 to 54	2	10	8	8	1	0	0	0	0	0
55 to 59	1	7	2	11	5	2	0	0	0	0
60 to 64	2	7	7	5	7	8	0	0	0	0
65 to 69	1	4	1	3	2	3	0	0	0	0
70 & up	0	1	0	0	0	1	0	0	0	0

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2022	142,709	573,766	3,968,816	4,685,291
2023	192,792	729,389	3,893,677	4,815,858
2024	227,146	857,283	3,809,495	4,893,924
2025	271,919	965,156	3,716,410	4,953,485
2026	301,795	1,062,463	3,612,962	4,977,220
2027	327,668	1,111,372	3,504,721	4,943,761
2028	371,874	1,163,471	3,383,163	4,918,508
2029	380,363	1,203,805	3,253,235	4,837,403
2030	405,762	1,237,998	3,122,727	4,766,487
2031	411,397	1,276,044	2,985,687	4,673,128
2032	423,269	1,327,713	2,842,191	4,593,173
2033	460,170	1,356,883	2,679,551	4,496,604
2034	457,136	1,353,937	2,525,455	4,336,528
2035	483,043	1,360,948	2,370,115	4,214,106
2036	486,861	1,357,831	2,206,923	4,051,615
2037	485,709	1,346,480	2,041,745	3,873,934
2038	475,825	1,323,613	1,882,147	3,681,585
2039	463,762	1,290,335	1,723,435	3,477,532
2040	453,442	1,255,331	1,566,774	3,275,547
2041	439,937	1,216,596	1,413,343	3,069,876
2042	428,074	1,174,943	1,264,327	2,867,344
2043	410,208	1,126,268	1,120,861	2,657,337
2044	393,207	1,074,846	984,032	2,452,085
2045	373,596	1,019,521	854,867	2,247,984
2046	353,551	961,564	734,295	2,049,410
2047	333,037	901,447	623,111	1,857,595
2048	311,558	839,180	521,967	1,672,705
2049	289,741	775,442	431,302	1,496,485
2050	267,768	710,921	351,297	1,329,986
2051	245,834	646,652	281,863	1,174,349
2052	224,148	583,429	222,637	1,030,214
2053	202,914	522,019	173,002	897,935
2054	182,325	463,113	132,170	777,608
2055	162,559	407,299	99,223	669,081
2056	143,772	355,051	73,159	571,982
2057	126,094	306,725	52,958	485,777

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments (continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2058	109,629	262,558	37,627	409,814
2059	94,452	222,672	26,238	343,362
2060	80,608	187,078	17,959	285,645
2061	68,118	155,685	12,068	235,871
2062	56,975	128,316	7,964	193,255
2063	47,153	104,727	5,165	157,045
2064	38,600	84,624	3,292	126,516
2065	31,245	67,686	2,064	100,995
2066	25,001	53,579	1,273	79,853
2067	19,767	41,967	773	62,507
2068	15,437	32,520	461	48,418
2069	11,905	24,926	271	37,102
2070	9,064	18,895	157	28,116
2071	6,811	14,164	89	21,064

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	109.1929	1.0000	109.1929	7,097.5387
66	5.0000	1.0000	5.0000	330.0000
67	1.0000	1.0000	1.0000	67.0000
68	2.0000	1.0000	2.0000	136.0000
69	0.0000	1.0000	0.0000	0.0000
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	1.0000	1.0000	1.0000	72.0000
Total			119.1929	7,772.5387
Average				65.21

The assumed rate of retirement is 100% at age 65.

POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2022	142,709	573,766	3,968,816	4,685,291
2023	192,792	729,389	3,893,677	4,815,858
2024	227,146	857,283	3,809,495	4,893,924
2025	271,919	965,156	3,716,410	4,953,485
2026	301,795	1,062,463	3,612,962	4,977,220
2027	327,668	1,111,372	3,504,721	4,943,761
2028	371,874	1,163,471	3,383,163	4,918,508
2029	380,363	1,203,805	3,253,235	4,837,403
2030	405,762	1,237,998	3,122,727	4,766,487
2031	411,397	1,276,044	2,985,687	4,673,128
2032	423,269	1,327,713	2,842,191	4,593,173
2033	460,170	1,356,883	2,679,551	4,496,604
2034	457,136	1,353,937	2,525,455	4,336,528
2035	483,043	1,360,948	2,370,115	4,214,106
2036	486,861	1,357,831	2,206,923	4,051,615
2037	485,709	1,346,480	2,041,745	3,873,934
2038	475,825	1,323,613	1,882,147	3,681,585
2039	463,762	1,290,335	1,723,435	3,477,532
2040	453,442	1,255,331	1,566,774	3,275,547
2041	439,937	1,216,596	1,413,343	3,069,876
2042	428,074	1,174,943	1,264,327	2,867,344
2043	410,208	1,126,268	1,120,861	2,657,337
2044	393,207	1,074,846	984,032	2,452,085
2045	373,596	1,019,521	854,867	2,247,984
2046	353,551	961,564	734,295	2,049,410
2047	333,037	901,447	623,111	1,857,595
2048	311,558	839,180	521,967	1,672,705
2049	289,741	775,442	431,302	1,496,485
2050	267,768	710,921	351,297	1,329,986
2051	245,834	646,652	281,863	1,174,349
2052	224,148	583,429	222,637	1,030,214
2053	202,914	522,019	173,002	897,935
2054	182,325	463,113	132,170	777,608
2055	162,559	407,299	99,223	669,081
2056	143,772	355,051	73,159	571,982
2057	126,094	306,725	52,958	485,777

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments (continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2058	109,629	262,558	37,627	409,814
2059	94,452	222,672	26,238	343,362
2060	80,608	187,078	17,959	285,645
2061	68,118	155,685	12,068	235,871
2062	56,975	128,316	7,964	193,255
2063	47,153	104,727	5,165	157,045
2064	38,600	84,624	3,292	126,516
2065	31,245	67,686	2,064	100,995
2066	25,001	53,579	1,273	79,853
2067	19,767	41,967	773	62,507
2068	15,437	32,520	461	48,418
2069	11,905	24,926	271	37,102
2070	9,064	18,895	157	28,116
2071	6,811	14,164	89	21,064

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Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.			
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.			
Credited Service	Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:			
	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>
	1,900 or more	1 year	1,300 – 1,449	8/12 of year
	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year
	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year
	1,450 – 1,599	9/12 of year	Less than 1,000	None
	No Participant shall accrue any additional years of Credited Service after June 30, 2003.			
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.			
Annual Compensation	Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.			
	Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.			
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.			
Accrued Benefit	For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.			
	In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.			
	Benefits are frozen as of June 30, 2003.			

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Normal Retirement

Eligibility	Normal Retirement Date: The first day of the month following the attainment of age 65.
Benefit Amount	Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility	25 years of Vesting Service.
Monthly Benefit	Accrued Benefit as of retirement date, payable at age 62. In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility	Age 55 and 15 years of Vesting Service.
Benefit Amount	Accrued Benefit as of Early Retirement Date, payable at age 65. In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility	Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.
Monthly Benefit	Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment	Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.
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Optional Forms of Payment	Actuarial equivalent of Normal Form of Payment as: Life annuity with period certain of five, ten, or 15 years; Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.
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**POTTSTOWN MEMORIAL MEDICAL CENTER
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Schedule SB, Part V – Summary of Plan Provisions (continued)

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

Pottstown Memorial Medical Center Retirement Income Plan

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2022**

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	Vanguard Prime Money Market Fund	Money Market Fund	\$ 340,489	\$ 340,489
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	2,624,911	1,991,062
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	26,163,040	19,605,299
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	8,007,044	12,907,630
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,530,732	5,305,837
*	Vanguard FTSE All-World Ex-US Fund Institutional Shares	Mutual Fund	9,808,689	10,085,964
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	4,312,327	4,426,097
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	399,085	268,024
			<u>\$ 59,186,317</u>	<u>\$ 54,930,402</u>
*	Party-in-interest transaction			

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
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Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2021 valuation, administrative expenses were assumed to be \$806,000. For the 2022 valuation, administrative expenses were assumed to be \$378,000. Administrative expenses are calculated based on the prior year's actual expenses and are updated annually to better reflect actual expenses expected to be paid by the Plan.