

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

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**

<p><b>1a</b> Name of plan <u>WINDBER MEDICAL CENTER RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>WINDBER HOSPITAL, INC.</u></p> <p><u>600 SOMERSET AVENUE</u> <u>WINDBER, PA 15963</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>25-1244202</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>814-467-3754</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/11/2025	JAMIE BROCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	354
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	75
	<b>6a(2)</b>	65
	<b>6b</b>	183
	<b>6c</b>	81
	<b>6d</b>	329
	<b>6e</b>	17
	<b>6f</b>	346
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

<b>A</b> Name of plan <u>WINDBER MEDICAL CENTER RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WINDBER HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1244202</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		<u>11408501</u>
<b>b</b> Actuarial value .....	<b>2b</b>		<u>11704840</u>
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>196</u>	<u>7859657</u>	<u>7859657</u>
<b>b</b> For terminated vested participants .....	<u>83</u>	<u>2486016</u>	<u>2486016</u>
<b>c</b> For active participants .....	<u>75</u>	<u>2224550</u>	<u>2230780</u>
<b>d</b> Total .....	<u>354</u>	<u>12570223</u>	<u>12576453</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</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 .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		<u>5.18 %</u>
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		<u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		<u>24000</u>
<b>c</b> Target normal cost .....	<b>6c</b>		<u>24000</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>04/05/2025</u>	Date
	<u>DAVID WEAVER</u>	<u>23-07592</u>	Most recent enrollment number
	Type or print name of actuary	<u>412-394-9992</u>	Telephone number (including area code)
	<u>ACRISURE</u>		
	Firm name		
	<u>FOUR GATEWAY CENTER, SUITE 605</u> <u>PITTSBURGH, PA 15222</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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		21
<b>b(1)</b>	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>5.35</u> % .....		1
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		22
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	93.06 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	93.06 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.83 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/12/2023	32492	0			
01/12/2024	25511	0			
04/12/2024	25511	0			
07/15/2024	18530	0			
03/14/2025	15800	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				117844	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 113481
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>c</b>	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
0	0	0
(4) 4th		
0		

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>			
<b>28</b> Unpaid minimum required contributions for all prior years .....			<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....			<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....			<b>31a</b> 24000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	871613	89380	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 113380
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 113380
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 113481
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 101
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b>
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> 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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>WINDBER MEDICAL CENTER RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WINDBER HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1244202</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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)

ACRISURE

92-3652116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	45610	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1ST SUMMIT BANK

25-1631323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	24747	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>WINDBER MEDICAL CENTER RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>WINDBER HOSPITAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1244202</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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.

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	52590	52791
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	80670	34330
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	508930	1038494
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	650448
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	2566207	145131
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8202361	9112661
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	661501

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	11410758	11695356
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	11410758	11695356

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	117844	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		117844
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	42723	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	24381	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	3200	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>	13692	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		83996
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	170688	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		170688
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		764298
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1136826

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	781871	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		781871
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	24747	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	45610	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		70357
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		852228

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		284598
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **WESSEL & COMPANY**

(2) EIN: **25-1390233**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.			

**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 534737.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

<b>A</b> Name of plan <u>WINDBER MEDICAL CENTER RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>WINDBER HOSPITAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1244202</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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): <u>25-1631323</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	1

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 31 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705464A.

**WINDBER MEDICAL CENTER RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**JUNE 30, 2024 AND 2023**

**WINDBER MEDICAL CENTER RETIREMENT PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**JUNE 30, 2024 AND 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of  
Windber Medical Center Retirement Plan  
Windber, Pennsylvania

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

We have performed audits of the financial statements of Windber Medical Center Retirement 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 June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the year ended June 30, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

### ***Basis for Opinion***

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

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

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



WESSEL & COMPANY  
Certified Public Accountants

April 9, 2025

WINDBER MEDICAL CENTER RETIREMENT PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 JUNE 30, 2024 AND 2023

	2024	2023
Assets		
Cash	\$ 52,791	\$ 52,590
Investments, at fair value		
Interest bearing cash	1,038,494	508,930
U.S. Government securities	650,448	-
Fixed income securities	145,131	2,566,207
Registered investment companies	9,112,661	8,202,361
Other securities	661,501	-
Total Investments	11,608,235	11,277,498
Receivables		
Employer contributions receivable	34,330	80,670
Total Assets	11,695,356	11,410,758
Net Assets Available For Benefits	\$ 11,695,356	\$ 11,410,758

See Independent Auditor's Report and  
 Accompanying Notes to Financial Statements

WINDBER MEDICAL CENTER RETIREMENT PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED JUNE 30, 2024

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 764,298
Interest and dividends	<u>254,684</u>
Net investment income	1,018,982
Employer contributions	<u>117,844</u>
Total additions	<u>1,136,826</u>
Deductions	
Benefits paid to participants	781,871
Administrative expenses	<u>70,357</u>
Total deductions	<u>852,228</u>
Net increase in net assets	284,598
Net assets available for benefits	
Beginning of year	<u>11,410,758</u>
End of year	<u><u>\$ 11,695,356</u></u>

See Independent Auditor's Report and  
Accompanying Notes to Financial Statements

WINDBER MEDICAL CENTER RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 1      PLAN DESCRIPTION

The following description of Windber Medical Center Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

*General*

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Chan Soon-Shiong Medical Center at Windber and affiliates and Windber Research Institute d/b/a Chan Soon-Shiong Institute of Molecular Medicine (collectively the “Organization”), who were employed prior to June 22, 2003. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Plan management is responsible for oversight of the Plan, determines the appropriateness of the Plan’s investment offerings, and monitors investment performance.

Accrued benefits under the Plan were frozen as of June 22, 2003, at which time all participants ceased to accrue additional benefits.

*Eligibility for Participation*

Prior to the date the Plan was frozen, employees became eligible to participate in the Plan upon attainment of age twenty-one (21) and completion of one (1) year of credited service, as defined by the Plan. Employees hired after the date the Plan was frozen are not eligible to participate in the Plan.

*Vesting*

Eligible participants are fully vested upon completion of five (5) years of vesting service or attaining normal retirement age while still employed by the Organization. Participants earn one year of vesting service for each year in which they are credited with at least nine hundred seventy-five (975) hours of service.

*Funding Policy*

The Plan’s funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No participant contributions are permitted. The minimum funding requirements of ERISA were met for the years ended June 30, 2024 and 2023.

Although it has not expressed any intention to do so, the Organization 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.

### *Pension Benefits*

Participants with five (5) or more years of credited service are generally entitled to annual pension benefits beginning at normal retirement age sixty-five (65) equal to the greater of the following: (a) 75 percent (75%) of the first \$4,800 of average compensation plus 1.25 percent (1.25%) of average compensation in excess of \$4,800 multiplied by total years of benefit service prior to the date the Plan was frozen (up to a maximum of forty-five (45) years); or (b) \$42 multiplied by the number of years of benefit service prior to the date the Plan was frozen. The Plan permits early retirement from age fifty-five (55) to sixty-four (64).

### *Death and Disability Benefits*

Upon the death of a vested married participant, the surviving spouse will receive a death benefit equal to fifty percent (50%) of the joint and survivor annuity, commencing at what would have been the normal retirement date. If the participant was eligible to immediately receive a benefit, the spouse's benefit is payable immediately; otherwise, it is payable when the participant could have elected immediate benefits.

If a participant dies after completing five (5) years of service, the surviving spouse or eligible dependent is eligible for a death benefit equal to the lump sum that would have been payable to the participant if employment had been terminated on the date of the participant's death.

## NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### *Basis of Accounting*

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

### *Use of Estimates*

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

### *Investment Valuation and Income Recognition*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

### *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

*Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employee's compensation in the five (5) highest consecutive calendar year periods within the last ten (10) years of employment preceding the date that the Plan was frozen. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included to the extent they are attributable to employee service rendered to the date the Plan was frozen.

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

The actuarial present value of accumulated plan benefits as of June 30, 2024 and 2023, is as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Retired participants and beneficiaries	\$ 7,186,239	\$ 6,818,640
Other participants	<u>3,357,827</u>	<u>3,848,656</u>
Total vested benefits	10,544,066	10,667,296
Nonvested benefits	<u>4,186</u>	<u>5,787</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 10,548,252</u>	<u>\$ 10,673,083</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended June 30, 2024, are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 10,673,083</u>
Increase/(decrease) during the year attributable to:	
Benefits accumulated and plan experience	(64,774)
Interest due to decrease in discount period	720,213
Benefits paid	(781,870)
Change in actuarial assumptions	<u>1,600</u>
Net decrease	<u>(124,831)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,548,252</u>

Significant actuarial assumptions underlying the actuarial computations are as follows:

Discount rate	7.00 percent for 2024 and 2023
Mortality	Society of Actuaries (SOA) amount weighted Pri-2012, total dataset, sex distinct, with separate rates for pre-commencement and post-commencement for 2024 and 2023.
Retirement age	Age 65 for 2024 and 2023

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

### NOTE 3 FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Interest bearing cash is valued at the quoted net asset value ("NAV") of shares held by the Plan at year-end.

U.S. Government securities and other securities are valued at the closing price reported in the active market in which the individual securities are traded, if available, or estimated using quoted market prices for similar assets.

Registered investment companies are valued at the NAV of shares held by the plan at year-end, which is based on quoted market prices in active markets.

Fixed income securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar fixed income securities, the fixed income security is valued under a discounted cash flows approach that maximize observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

Assets at Fair Value				
As of June 30, 2024	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,038,494	\$ ---	\$ ---	\$ 1,038,494
U.S. Government securities	650,448	---	---	650,448
Registered investment companies	9,112,661	---	---	9,112,661
Fixed income securities	---	145,131	---	145,131
Other securities	661,501	---	---	661,501
<b>Total assets at fair value</b>	<b>\$ 11,643,104</b>	<b>\$ 145,131</b>	<b>\$ ---</b>	<b>\$ 11,608,235</b>

Assets at Fair Value				
As of June 30, 2023	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 508,930	\$ ---	\$ ---	\$ 508,930
U.S. Government securities	---	---	---	---
Registered investment companies	8,202,361	---	---	8,202,361
Fixed income securities	---	2,566,207	---	2,566,207
Other securities	---	---	---	---
<b>Total assets at fair value</b>	<b>\$ 8,711,291</b>	<b>\$ 2,566,207</b>	<b>\$ ---</b>	<b>\$ 11,277,498</b>

#### NOTE 4 PLAN TERMINATION

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

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three (3) years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five (5) years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- c) All other vested benefits (that is, vested benefits not insured by PBGC).
- d) All nonvested benefits.

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

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

#### NOTE 5 RELATED PARTY TRANSACTIONS

The Plan's investments are administered under a contract with 1st Summit Bank, the custodian of the Plan. Contributions are held and managed by 1st Summit Bank, who invests cash received, interest, and dividend income, and makes distributions to participants. These transactions qualify as party in interest transactions.

Administrative expenses of 1st Summit Bank are paid by the Plan. Certain other administrative expenses of the Plan are paid by the Organization. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan.

## NOTE 6 TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Organization by a letter dated January 27, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

## NOTE 7 CERTIFIED INVESTMENT INFORMATION

The Plan administrator has elected the method of annual reporting compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, 1<sup>st</sup> Summit Bank, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of June 30, 2024 and 2023 .
- Investment income as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended June 30, 2024.
- Investment information included in the Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended June 30, 2024 as shown on the ERISA required supplemental schedules.

## NOTE 8 RISK AND UNCERTAINTIES

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

In addition, 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 Statement of Net Assets Available for Benefits.

**NOTE 9      SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events for recognition or disclosure through April 9, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

## **SUPPLEMENTAL SCHEDULES**

WINDBER MEDICAL CENTER RETIREMENT PLAN  
EIN: 25-1244202  
PLAN NUMBER: 001  
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	1st Summit Bank	Cash Account	\$ 52,791	\$ 52,791
	Interest Bearing Cash			
	Vanguard	Vanguard Federal MMK 33	140,000	140,000
	Capital One Bank	CD - 4.80% 11/3/2025	200,000	199,320
	Discover Bank	CD - 4.90% 11/8/2027	200,000	200,678
	Morgan Stanley Bank	CD - 4.60% 5/17/2027	100,000	99,915
	Sandy Spring Bank	CD - 4.50% 2/3/2025	150,000	148,931
	UBS Bank	CD - 4.90% 11/18/2024	100,000	99,787
	Wells Fargo Bank	CD - 4.65% 8/2/2024	150,000	149,863
	Total Interest Bearing Cash		1,040,000	1,038,494
	U.S. Government Securities			
	U.S. Treasury	N/B 5.25% 02 15 2029	207,240	207,379
	U.S. Treasury	N/B 5.375% 02 15 2031	212,844	212,328
	U.S. Treasury	N/B 5.50% 08 15 2028	208,639	208,581
	Federated	Federated Government Obligations Prime #117	22,160	22,160
	Total U.S. Government Securities		650,883	650,448
	Fixed Income Securities			
	FHLB	FHLB 6.40% 8/28/43	100,000	100,131
	Federal	Fed Home Loan Bank 5.00% 2/23/2029	45,000	45,000
	Total Fixed Income Securities		145,000	145,131
	Registered Investment Companies			
	American Century Investments	American Centy Cap Portfoliomid Cap Valu I	186,459	192,403
	American Funds	US Gov Sec	71,602	70,939
	American Mutual	American Mut FD CI R-6	202,257	268,647
	Baird	Fds Inc Shrt Trm Bd I	133,212	128,435
	DFA Investment Dimensions Group	DFA US Target Value	155,663	176,403
	Dimensional	Dfa International Core Equity Portfolio	262,502	310,634
	Dodge & Cox	Income FD Com	102,816	91,062
	Fidelity	Long Term Treasury Bond Index	479,904	446,499
	Fidelity	Short Term Treasury Bond Index	1,350,000	1,348,665
	Fiduciary Management Inc.	Fds Inc Com Stk Instl	141,391	181,049
	Fiduciary Management Inc.	Concord Str Tr 500 IDX Ins Prem	420,260	508,936
	Fiduciary Management Inc.	Fmi International Fund Institutional Class	408,883	447,522
	Goldman Sachs	Gwg Ptnrs	233,733	290,506
	Harding Loevner	International Equity Portfolio Institutional Class	273,976	344,281
	Institutional Equity Funds	Institutional Equity Fds Inct Rowe Larg CP I	284,332	535,171
	iShares	Tr 20 Yr Tr Bd ETF	180,093	166,672
	Jensen	Jensen Funds QLT Grw I Shares	134,964	252,880
	JP Morgan	JPMorgan Tr I Hedged Equity I	97,662	115,983
	JP Morgan	Mortgage-Back Securities	53,522	54,280
	T Rowe Price	T Rowe Price Mid-Cap Growth Fund - I Class	144,837	257,754
	Vanguard Group	Mid-Cap Index #5859	233,203	256,297
	Vanguard Group	Vanguard Dividend Growth FD #57	223,357	436,959
	Vanguard Group	Vanguard Fenway Fds Eqty Incm Adml	201,374	250,106
	Vanguard Group	Growth Index	280,416	362,746
	Vanguard Group	Extended Duration Treasury Index Fund	90,003	80,311
	Vanguard Group	Index Fds Smcp Index ADM	93,248	101,275
	Vanguard Group	Index Fds Valu Index ADM	373,211	415,497
	Vanguard Group	Short Term Invest Gr Admiral Shrs #539	35,952	36,635
	Vanguard Group	Scottsdale Fds It Treasury Adml	900,000	879,362
	Wasatch	Fds Inc Cre Gwth Instl	93,310	104,752
	Total Registered Investment Companies		7,842,142	9,112,661
	Other Securities			
	Alameda County CA	Bond - 3.649% 8/1/30	70,156	70,473
	Arlington Indl Dev	Bond - 1.244% - 8/01/2026	56,104	55,316
	City of Mansfield TX	Bond - 3.43% 2/15/26	33,931	33,994
	Cuyahoga Co Ohio	Bond - Rev 3.376% 1/1/2030	82,562	85,059
	Florida St Univ	Bond - Rev 5% 7/1/2027	75,138	74,990
	Indiana St Hsg Comm	Bond - Dev 4.3% 1/1/2028	97,485	96,042
	Maryland St Comm Hsg	Bond - 5.042% 9/1/2026	44,989	44,773
	Massachusetts St	Bond - Rev 3.68% 7/15/2026	96,878	97,479
	Middlesex Co NJ	Bond - Rev 4.603% 8/15/2029	49,527	48,570
	Schertz-Cibolo-Universal City TX	Bond - 5% 2/1/2027	55,296	54,805
	Total Other Securities		662,066	661,501
	Total		\$ 10,392,882	\$ 11,661,026

\* Represents a party-in-interest.

See Independent Auditor's Report on Supplemental Information

WINDBER MEDICAL CENTER RETIREMENT PLAN  
 EIN: 25-1244202  
 PLAN NUMBER: 001  
 SCHEDULE H - LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS  
 YEAR ENDED JUNE 30, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Series Transactions:								
Federated								
Federated Government Obligations Fund	Money Market Funds	<u>\$ 5,101,537</u> (A)				<u>\$ 5,101,537</u>	<u>\$ 5,101,537</u>	<u>\$ -</u>
Federated								
Federated Government Obligations Fund	Money Market Funds		<u>\$ 5,199,738</u> (B)			<u>\$ 5,199,738</u>		<u>\$ -</u>
Goldman Sachs								
Goldman Sachs #520	Money Market Funds	<u>\$ 1,400,000</u> (C)				<u>\$ 1,400,000</u>	<u>\$ 1,400,000</u>	<u>\$ -</u>
Goldman Sachs								
Goldman Sachs #520	Money Market Funds		<u>\$ 290,342</u> (D)			<u>\$ 290,342</u>		<u>\$ -</u>
Vanguard Group								
Vanguard Federal MMK 33		<u>\$ -</u> (E)				<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
			<u>\$ 1,260,000</u> (F)			<u>\$ 1,260,000</u>		<u>\$ -</u>

- (A) Consists of 77 purchase transactions
- (B) Consists of 44 sale transactions
- (C) Consists of 1 purchase transaction
- (D) Consists of 1 sale transaction
- (E) Consists of 0 purchase transactions
- (F) Consists of 3 sale transactions

See Independent Auditor's Report on Supplemental Information

Windber Medical Center Retirement Plan  
 EIN/PN: 25-1244202/001  
 Attachment to the 2023 Form 5500  
 Schedule SB, line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
<25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	1	6	3	0	0	0	0	0	0	0	0	10
45-49	0	5	4	1	0	0	0	0	0	0	0	10
50-54	2	6	2	2	0	0	0	0	0	0	0	12
55-59	0	2	3	4	5	0	0	0	0	0	0	14
60-64	0	3	5	3	6	2	1	0	0	0	0	20
65-69	0	1	1	0	2	1	2	0	0	0	0	7
70+	0	1	0	1	0	0	0	0	0	0	0	2
<b>Total</b>	<b>3</b>	<b>24</b>	<b>18</b>	<b>11</b>	<b>13</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>75</b>

Windber Medical Center Retirement Plan  
 EIN/PN: 25-1244202/001  
 Attachment to the 2023 Form 5500  
 Schedule SB, Part V - Statement of Actuarial Methods and Assumptions

Actuarial Methods and Assumptions

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As of July 1, 2023

**Mortality:**

- For minimum and maximum funding: IRS 2023 Static Mortality Table, in accordance with Regulation 1.430.

**Interest Rates**

- IRS Prescribed Interest Rates for Funding Target Liability:

	Current Year		Prior Year	
	<u>Minimum*</u>	<u>Maximum</u>	<u>Minimum*</u>	<u>Maximum</u>
First Segment Rate	4.75%	2.50%	4.75%	0.85%
Second Segment Rate	5.00%	3.83%	5.18%	2.64%
Third Segment Rate	5.74%	4.06%	5.92%	3.28%
Lookback Month	March		March	

- Effective Interest Rate: 5.18%

**Termination Rates:** 2003 SOA Pension Plan Turnover Basic Age Table

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
25	3.00%	3.00%	50	2.00%	2.00%
30	3.00%	3.00%	55	2.00%	2.00%
35	2.00%	2.00%	60	0.00%	0.00%
40	2.00%	2.00%	65	0.00%	0.00%
45	2.00%	2.00%			

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Statement of Actuarial Methods and Assumptions

Actuarial Methods and Assumptions (Continued)

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**Retirement Age:** For active and terminated vested participants eligible for retirement, retirement will occur at the rates shown in the following table.

<u>Age</u>	<u>Rate Per Year</u>	<u>Age</u>	<u>Rate Per Year</u>
55-60	5.0%	67	10.0%
61-63	10.0%	68+	100.0%
64	35.0%		
65-66	15.0%		

**Payment Form Election:**

Active Participants: 25% are assumed to elect a life and 5-year certain annuity, 40% are assumed to elect a life annuity, 25% are assumed to elect a Joint and 50% survivor annuity and 10% are assumed to elect a Joint and 100% survivor annuity.

Future and Current Terminated Vested: 100% are assumed to elect a life and 5-year certain annuity.

**Expenses:** Recognition of non-investment related administrative expenses is included in the target normal cost.

**Marital Status:** 85% of males and 65% of females married. Female spouse 3 years younger than male.

**Asset Valuation Method:** The smoothed value method provided in IRS Notice 2009-22 measured at the valuation date, and the two immediately preceding valuation dates.

**Data:** The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.

**Actuarial Cost Method:** Unit Credit.

A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Statement of Actuarial Methods and Assumptions

(increase) the unfunded Actuarial Accrued Liability.

Actuarial Methods and Assumptions (Continued)

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**Significant Benefits Not Recognized:** None.

**Prescribed Assumption or Method Set by Law or Legally Binding Authority**

- Assumptions and methods noted below, as used for funding calculations, are required by the Pension Protection Act of 2006 (PPA), including subsequent amendments to that Act and associated regulations.
  - Mortality for healthy lives\*
  - Mortality improvement \*
  - Interest rates for minimum funding (including lookback month)\*
  - Interest rates maximum funding (including lookback month)\*
  - Asset valuation method \*
  - Assumed election of lump sum payment option, with annuity substitution method (recognition of lump sum availability required by PPA)\*
  - Expenses (explicit assumption required by PPA)
  - Actuarial cost method (Unit Credit required by PPA)

\*Indicates availability of certain alternatives upon implementation of PPA funding requirements, which were formally elected by the plan sponsor.

**Prescribed Assumption or Method Set by Another Party**

- The following assumptions and methods, used for financial reporting purposes, were selected by the plan sponsor.
  - Mortality and Mortality Improvement – ASC 960 (selected by plan sponsor)
  - Interest Rate – ASC 960 (selected by plan sponsor)
  - ARPA amortization election – to be effective 7/1/2020 (selected by plan sponsor)

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Statement of Actuarial Methods and Assumptions

Actuarial Methods and Assumptions (Continued)

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**Models Used**

Cowden Associates uses a third-party actuarial software package for pension valuation work.

This software package is used worldwide by many actuarial and investment firms. The software models future benefit cash flows, present values, and attribution to various periods, based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The model is highly flexible and also supports comparisons between periods, maintenance of plan specific participant databases, and preparation of reports under various accounting and regulatory structures.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for the underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results, as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

WINDBER MEDICAL CENTER RETIREMENT PLAN  
 EIN: 25-1244202  
 PLAN NUMBER: 001  
 SCHEDULE H - LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS  
 YEAR ENDED JUNE 30, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Series Transactions:								
Federated								
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Federated Government Obligations Fund	Money Market Funds		<u>\$ 5,199,738</u> (B)			<u>\$ 5,199,738</u>		<u>\$ -</u>
Goldman Sachs								
Goldman Sachs #520	Money Market Funds	<u>\$ 1,400,000</u> (C)				<u>\$ 1,400,000</u>	<u>\$ 1,400,000</u>	<u>\$ -</u>
Goldman Sachs								
Goldman Sachs #520	Money Market Funds		<u>\$ 290,342</u> (D)			<u>\$ 290,342</u>		<u>\$ -</u>
Vanguard Group								
Vanguard Federal MMK 33		<u>\$ -</u> (E)				<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
			<u>\$ 1,260,000</u> (F)			<u>\$ 1,260,000</u>		<u>\$ -</u>

- (A) Consists of 77 purchase transactions
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See Independent Auditor's Report on Supplemental Information

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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.

<b>A</b> Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Windber Hospital, Inc.		<b>D</b> Employer Identification Number (EIN) 25-1244202	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value.....		<b>2a</b>	11,408,501
<b>b</b> Actuarial value.....		<b>2b</b>	11,704,840
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	196	7,859,657	7,859,657
<b>b</b> For terminated vested participants.....	83	2,486,016	2,486,016
<b>c</b> For active participants.....	75	2,224,550	2,230,780
<b>d</b> Total.....	354	12,570,223	12,576,453
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....		<b>4a</b>	
<b>b</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.....		<b>4b</b>	
<b>5</b> Effective interest rate.....		<b>5</b>	5.18%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....		<b>6a</b>	0
<b>b</b> Expected plan-related expenses.....		<b>6b</b>	24,000
<b>c</b> Target normal cost.....		<b>6c</b>	24,000

**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.

<b>SIGN HERE</b>	David Weaver <u>DW</u>	<u>4/15/2025</u>
	Signature of actuary	Date
David Weaver		2307592
	Type or print name of actuary	Most recent enrollment number
Acrisure		412-394-9992
	Firm name	Telephone number (including area code)
Four Gateway Center, Suite 605		
Pittsburgh PA 15222		
	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 V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> 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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	24,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	871,613	89,380
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	113,380
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	113,380
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	113,481

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	101
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	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

Windber Medical Center Retirement Plan  
 EIN/PN: 25-1244202/001  
 Attachment to the 2023 Form 5500  
 Schedule SB, line 32 - Schedule of Amortization Bases

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	22.2647	0.0497	1.1075	60.9119
56	22.9332	0.0497	1.1401	63.8476
57	23.5388	0.0497	1.1697	66.672
58	24.0863	0.0497	1.1966	69.4017
59	29.5883	0.0497	1.4695	86.699
60	32.7314	0.0496	1.6251	97.5045
61	32.6584	0.0993	3.242	197.7603
62	31.9634	0.0992	3.1721	196.6731
63	32.3321	0.0992	3.2076	202.0792
64	32.6386	0.3471	11.3273	724.9442
65	25.8582	0.1487	3.8446	249.8963
66	23.5928	0.1486	3.5059	231.3899
67	20.6804	0.099	2.0476	137.1862
68	18.2443	1	18.2443	1240.6148
69	0	1	0	0
70	2	1	2	140
71	1	1	1	71
72	0	1	0	0
73	0	1	0	0
74	0	1	0	0
75	0	1	0	0
76	1	1	1	76
Total			60.2998	3912.5807
Average				<b>64.89</b>

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Summary of Plan Provisions

**Plan Provisions**

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The following is a summary of the major provisions of the plan as of July 1, 2023. Please refer to the plan document for a more complete description of the most recent plan provisions.

**General Information**

- Effective Date: January 1, 1966, as last amended effective March 2018.
- Plan Year: July 1 to June 30.

**Participation**

- Eligible Employees: Participants age 21 with 1 year of service prior to June 22, 2003. Benefits and participation were frozen as of that date.

**Retirement Eligibility:**

- Normal: Age 65.
- Early: Age 55 and 10 Years of Service.

**Service**

- Vesting Service: Participants are credited with a year of vesting service for each calendar year in which they work at least 975 hours.
- Credited service: Participants are credited with a full year of credited service for each calendar year in which they work at least 1950 hours. Participants with 975 or more hours but fewer than 1950 hours are credited with a partial year of service rounded to the nearest hundredth. Service accruals ceased as of June 22, 2003.

**Terms Regarding Payment of Benefits**

- Normal Retirement Date: First of month coincident with or next following age 65.
- Normal Retirement Benefit: The monthly annuity provided is equal to the greatest of (a) or (b).
  - a. 0.75% of Avg. Annual Compensation up to the integration level multiplied by Credited Service plus 1.25% of Avg. Annual Compensation above the integration level multiplied by Credited Service (not to Exceed 35).
  - b. \$3.50 per month per year of credited service earned prior to June 22, 2003.

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Summary of Plan Provisions

**Plan Provisions**

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**Terms Regarding Payment of Benefits (continued)**

- Early Retirement Date: First day of any month coincident with or next following attainment of age 55 and 10 Years of Service but prior to Normal Retirement Date.
- Early Retirement Benefit: The actuarial equivalent of the normal retirement benefit payable at the early retirement date.
- Deferred Retirement Benefit: The vested benefit earned at termination of employment for participants with 5 or more years of vesting service.
- Termination of Employment: If a Participant terminates his employment prior to his Early, Normal or Disability Retirement Date, he will be entitled to a benefit based on the vested portion of his Accrued Benefit. A participant is fully vested at all times.
- Disability Retirement Date: After 10 years of service, and upon total and permanent disability prior to attainment of early or normal retirement eligibility. Such retirement date is his Disability Retirement Date.
- Disability Benefit: The benefit accrued at Disability Retirement Date may be payable at Disability Retirement Date. The minimum disability benefit is \$100 per month prior to normal retirement.
- Pre-Retirement Survivor Annuity: In the case of any Participant who dies before distribution of his benefits under the Plan has commenced, a Preretirement Survivor Annuity shall be payable to the Surviving Spouse of the Participant. This benefit is the survivor's portion of a qualified joint and 50% survivor annuity payable at the earliest date the participant would have been eligible to retire if they had survived and earned no additional service. The benefit payable is actuarially reduced for form of payment and early retirement.

**Forms of Benefit**

Normal

- For Single Participants – The Normal Form of Benefit for single Participants is a life annuity with 5 years certain.
- For Married Participants – The Normal Form of benefit for married Participants is a level joint and 50% survivor or joint and 100% survivor annuity. This benefit is the Actuarial Equivalent of the Normal Form for single Participants.

Windber Medical Center Retirement Plan  
EIN/PN: 25-1244202/001  
Attachment to the 2023 Form 5500  
Schedule SB, Part V - Summary of Plan Provisions

**Plan Provisions**

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**Forms of Benefit (continued)**

Optional Forms

- Level Single Life Annuity – Under this option, a Participant may elect to receive a level retirement income payable for his lifetime.
- Contingent Annuitant Options – Under this option, a Participant may elect to receive a level retirement income payable during their lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the Participant's death to their contingent annuitant for the contingent annuitant's lifetime.
- Life with term certain option – under this option, a participant may elect to receive a level income payable for their lifetime, with payments continuing at least until the certain period has expired in the event a participant becomes deceased.
- Lump Sum – for participants whose lump sum benefit value is less than \$25,000, a Participant may elect to receive the vested value of their Accrued Benefit paid as a lump sum.
- All optional forms shall be the actuarial equivalent of the Normal Form of Benefit.

WINDBER MEDICAL CENTER RETIREMENT PLAN  
EIN: 25-1244202  
PLAN NUMBER: 001  
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	1st Summit Bank	Cash Account	\$ 52,791	\$ 52,791
	Interest Bearing Cash			
	Vanguard	Vanguard Federal MMK 33	140,000	140,000
	Capital One Bank	CD - 4.80% 11/3/2025	200,000	199,320
	Discover Bank	CD - 4.90% 11/8/2027	200,000	200,678
	Morgan Stanley Bank	CD - 4.60%5/17/2027	100,000	99,915
	Sandy Spring Bank	CD - 4.50% 2/3/2025	150,000	148,931
	UBS Bank	CD - 4.90% 11/18/2024	100,000	99,787
	Wells Fargo Bank	CD - 4.65% 8/2/2024	150,000	149,863
	Total Interest Bearing Cash		<u>1,040,000</u>	<u>1,038,494</u>
	U.S. Government Securities			
	U.S. Treasury	N/B 5.25% 02 15 2029	207,240	207,379
	U.S. Treasury	N/B 5.375% 02 15 2031	212,844	212,328
	U.S. Treasury	N/B 5.50% 08 15 2028	208,639	208,581
	Federated	Federated Government Obligations Prime #117	22,160	22,160
	Total U.S. Government Securities		<u>650,883</u>	<u>650,448</u>
	Fixed Income Securities			
	FHLB	FHLB 6.40% 8/28/43	100,000	100,131
	Federal	Fed Home Loan Bank 5.00% 2/23/2029	45,000	45,000
	Total Fixed Income Securities		<u>145,000</u>	<u>145,131</u>
	Registered Investment Companies			
	American Century Investments	American Centy Cap Portfoliomid Cap Valu I	186,459	192,403
	American Funds	US Gov Sec	71,602	70,939
	American Mutual	American Mut FD CI R-6	202,257	268,647
	Baird	Fds Inc Shrt Trm Bd I	133,212	128,435
	DFA Investment Dimensions Group	DFA US Target Value	155,663	176,403
	Dimensional	Dfa International Core Equity Portfolio	262,502	310,634
	Dodge & Cox	Income FD Com	102,816	91,062
	Fidelity	Long Term Treasury Bond Index	479,904	446,499
	Fidelity	Short Term Treasury Bond Index	1,350,000	1,348,665
	Fiduciary Management Inc.	Fds Inc Com Stk Instl	141,391	181,049
	Fiduciary Management Inc.	Concord Str Tr 500 IDX Ins Prem	420,260	508,936
	Fiduciary Management Inc.	Fmi International Fund Institutional Class	408,883	447,522
	Goldman Sachs	Gwg Ptnrs	233,733	290,506
	Harding Loevner	International Equity Portfolio Institutional Class	273,976	344,281
	Institutional Equity Funds	Institutional Equity Fds Inct Rowe Larg CP I	284,332	535,171
	iShares	Tr 20 Yr Tr Bd ETF	180,093	166,672
	Jensen	Jensen Funds QLT Grw I Shares	134,964	252,880
	JP Morgan	JPMorgan Tr I Hedged Equity I	97,662	115,983
	JP Morgan	Mortgage-Back Securities	53,522	54,280
	T Rowe Price	T Rowe Price Mid-Cap Growth Fund - I Class	144,837	257,754
	Vanguard Group	Mid-Cap Index #5859	233,203	256,297
	Vanguard Group	Vanguard Dividend Growth FD #57	223,357	436,959
	Vanguard Group	Vanguard Fenway Fds Eqty Incm Adml	201,374	250,106
	Vanguard Group	Growth Index	280,416	362,746
	Vanguard Group	Extended Duration Treasury Index Fund	90,003	80,311
	Vanguard Group	Index Fds Smcp Index ADM	93,248	101,275
	Vanguard Group	Index Fds Valu Index ADM	373,211	415,497
	Vanguard Group	Short Term Invest Gr Admiral Shrs #539	35,952	36,635
	Vanguard Group	Scottsdale Fds It Treasury Adml	900,000	879,362
	Wasatch	Fds Inc Cre Gwth Instl	93,310	104,752
	Total Registered Investment Companies		<u>7,842,142</u>	<u>9,112,661</u>
	Other Securities			
	Alameda County CA	Bond - 3.649% 8/1/30	70,156	70,473
	Arlington Indl Dev	Bond - 1.244% - 8/01/2026	56,104	55,316
	City of Mansfield TX	Bond - 3.43% 2/15/26	33,931	33,994
	Cuyahoga Co Ohio	Bond - Rev 3.376% 1/1/2030	82,562	85,059
	Florida St Univ	Bond - Rev 5% 7/1/2027	75,138	74,990
	Indiana St Hsg Comm	Bond - Dev 4.3% 1/1/2028	97,485	96,042
	Maryland St Comm Hsg	Bond - 5.042% 9/1/2026	44,989	44,773
	Massachusetts St	Bond - Rev 3.68% 7/15/2026	96,878	97,479
	Middlesex Co NJ	Bond - Rev 4.603% 8/15/2029	49,527	48,570
	Schertz-Cibolo-Universal City TX	Bond - 5% 2/1/2027	55,296	54,805
	Total Other Securities		<u>662,066</u>	<u>661,501</u>
	Total		<u>\$ 10,392,882</u>	<u>\$ 11,661,026</u>

\* Represents a party-in-interest.

See Independent Auditor's Report on Supplemental Information

Windber Medical Center Retirement Plan  
 EIN/PN: 25-1244202/001  
 Attachment to the 2023 Form 5500  
 Schedule SB, line 32 - Schedule of Amortization Bases

No.	Type of Base	Present Value of Remaining Installments	Valuation Date Base Established	Years Remaining in Amortization Period	Amortization Installment
1	Shortfall	721,489	7/1/2020	12	77,354
2	Shortfall	(344,544)	7/1/2021	13	(34,859)
3	Shortfall	356,386	7/1/2022	14	34,221
4	Shortfall	138,282	7/1/2023	15	12,664
Total		871,613			89,380