

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2023</h1>  <b>This Form is Open to Public Inspection</b>
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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**

<b>1a</b> Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<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>MEADVILLE MEDICAL CENTER</u>  <u>751 LIBERTY STREET</u> <u>MEADVILLE, PA 16335</u>	<b>1c</b> Effective date of plan <u>07/01/1969</u>  <b>2b</b> Employer Identification Number (EIN) <u>25-1512436</u>  <b>2c</b> Plan Sponsor's telephone number <u>814-333-5466</u>  <b>2d</b> Business code (see instructions) <u>622000</u>

**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.	04/14/2025	HEATHER FRAZIER
	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>	1187
<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>	239
	<b>6a(2)</b>	223
	<b>6b</b>	672
	<b>6c</b>	218
	<b>6d</b>	1113
	<b>6e</b>	57
	<b>6f</b>	1170
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<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 3H

**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 checked="" 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>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</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>MEADVILLE MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1512436</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 type="checkbox"/> 101-500 <input checked="" 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>80775394</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>83557513</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>720</u>	<u>61911845</u>
	<b>b</b> For terminated vested participants .....	<u>228</u>	<u>10182086</u>
	<b>c</b> For active participants .....	<u>239</u>	<u>13473499</u>
	<b>d</b> Total .....	<u>1187</u>	<u>85567430</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>5.22 %</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>450000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>450000</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>04/09/2025</u>
	<u>JEFFREY SIWIK</u>	Date
	Type or print name of actuary	<u>23-08913</u>
	<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
	Firm name	<u>412-715-3507</u>
	<u>444 LIBERTY AVENUE</u> <u>SUITE 805</u> <u>PITTSBURGH, PA 15222-1226</u>	Telephone number (including area code)
	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 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	6544825
<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	6544825
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.57</u> % .....	0	495443
<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) .....		4324428
	<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>5.39</u> % .....		233087
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		4557515
	<b>d</b> Portion of (c) to be added to prefunding balance .....		4557515
<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	11597783

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.09 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	84.09 %
<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>	85.29 %
<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 Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(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
07/15/2024	1000000	0			
10/15/2024	1000000	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				2000000	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> 1885029
<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

**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
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**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>	450000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	13607700	1527305
<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 .....

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 1977305

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	1686735	1686735
<b>36</b> Additional cash requirement (line 34 minus line 35).....			290570
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1885029

**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>	1594459
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	1594459

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....

**40** Unpaid minimum required contributions for all years .....

**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

<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>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</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>MEADVILLE MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1512436</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)

RIVERVIEW RESEARCH LLC

26-4637003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	63234	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)

CAPITAL BANK AND TRUST COMPANY

95-6817943

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	48408	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)

PNC BANK NATIONAL ASSOCIATION

25-1211909

(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 51 28 52 50	NONE	38594	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MEADVILLE MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1512436</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CAPITAL GROUP LONG DUR CREDIT TRST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN	<u>95-6597294-293</u>	<b>d</b> Entity code	<u>C</u>
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CAPITAL GROUP LONG DUR GOVT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>CAPITAL BANK AND TRUST COMPANY</u>		
<b>c</b> EIN-PN	<u>95-6977441-299</u>	<b>d</b> Entity code	<u>C</u>
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>		
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN		<b>d</b> Entity code	
<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)			

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<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>	OMB No. 1210-0110  <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>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</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>MEADVILLE MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1512436</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>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4000000	2000000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	6383	6190143
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1609373	1733133
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	3591040
<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>	0	53134958
<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>	26007824	0
<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>	33893039	8379900
<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>	15291776	3610414

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	80808395	78639588
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	80808395	78639588

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	2000000	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		2000000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	313795	
(B) U.S. Government securities .....	2b(1)(B)	2068	
(C) Corporate debt instruments .....	2b(1)(C)	44764	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)	82284	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		442911
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	917016	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		917016
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	57792630	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	58234579	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		-441949
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	-652456	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		-652456

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		-759104
(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>		2901537
<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>		4407955

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6043422	
(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>		6043422
<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>	111642	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	38594	
(7) Actuarial fees .....	<b>2i(7)</b>		
(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>	383104	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		533340
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6576762

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-2168807
<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: **MCGILL POWER BELL & ASSOCIATES LLP**

(2) EIN: **25-1031405**

**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		1500000
<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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 535587.

<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>RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER</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>MEADVILLE MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1512436</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
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 25-1435979

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

<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>
-----------------	-------------------

**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: 11.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 76.1 %  
 High-Yield Debt: 0.0 % Real Assets: 8.8 % Cash or Cash Equivalents: 1.3 % Other: 2.8 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Retirement Plan for Employees of Meadville Medical Center**

## **FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION**

**JUNE 30, 2024 AND 2023**

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
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## Independent Auditor's Report

Board of Directors  
Retirement Plan for Employees of Meadville Medical Center  
Meadville, Pennsylvania

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

We have performed audits of the accompanying financial statements of the Retirement Plan for Employees of Meadville Medical Center, 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 statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

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

### **Opinion**

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

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

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

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Retirement Plan for Employees of Meadville Medical Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Retirement Plan for Employees of Meadville Medical Center'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 identified in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

*McGill, Power, Bell & Associates, LLP*

McGill, Power, Bell & Associates, LLP  
Erie, Pennsylvania  
April 8, 2025

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

<b>ASSETS</b>	<u><b>2024</b></u>	<u><b>2023</b></u>
Investments, at Fair Value		
Money Market Funds	\$ 1,729,804	\$ 1,537,528
U.S. Government Securities	3,591,040	-
Corporate Debt	53,134,958	-
Mutual Funds	8,379,900	33,893,039
Interest Bearing Cash	3,329	71,845
Collective Trust Funds	-	26,007,824
Alternative Investments	3,610,414	15,291,776
	<u>70,449,445</u>	<u>76,802,012</u>
Receivables		
Employer Contributions	2,000,000	4,000,000
Due from Broker for Securities Sold	5,248,105	-
Accrued Interest and Dividends	942,038	6,383
	<u>8,190,143</u>	<u>4,006,383</u>
Total Assets	<u>78,639,588</u>	<u>80,808,395</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 78,639,588</u></u>	<u><u>\$ 80,808,395</u></u>

See notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED JUNE 30, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS</b>		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 1,048,028	\$ 3,670,041
Interest and Dividends	<u>1,359,927</u>	<u>1,480,135</u>
Net Investment Income	2,407,955	5,150,176
Employer Contributions	<u>2,000,000</u>	<u>7,000,000</u>
<b>TOTAL ADDITIONS</b>	4,407,955	12,150,176
<b>DEDUCTIONS</b>		
Benefits Paid to Participants	6,043,422	5,963,084
Administrative Expenses	<u>533,340</u>	<u>955,998</u>
<b>TOTAL DEDUCTIONS</b>	<u>6,576,762</u>	<u>6,919,082</u>
<b>NET INCREASE (DECREASE)</b>	(2,168,807)	5,231,094
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of Year	<u>80,808,395</u>	<u>75,577,301</u>
End of Year	<u>\$ 78,639,588</u>	<u>\$ 80,808,395</u>

See notes to financial statements.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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### NOTE A DESCRIPTION OF THE PLAN

#### General

The following description of the Retirement Plan for Employees of Meadville Medical Center (the "Plan") provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan Administrator.

The Plan is a noncontributory defined benefit plan covering substantially all employees of Meadville Medical Center (the "Hospital") and its related entities hired before January 1, 2006 who have completed one year of service, defined as completion of 1,000 hours of service during the 12-month period following the employee's first hour of service, or any plan year thereafter, and are at least 21 years of age. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA"). PNC Bank, National Association, is the trustee and custodian of the Plan. Morgan Stanley and Capital Bank and Trust Company are also custodians of the Plan.

The Plan was amended making all new employees hired after January 1, 2006 ineligible for the Plan, and after December 31, 2012, ceased all benefit accruals for the Plan. In conjunction with these changes, the Meadville Medical Center Defined Contribution Retirement Plan was established to provide employer contributions for employees hired after January 1, 2006; and effective January 1, 2013, all participants in the Plan became participants and will receive employer contributions based on their vesting service in the Plan at December 31, 2012.

The Plan is administered by the Hospital's Board of Directors. The Board of Directors has overall responsibility for the operation and administration of the Plan. The Board of Directors or their delegates determine the appropriateness of the Plan's investment offerings and monitors investment performance.

#### Contributions

There are no employee contributions to the Plan. The Hospital has agreed to voluntarily contribute such amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Hospital's present intention is to make contributions in amounts sufficient to meet the minimum requirements established by ERISA and consider additional amounts that may be warranted to achieve the desired funded status. The Plan has met the minimum funding requirements established by ERISA.

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

#### Pension Benefits

Pension benefits were modified to reduce future benefit accruals for certain employees. Employees 55 years of age or older with 20 or more years of service as of January 1, 2011 were "grandfathered" and continued to earn benefits beginning at normal retirement age (65) equal to 1.125% of their average monthly earnings for each year of credited service plus .431% of their average monthly earnings in excess of monthly Social Security Covered Compensation for each year of credited service up to 35 years. "Non-grandfathered" participants earned the same as "grandfathered" participants through December 31, 2010.

For service earned on or after January 1, 2011, "non-grandfathered" participants earned 0.7% of their average monthly earnings for each year of credited service after January 1, 2011. The Plan has a minimum monthly benefit of \$8.00 for each year of service for all participants. Average monthly earnings were calculated based on the highest 60 consecutive months out of the last 120 months of service. The Plan permits early retirement at age 55 with 10 years of service; however, the accrued benefit is reduced by .50% for the first 60 months and .27% for each of the next 60 months the benefit commencement date precedes the normal retirement date.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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The benefit accrued was calculated as of December 31, 2012 as indicated above, with the exception that “final average pay” replaced “average monthly earnings”. Final average pay is defined as the average of your highest five consecutive calendar years of compensation during the last 10 calendar years immediately preceding retirement or termination of employment or December 31, 2012, whichever was earlier.

Employees, upon retirement, will be paid a monthly life annuity unless the value of the benefit is less than \$1,000. These retirees with an accrued benefit less than \$1,000 will receive a lump sum payment. Married employees receive their pension benefits in the form of a joint and survivor annuity unless their spouse consents to an alternative payment option offered by the Plan.

### Death and Disability Benefits

If an active employee dies at age 55 or older with at least 10 years of service, a death benefit equal to 50% of the actuarial value of the employee’s pension is paid to the employee’s beneficiary. If a vested participant dies prior to completing 10 years of service, the beneficiary will receive a monthly benefit payable at the member’s normal retirement date in an amount equal to the survivor annuity that would have been paid had the member separated service on the date of death, survived to his normal retirement date, selected a 50% Qualified Joint and Survivor Annuity and died on the day after attaining the normal retirement date. Disabled participants receive an accrued benefit at the first day of the month on or after they attain normal retirement age, if they have at least five years of service.

### Vesting

If employees terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits. Eligible employees are fully vested upon completion of five years of vesting service.

## **NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### Basis of Accounting

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

### Uses of Estimates

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

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Board of Directors or their delegates determine the Plan’s valuation policies utilizing information provided by its investment advisers and custodians. See Note E for 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 (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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### Administrative Expenses

Administrative expenses may be paid by the Hospital or the Plan, at the Hospital's discretion.

### Accumulated Plan Benefits

Accumulated plan benefits, see Note F, are those estimated 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) Present employees or their beneficiaries

Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

### **NOTE C 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 years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations discussed below.
- c. All other vested benefits (that is, vested benefits not insured by the 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, there is a statutory ceiling, 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 Plan Sponsor and the level of benefits guaranteed by the PBGC.

### **NOTE D CERTIFICATION OF PLAN TRUSTEE**

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, PNC Bank, National Association, the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value:		
Money Market Funds	\$ 1,729,804	\$ 1,537,528
U.S. Government Securities	3,591,040	-
Corporate Debt	53,134,958	-
Mutual Funds	8,379,900	33,893,039
Accrued Interest and Dividends	942,038	6,383
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	2,088,574	2,793,449
Interest and Dividends	1,277,629	1,264,522

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

### NOTE E DISCLOSURES ABOUT FAIR VALUE PLAN ASSETS AND LIABILITIES

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

#### Recurring Measurements

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.

Marketable securities are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

For certain investments consisting of municipal bonds that do not have an established fair value, the Board of Directors has established a fair value based on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

The Plan's investments in the alternative investments (limited partnerships, funds of funds) and collective trust funds are valued based on the net asset value per share, without further adjustment. Net asset value is based upon the fair value of the underlying investments. The Plan also collects and reviews the audited financial statements of the alternative investments and collective trust funds. The NAV is used as a practical expedient to estimate fair value of the alternative investments and collective trust funds.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at June 30, 2024 and 2023:

	Fair Value	Fair Value Measurement Using		
		Level 1	Level 2	Level 3
<b>June 30, 2024</b>				
Money Market Funds	\$ 1,729,804	\$ 1,729,804	\$ -	\$ -
U.S. Government Securities	3,591,040	3,591,040	-	-
Corporate Debt	53,134,958	-	53,134,958	-
Mutual Funds	8,379,900	8,379,900	-	-
Interest Bearing Cash	3,329	3,329	-	-
Total Assets in the Fair Value Hierarchy	66,839,031	\$ 13,704,073	\$ 53,134,958	\$ -
Investments Measured at Net Asset Value (a)	3,610,414			
Investments at Fair Value	\$ 70,449,445			
<b>June 30, 2023</b>				
Money Market Funds	\$ 1,537,528	\$ 1,537,528	\$ -	\$ -
Mutual Funds	33,893,039	33,893,039	-	-
Interest Bearing Cash	71,845	71,845	-	-
Total Assets in the Fair Value Hierarchy	35,502,412	\$ 35,502,412	\$ -	\$ -
Investments Measured at Net Asset Value (a)	41,299,600			
Investments at Fair Value	\$ 76,802,012			

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

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended June 30, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

### Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

The value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

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

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	<b>June 30, 2024</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
CommonFund Capital Natural Resources Partners IX (a)	\$ 2,166,400	135,000	Not Permitted	N/A
Fundamental Partners III-A (b)	<u>1,444,014</u>	616,390	Not Permitted	N/A
	<u>\$ 3,610,414</u>			
	<b>June 30, 2023</b>			
	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Boyd Watterson GSA Fund, LP (c)	\$ 6,136,638	N/A	Quarterly	60 Days
Boyd Watterson State Government Fund (d)	5,327,434	N/A	Quarterly	60 Days
CommonFund Capital Natural Resources Partners IX (a)	2,115,862	141,000	Not Permitted	N/A
Fundamental Partners III-A (b)	1,711,842	510,650	Not Permitted	N/A
Collective Trust Funds	<u>26,007,824</u>	N/A	Daily	5 Days
	<u>\$ 41,299,600</u>			

- (a) This limited partnership invests primarily in unaffiliated investment funds and limited partnerships which make oil, gas, and other natural resource investments on a global basis.
- (b) This fund invests in an affiliated Master Fund (Fundamental Partners III LP), which invests primarily in the municipal bond market and equity securities that are related to the functioning and development of communities. The Master Fund engages in swap contracts.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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- (c) This limited partnership invests primarily in real estate leased to the U.S federal government through the General Services Administration or other federal agencies. The underlying properties carry mortgages. Redemptions of at least \$250,000 are available quarterly with 60 days' notice, but the Fund may limit these under certain circumstances.
- (d) This limited partnership invests primarily in real estate leased to the U.S. state government agencies. The underlying properties carry mortgages. Redemptions in increments of at least \$250,000 are available quarterly with written notice, but the Fund may limit these under certain circumstances.

### NOTE F ACCUMULATED PLAN BENEFITS

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

The accumulated plan benefit information as of the beginning of the Plan year was as follows:

	<b>2024</b>
Actuarial Present Value of Accumulated Plan Benefits	
Vested Benefits	
Participants Currently Receiving Payments	\$ 54,253,109
Terminated Vested Participants	8,312,987
Active Participants	11,011,137
	73,577,233
Nonvested Benefits	-
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 73,577,233

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

	<b>2024</b>
Actuarial Present Value of Accumulated Plan Benefits, Beginning of Year	\$ 74,430,917
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated and Other Plan Experience	283,281
Increase for Interest Due to the Decrease in the Discount Period	4,826,119
Benefits Paid	(5,963,084)
Net Increase (Decrease)	(853,684)
Actuarial Present Value of Accumulated Plan Benefits, End of Year	\$ 73,577,233

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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Significant assumptions underlying the actuarial computations are:

- Assumed rate of return on investments: 6.75%
- Mortality basis: The mortality tables utilized were the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale Buck Modified MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale Buck Modified MP-2021.
- Retirement age: Age-graded, 1% of participants at age 55, increasing each year by varying percentages until reaching 100% at age 70.
- Frequency of optional payment forms: 60% of participants are assumed to elect to receive a life annuity and remaining 40% are assumed to elect 50% joint and survivor annuity.
- Marital percentage: 85% of participants are assumed to be married at death. Husbands are assumed to be four years older than their wives.

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. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuations been performed as of June 30, 2024, there would be no material differences.

### NOTE G RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

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

Certain Plan investments are interest-bearing cash accounts managed by Morgan Stanley, collective trust funds managed by Capital Bank and Trust Company, and alternative investments managed by various investment companies. These entities are custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for certain investment advisory services are included in net appreciation (depreciation) in fair value of the investment, rather than a direct payment. The Hospital directly pays certain other fees related to the Plan's operations.

Fees for trust and management services paid to PNC Bank were \$38,594 and \$38,339 for the years ended June 30, 2024 and 2023, respectively. The Plan has a number of other service providers. Such providers are also parties in interest under ERISA. PBGC premiums totaled \$383,104 and \$825,258 for the years ended June 30, 2024 and 2023, respectively. Individually nonmaterial expenses paid to other parties in interest for investment advisory fees aggregated \$111,642 and \$92,401 for the years ended June 30, 2024 and 2023, respectively. The Company provides certain administrative services at no cost to the Plan.

### NOTE H PLAN AMENDMENT

The SECURE 2.0 Act of 2022 (SECURE 2.0) modified certain requirements for required minimum distributions. SECURE 2.0 contains a provision allowing participants that have not attained age 72 by January 1, 2023 to not begin receiving required minimum distributions until the attainment of age 73. This provision has been operationally adopted and a formal written amendment to the Plan to reflect this change will be adopted at a later date in accordance with the applicable regulatory guidance.

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

## NOTES TO FINANCIAL STATEMENTS

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### NOTE I TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated December 28, 2017, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

### NOTE J SIGNIFICANT ESTIMATES AND CONCENTRATIONS

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

#### Possible Decline in Investments

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

### NOTE K RISKS AND UNCERTAINTIES

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

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

### NOTE L COMMITMENTS

The Plan has committed to funding the CommonFund Capital Natural Resources Partners IX fund for up to \$3,000,000. There were capital calls totaling \$6,000 and \$22,500 during the years ended June 30, 2024 and 2023, respectively. The remaining commitment on June 30, 2024 was \$135,000.

The Plan has committed to funding the Fundamental Partners III-A LP fund for up to \$2,000,000. There were recallable distributions of \$105,740 and \$114,802 during the years ended June 30, 2024 and 2023, respectively. The remaining commitment on June 30, 2024 was \$616,390.

### NOTE M SUBSEQUENT EVENT

#### Subsequent Events

Subsequent events have been evaluated through April 8, 2025, which is the date the financial statements were available to be issued.

## **RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**

### **NOTES TO FINANCIAL STATEMENTS**

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#### *Plan Amendment*

Effective July 1, 2024, the Plan was amended to allow deferred vested participants who terminated employment before July 1, 2024 (or such deferred vested participant's surviving spouse) and active participants who have attained age 59½ before July 1, 2024 that have not begun receiving their accrued benefit the ability to make a special election to receive their accrued benefit in the form of a single lump sum payment. This special election period is effective from October 1, 2024 through November 15, 2024. Former employees with vested benefits in excess of \$1,000 are typically not eligible to receive a lump sum payment under the provisions of the Plan.

The actuarial present value of accumulated plan benefits does not reflect the effect of this July 1, 2024 plan amendment, which was subsequent to the July 1, 2023 benefit information date.

**SUPPLEMENTARY INFORMATION**

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Line 26a – Schedule of Active Participant Data

#### Distribution of Active Participants as of July 1, 2023 – Age by Service

Attained Age	Years of Credited Service									
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0
30 - 34	0	0	0	0	0	0	0	0	0	0
35 - 39	0	0	5	1	0	0	0	0	0	0
40 - 44	0	1	11	7	0	0	0	0	0	0
45 - 49	0	0	13	19	5	0	0	0	0	0
50 - 54	0	0	16	14	15	8	0	0	0	0
55 - 59	0	0	6	16	9	10	7	0	0	0
60 - 64	0	0	4	21	12	11	10	5	2	0
65 - 69	0	0	2	1	2	1	2	1	1	0
70 & up	0	0	0	0	0	0	0	0	1	0
Total	0	1	57	79	43	30	19	6	4	0

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V– Statement of Actuarial Assumptions and Methods

#### Funding assumptions selection and rationale

The assumptions for funding purposes were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations. The assumptions for retirement rates, withdrawal rates, and form of payment are appropriate given historic gain and loss experience of the plan. Actual experience is reviewed each year and compared to the assumptions. Changes are made, as appropriate, based on this review.

Actuarial Standard of Practice No. 27 ("ASOP 27") provides guidance to actuaries on economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 ("ASOP 35") provides guidance to actuaries on demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The mortality assumption used for funding in this valuation reflects mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, as amended by IRS Notice 2022-22, applied on a static basis. The funding interest rates assumptions were updated in accordance with PPA. These rates are constrained in accordance with ARP.

The demographic and other noneconomic assumptions that have a significant effect, and are chosen by the enrolled actuary, are the retirement rates, withdrawal rates, and frequency of optional payment forms. These assumptions were based on an Actuarial Assumption Experience Study performed in 2022 covering the 2016 - 2021 plan years. We annually review all significant assumptions, along with recent experience, to confirm that no changes are needed each valuation cycle. Based on the actuary's gain loss analysis, including consistency with other assumptions used in the valuation, the actuary believes that these assumptions are reasonable for the purpose of the measurement.

The expected rate of return on assets was selected based on a methodology that considers investment real returns for certain asset classes over historic periods of various durations, in conjunction with the long-term outlook for inflation. This methodology is applied to the actual asset allocation, which is in line with the investment policy guidelines of the plan.

#### Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

# **Retirement Plan for Employees of Meadville Medical Center**

**EIN/PN: 25-1512436/ 001**

## **Schedule SB Attachments for the 2023 Plan Year**

### **Part V– Statement of Actuarial Assumptions and Methods (continued)**

#### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

# Retirement Plan for Employees of Meadville Medical Center

## EIN/PN: 25-1512436/ 001

### Schedule SB Attachments for the 2023 Plan Year

#### Part V– Statement of Actuarial Assumptions and Methods (continued)

##### Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

##### Funding interest rates

	2023 Plan Year	2022 Plan Year
<b>Funding Rates – Constrained*</b>		
First Segment Rate	4.75%	4.75%
Second Segment Rate	5.00%	5.18%
Third Segment Rate	5.74%	5.92%
Effective Interest Rate	5.22%	5.39%
<b>Funding Rates – Unconstrained**</b>		
First Segment Rate	2.50%	0.87%
Second Segment Rate	3.83%	2.64%
Third Segment Rate	4.06%	3.28%
Effective Interest Rate	3.83%	2.81%

\* Used for minimum funding and benefit restriction purposes.

\*\*Used for maximum tax-deduction purposes.

The interest rates used for funding purposes are the Segment Rates with a 4-month lookback, constrained in accordance with relevant legislation.

##### Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2022-22, applied on a static basis.

##### Actuarial cost method

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

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V– Statement of Actuarial Assumptions and Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods

##### Expenses

Expected plan expenses of \$450,000 were added to the Target Normal Cost. For the prior year, \$950,000 was added to the Target Normal Cost. The expected plan-related expenses are equal to last year’s expenses minus last year’s PBGC premium plus this year’s PBGC premium, rounded up to the next \$10,000. Expected plan administrative expenses reflect the actual PBGC premiums to be paid during the year.

##### Frequency of optional payment forms

Based on an experience study performed in 2022.

60% of participants are assumed to elect a life annuity and the remaining 40% are assumed to elect a 50% joint and survivor annuity.

##### Marital percentage

85% of participants are assumed to be married at death. Husbands are assumed to be 4 years older than their wives.

##### Retirement rates

Based on an experience study performed in 2022.

Age	Assumption
55	1.000%
56	2.000%
57	3.000%
58	4.000%
59	4.000%
60	7.000%
61	11.000%
62	18.000%
63	15.000%
64	14.000%
65	30.000%
66	20.000%
67	20.000%
68	20.000%
69	20.000%
70	100.000%

Terminated vested participants are assumed to commence receiving benefits at age 65.

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V– Statement of Actuarial Assumptions and Methods (continued)

#### Non-Prescribed Funding Assumptions and Methods (continued)

##### Disability rates

Age	Male	Female
25	0.043%	0.050%
30	0.071%	0.085%
35	0.099%	0.175%
40	0.162%	0.315%
45	0.270%	0.465%
50	0.493%	0.626%
55	0.914%	0.805%

##### Withdrawal rates for active participants not eligible for retirement

Based on an experience study performed in 2022. Sample rates as follows:

Age	Assumption
25	11.620%
30	11.210%
35	10.550%
40	8.576%
45	6.520%
50	4.776%
55	3.199%
60	0.160%
64	0.030%

##### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2023 Expected Return	6.75%	5.74%	5.74%
2022 Expected Return	6.75%	5.92%	5.92%
2021 Expected Return	7.25%	6.11%	6.11%

# **Retirement Plan for Employees of Meadville Medical Center**

**EIN/PN: 25-1512436/ 001**

## **Schedule SB Attachments for the 2023 Plan Year**

### **Part V– Statement of Actuarial Assumptions and Methods (continued)**

#### **Non-Prescribed Funding Assumptions and Methods (continued)**

##### **Summary of Changes from the July 1, 2022 Valuation**

The mortality tables were updated based on the current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2022-22, applied on a static basis. Also, the segment interest rate basis was updated to the current rates as specified in IRS Regulations 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation. The impact from the assumption changes increased the Funding Target by approximately \$2.3M.

The expected plan expenses included in Target Normal Cost were updated from \$950,000 to \$450,000 to better reflect future anticipated experience.

# **Retirement Plan for Employees of Meadville Medical Center**

**EIN/PN: 25-1512436/ 001**

## **Schedule SB Attachments for the 2023 Plan Year– Statement by Enrolled Actuary**

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

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

EIN 25-1512436 PN 001

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
N/A	Capital Bank and Trust Company	\$	\$ 16,287,677	\$ 16,100,656	\$ 16,287,677	\$ 187,021
	Capital Group Long Duration Credit Trust					
N/A	Capital Bank and Trust Company	-	8,912,634	9,989,990	8,912,634	(1,077,356)
	Capital Group Long Duration Government Trust					
N/A	Federated Hermes Government Obligations Premium Shares #117	9,164,872	-	9,164,872	9,164,872	-
N/A	Federated Hermes Government Obligations Premium Shares #117	-	9,105,885	9,105,885	9,105,885	-
N/A	Federated Hermes Government Obligations Premium Shares #117	30,754,720	-	30,754,720	30,754,720	-
N/A	Federated Hermes Government Obligations Premium Shares #117	-	30,524,562	30,524,562	30,524,562	-
N/A	First Eagle Global-R6	5,000,000	-	5,000,000	5,000,000	-
N/A	JP Morgan Equity Premium Income-R6	5,200,000	-	5,200,000	5,200,000	-
N/A	JP Morgan Equity Premium Income-R6	-	5,487,926	5,600,000	5,487,926	(112,074)
N/A	Vanguard Specialized Portfolios Dividend Growth Fund #57	-	6,582,092	5,814,504	6,582,092	767,588
N/A	Vanguard Long Term Treasury Fund Admiral Fund #583	5,000,000	-	5,000,000	5,000,000	-
N/A	Vanguard Long Term Treasury Fund Admiral Fund #583	-	7,136,009	7,511,232	7,136,009	(375,223)
N/A	Vanguard 500 Index #540 Admiral	8,500,000	-	8,500,000	8,500,000	-
N/A	Vanguard Total Stock Market Index #585 Admiral	-	6,369,914	5,734,236	6,369,914	635,678
N/A	Victory RS Global Fund-Y	5,000,000	-	5,000,000	5,000,000	-
N/A	Victory RS Global Fund-Y	-	4,465,295	3,680,833	4,465,295	784,462

Category (ii) Single Transactions in Excess of 5% of Plan Net Assets

# RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER

EIN 25-1512436 PN 001

SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

YEAR ENDED JUNE 30, 2024

Identity	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<u>Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security</u>						
N/A	Boyd Watterson GSA Fund, LP	\$ -	\$ 5,561,554	\$ 3,644,957	\$ 5,561,554	\$ 1,916,597
N/A	Boyd Watterson State Government Fund, LP	-	4,910,734	3,925,394	4,910,734	985,340
N/A	Capital Bank and Trust Company	2,900,000	-	2,900,000	2,900,000	-
N/A	Capital Group Long Duration Credit Trust					
N/A	Capital Bank and Trust Company	-	16,324,771	16,136,976	16,324,771	187,795
N/A	Capital Group Long Duration Credit Trust					
N/A	Capital Bank and Trust Company	-	11,823,948	13,178,027	11,823,948	(1,354,079)
N/A	Capital Group Long Duration Government Trust					
N/A	First Eagle Global-R6	5,114,425	-	5,114,425	5,114,425	-
N/A	First Eagle Global-R6	-	5,103,588	5,114,440	5,103,588	(10,852)
N/A	JP Morgan Hedged Equity Fund Class-R6	82,655	-	82,655	82,655	-
N/A	JP Morgan Hedged Equity Fund Class-R6	-	10,300,000	7,838,900	10,300,000	2,461,100
N/A	JP Morgan Equity Premium Income-R6	5,600,000	-	5,600,000	5,600,000	-
N/A	JP Morgan Equity Premium Income-R6	-	5,487,926	5,600,000	5,487,926	(112,074)
N/A	T Rowe Price Dividend Growth Fund	3,000,000	-	3,000,000	3,000,000	-
N/A	T Rowe Price Dividend Growth Fund	-	3,121,760	3,000,000	3,121,760	121,760
N/A	Vanguard Specialized Portfolios Dividend Growth Fund #57	-	10,582,092	9,378,916	10,582,092	1,203,175
N/A	Vanguard Dividend Appreciation Index Admiral Fund	3,113,220	-	3,113,220	3,113,220	-
N/A	Vanguard Dividend Appreciation Index Admiral Fund	-	3,153,690	3,113,220	3,153,690	40,470
N/A	Vanguard Total International Stock Index Admiral Fund	2,960,440	-	2,960,440	2,960,440	-
N/A	Vanguard Total International Stock Index Admiral Fund	-	3,157,041	2,960,440	3,157,041	196,601
N/A	Vanguard Developed Markets Index Fund	3,017,694	-	3,017,694	3,017,694	-
N/A	Admiral Class Fund #127					
N/A	Vanguard Developed Markets Index Fund	-	3,151,635	3,017,694	3,151,635	133,941
N/A	Admiral Class Fund #127					
N/A	Vanguard Long Term Investment Grade Fund	2,549,408	-	2,549,408	2,549,408	-
N/A	Admiral Fund #568					
N/A	Vanguard Long Term Investment Grade Fund	-	2,436,584	2,549,408	2,436,584	(112,824)
N/A	Admiral Fund #568					

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)**  
**YEAR ENDED JUNE 30, 2024**

Identity	Description	Purchase Price	Selling Price	Cost of Asset	of Asset on Transaction Date	Net Gain or (Loss)
N/A	Vanguard Long Term Treasury Fund Admiral Fund #583	7,511,232	-	7,511,232	7,511,232	-
N/A	Vanguard Long Term Treasury Fund Admiral Fund #583	-	7,136,009	7,511,232	7,136,009	(375,223)
N/A	Vanguard 500 Index #540 Admiral Fund	8,528,521	-	8,528,521	8,528,521	-
N/A	Vanguard 500 Index #540 Admiral Fund	-	4,500,000	4,206,463	4,500,000	293,537
N/A	Vanguard Total Stock Market Index #585 Admiral Fund	5,734,236	-	5,734,236	5,734,236	-
N/A	Vanguard Total Stock Market Index #585 Admiral Fund	-	6,369,914	5,734,236	6,369,914	635,678
N/A	Victory Sycamore Established Value Fund Class R6	180,163	-	180,163	180,163	-
N/A	Victory Sycamore Established Value Fund Class R6	-	7,000,000	6,035,509	7,000,000	964,491
N/A	Victory RS Global Fund Class Y371	5,463,929	-	5,463,929	5,463,929	-
N/A	Victory RS Global Fund Class Y371	-	6,465,295	5,463,929	6,465,295	1,001,366
N/A	Federated Hermes Government Obligations Premium Shares #117	47,512,616	-	47,512,616	47,512,616	-
N/A	Federated Hermes Government Obligations Premium Shares #117	-	47,320,341	47,320,341	47,320,341	-

**Category (iii) Series of Transactions in Excess of 5% of Plan Net Assets - Same Security (Continued)**

**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 RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER	<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 MEADVILLE MEDICAL CENTER	<b>D</b> Employer Identification Number (EIN) 25-1512436	
<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 type="checkbox"/> 101-500 <input checked="" 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>	80,775,394	
	<b>b</b> Actuarial value.....	<b>2b</b>	83,557,513	
<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.....	720	61,911,845	61,911,845
	<b>b</b> For terminated vested participants.....	228	10,182,086	10,182,086
	<b>c</b> For active participants.....	239	13,473,499	13,473,499
	<b>d</b> Total.....	1,187	85,567,430	85,567,430
<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>	5.22%		
<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>	450,000	
	<b>c</b> Target normal cost.....	<b>6c</b>	450,000	

**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>	<u>JEFFREY H SIWIK</u>	<u>04/09/2025</u>
	Signature of actuary	Date
<u>Jeffrey Siwik</u>	Type or print name of actuary	<u>2308913</u>
		Most recent enrollment number
<u>BUCK GLOBAL, LLC</u>	Firm name	<u>412-715-3507</u>
		Telephone number (including area code)
<u>444 LIBERTY AVENUE</u> <u>SUITE 805</u> <u>PITTSBURGH PA 15222-1226</u>	Address of the firm	

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



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

<b>21</b> 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>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	

**Part VI Miscellaneous Items**

<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 checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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>	

**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**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	450,000	
<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 .....	13,607,700	1,527,305	
<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>	1,977,305	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	1,686,735	1,686,735
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	290,570	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,885,029	
<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>	1,594,459	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	1,594,459	
<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)**

<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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
--

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	87.6578	0.0100	0.8766	48.2118
56	96.9575	0.0200	1.9392	108.5924
57	100.0219	0.0300	3.0007	171.0374
58	104.9061	0.0400	4.1962	243.3822
59	112.4521	0.0400	4.4981	265.3870
60	115.4999	0.0700	8.0850	485.0994
61	120.8168	0.1100	13.2898	810.6808
62	125.6965	0.1800	22.6254	1,402.7727
63	111.9790	0.1500	16.7968	1,058.2012
64	104.1652	0.1400	14.5831	933.3206
65	93.5550	0.3000	28.0665	1,824.3220
66	66.6372	0.2000	13.3274	879.6107
67	52.9685	0.2000	10.5937	709.7775
68	45.2791	0.2000	9.0558	615.7958
69	35.2607	0.2000	7.0521	486.5981
70	27.4397	1.0000	27.4397	1,920.7814
71	1.0000	1.0000	<u>1.0000</u>	<u>71.0000</u>
<b>Total</b>			<b>186.4262</b>	<b>12,034.5712</b>
<b>Weighted Average Retirement Age = 12,034.5712 / 186.4262</b>				<b>64.55</b>
<b>Rounded Weighted Average Retirement Age</b>				<b>65</b>

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	\$ 75,060	\$ 115,795	\$ 5,913,400	\$ 6,104,255
2024	\$ 187,832	\$ 205,721	\$ 5,773,199	\$ 6,166,752
2025	\$ 324,263	\$ 271,458	\$ 5,642,376	\$ 6,238,097
2026	\$ 433,270	\$ 344,290	\$ 5,502,572	\$ 6,280,132
2027	\$ 537,514	\$ 416,263	\$ 5,353,804	\$ 6,307,581
2028	\$ 634,125	\$ 487,565	\$ 5,196,073	\$ 6,317,763
2029	\$ 726,248	\$ 518,339	\$ 5,029,379	\$ 6,273,966
2030	\$ 805,300	\$ 575,294	\$ 4,853,724	\$ 6,234,318
2031	\$ 885,603	\$ 616,235	\$ 4,669,171	\$ 6,171,009
2032	\$ 947,163	\$ 711,617	\$ 4,475,914	\$ 6,134,694
2033	\$ 997,298	\$ 725,045	\$ 4,274,288	\$ 5,996,631
2034	\$ 1,051,924	\$ 799,212	\$ 4,064,773	\$ 5,915,909
2035	\$ 1,094,560	\$ 826,196	\$ 3,848,013	\$ 5,768,769
2036	\$ 1,135,495	\$ 861,729	\$ 3,624,842	\$ 5,622,066
2037	\$ 1,176,276	\$ 905,239	\$ 3,396,269	\$ 5,477,784
2038	\$ 1,209,419	\$ 919,428	\$ 3,163,524	\$ 5,292,371
2039	\$ 1,231,068	\$ 919,100	\$ 2,928,087	\$ 5,078,255
2040	\$ 1,248,982	\$ 914,135	\$ 2,691,658	\$ 4,854,775
2041	\$ 1,252,000	\$ 909,712	\$ 2,456,080	\$ 4,617,792
2042	\$ 1,248,012	\$ 901,486	\$ 2,223,309	\$ 4,372,807
2043	\$ 1,234,271	\$ 897,607	\$ 1,995,354	\$ 4,127,232
2044	\$ 1,211,078	\$ 885,324	\$ 1,774,263	\$ 3,870,665
2045	\$ 1,190,182	\$ 868,240	\$ 1,562,111	\$ 3,620,533
2046	\$ 1,158,631	\$ 863,115	\$ 1,360,896	\$ 3,382,642
2047	\$ 1,120,729	\$ 841,850	\$ 1,172,416	\$ 3,134,995
2048	\$ 1,085,831	\$ 806,937	\$ 998,186	\$ 2,890,954
2049	\$ 1,037,651	\$ 774,059	\$ 839,375	\$ 2,651,085
2050	\$ 984,441	\$ 735,160	\$ 696,743	\$ 2,416,344
2051	\$ 929,891	\$ 694,624	\$ 570,625	\$ 2,195,140
2052	\$ 871,883	\$ 652,772	\$ 460,910	\$ 1,985,565
2053	\$ 813,061	\$ 609,982	\$ 367,060	\$ 1,790,103
2054	\$ 753,261	\$ 566,667	\$ 288,153	\$ 1,608,081
2055	\$ 693,646	\$ 523,258	\$ 222,967	\$ 1,439,871
2056	\$ 634,990	\$ 480,193	\$ 170,082	\$ 1,285,265
2057	\$ 577,741	\$ 437,899	\$ 127,956	\$ 1,143,596
2058	\$ 522,436	\$ 396,778	\$ 95,012	\$ 1,014,226
2059	\$ 469,482	\$ 357,193	\$ 69,720	\$ 896,395
2060	\$ 419,207	\$ 319,464	\$ 50,653	\$ 789,324
2061	\$ 371,863	\$ 283,855	\$ 36,528	\$ 692,246
2062	\$ 327,634	\$ 250,570	\$ 26,237	\$ 604,441
2063	\$ 286,640	\$ 219,741	\$ 18,856	\$ 525,237
2064	\$ 248,950	\$ 191,442	\$ 13,633	\$ 454,025
2065	\$ 214,580	\$ 165,688	\$ 9,979	\$ 390,247
2066	\$ 183,501	\$ 142,440	\$ 7,441	\$ 333,382
2067	\$ 155,642	\$ 121,615	\$ 5,685	\$ 282,942
2068	\$ 130,894	\$ 103,096	\$ 4,469	\$ 238,459
2069	\$ 109,111	\$ 86,741	\$ 3,623	\$ 199,475
2070	\$ 90,119	\$ 72,396	\$ 3,027	\$ 165,542
2071	\$ 73,724	\$ 59,901	\$ 2,601	\$ 136,226
2072	\$ 59,711	\$ 49,097	\$ 2,288	\$ 111,096

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V – Summary of Plan Provisions

Effective date	July 1, 1969, as most recently amended December 31, 2012.
Participation	All non-collectively bargained employees are eligible as of January 1 or July 1 after they reach age 21 and complete a year in which they are credited with at least 1,000 hours of service. No employee hired on or after January 1, 2006 will be eligible to become a participant of this Plan.
Average monthly earnings	Highest 60 consecutive months of average salary over the last 120 months prior to the earlier of December 31, 2012 or retirement age.
Covered compensation	A participant's covered compensation for a plan year is the average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the participant attains (or will attain) his Social Security retirement age. Covered compensation shall be determined as of December 31, 2012 for all active participants remaining in the plan after December 31, 2012.
Vesting service	One year of vesting service is credited for each year in which a participant is credited with at least 1,000 hours.
Credited service	One year of credited service is credited for each year in which a participant is credited with at least 1,820 hours. Partial service is credited for a participant with less than 1,820 hours but has at least 1,000 hours. No Credited Service will be earned for years after December 31, 2012.
Vesting requirements	5 years of vesting service.
Normal retirement age	First day of the month coincident with or following attainment of age 65.
Early retirement age	Attainment of age 55 with 10 years of service.
Normal retirement benefit	For participants that had attained age 55 and had accrued 20 or more years of service as of January 1, 2011, the monthly benefit is equal to the greater of (1) and (2):  (1) 1.125% of the participant's Average Monthly Earnings for each year of credited service plus 0.431% of the participant's Average Monthly Earnings in excess of covered compensation for each year of credited service up to 35 years; or  (2) \$8.00 for each year of credited service

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V – Summary of Plan Provisions (continued)

Normal retirement benefit (continued)	<p>For all other participants, effective January 1, 2011, the monthly benefit is equal to the greater of (3) and (4):</p> <p>(3) Sum of (a) plus (b):</p> <p>(a) For service earned prior to January 1, 2011: Frozen accrued benefit as of January 1, 2011 equal to 1.125% of the participant's Average Monthly Earnings at that date for each year of credited service earned prior to January 1, 2011 plus 0.431% of the participant's Average Monthly Earnings at that date in excess of covered compensation for each year of credited service earned prior to January 1, 2011 up to 35 years;</p> <p>(b) For service earned on or after January 1, 2011: 0.700% of the participant's Average Monthly Earnings for each year of credited service earned on or after January 1, 2011;</p> <p>(4) \$8.00 for each year of credited service</p> <p>Benefit accruals were frozen for all plan participants as of December 31, 2012.</p>
Accrued benefit	<p>The benefit is equal to the benefit developed under the normal retirement formula based on average compensation and credited service until December 31, 2012. The benefit will be payable in full at the normal retirement date or will be reduced if payments begin on an early retirement date.</p>
Early retirement benefit	<p>The benefit is based on average compensation and service at the time of retirement. The benefit is reduced .5% for the first 60 months and .27% for each of the next 60 months from which the benefit commencement date precedes the normal retirement date.</p>
Disability benefit	<p>Disability retirement is available under the plan for those employees who are eligible for benefits under the Medical Center's separate long-term salary continuation plan, providing the participant has 5 years of Service on the date the insurance benefits commence. The benefit from the pension plan is payable at age 65 based on average compensation and credited service at the date insurance benefits commence.</p>
Deferred vested pension	<p>Monthly benefit is accrued benefit, payable at age 65.</p>
Late retirement benefit	<p>The benefit is based on average monthly earnings and credited service to the participant's late retirement date.</p>
Normal form of payments	<p>Single life annuity for single participants, and 50% joint and survivor annuity for married participants.</p>

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V – Summary of Plan Provisions (continued)

Optional forms of payment	A participant who has rejected the normal form of payment may elect a 50% or 75% joint and survivor annuity, or a life annuity.
Voluntary early retirement benefit	<p>As of July 1, 2016, participants who met the following specific criteria were eligible to participate in the 2016 Meadville Medical Center voluntary early retirement incentive program (VERIP).</p> <ol style="list-style-type: none"><li>(1) Exempt employees who had attained at least age 60 with a minimum of 15 years of service or at least age 57 with a minimum of 20 years of service</li><li>(2) Non-Exempt employees who had attained at least age 60 with a minimum of 20 years of service or at least age 57 with a minimum of 30 years of service</li></ol> <p>The additional benefits under the program were based on attained age as of July 1, 2016 and are as follows:</p> <ol style="list-style-type: none"><li>(1) For VERIP participants less than age 62:<ol style="list-style-type: none"><li>(a) An additional \$500 per month shall be paid until the earlier of the month he or she attains age 65 or dies</li><li>(b) Only for purposes of determining the early retirement reduction factors for early retirement, eligible employee will be credited with an additional five years of age but not more than necessary to have an unreduced accrued benefit</li></ol></li><li>(2) For VERIP participants greater than age 62 but less than age 65:<ol style="list-style-type: none"><li>(a) An additional \$500 per month shall be paid until the earlier of the month he or she attains age 65 or dies</li><li>(b) Only for purposes of determining the early retirement reduction factors for early retirement, eligible employee will be credited with an additional five years of age but not more than necessary to have an unreduced accrued benefit</li><li>(c) A 15% increase to the Accrued benefit</li><li>(d) The one-time option to elect as an optional form of payment an actuarially equivalent annuity which will pay a temporarily increased benefit for the first 36 months of payment. After 36 months, the benefit will be reduced by \$500 and will remain payable for the remainder of the lifetime of the participant and/or spouse based on the form of payment elected.</li></ol></li><li>(3) For VERIP participants equal to or greater than age 65:<ol style="list-style-type: none"><li>(a) A 45% increase to the Accrued benefit</li></ol></li></ol>

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Part V – Summary of Plan Provisions (continued)

(b) The one-time option to elect as an optional form of payment an actuarially equivalent annuity which will pay a temporarily increased benefit for the first 36 months of payment. After 36 months, the benefit will be reduced by \$500 and will remain payable for the remainder of the lifetime of the participant and/or spouse based on the form of payment elected.

Voluntary early retirement benefit  
(continued)

(4) For all VERIP participants:

(a) If his or her Accrued Benefit is determined under Section 4.01(b) of the plan document, their accrued benefit will be calculated as if they had met the age and service requirement described in Section 4.01(a) and their benefit accruals had never been reduced but still subject to the Plan freeze effective December 31, 2012.

### Summary of Changes from the July 1, 2022 Valuation

None.

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
<b><u>Money Market Funds</u></b>			
Federated	Federated Hermes Government Obligations Fund #07	\$ 1,729,804	\$ 1,729,804
<b><u>U.S. Government Securities</u></b>			
U.S. Treasury	01.500% DUE 02/15/2025, 175,000 Shares	170,864	170,907
U.S. Treasury	01.750% DUE 03/15/2025, 176,000 Shares	171,738	171,746
U.S. Treasury	01.750% DUE 12/31/2024, 174,000 Shares	170,894	170,941
U.S. Treasury	02.250% DUE 11/15/2024, 174,000 Shares	171,927	171,989
U.S. Treasury	02.500% DUE 01/31/2025, 173,000 Shares	170,189	170,220
U.S. Treasury	02.625% DUE 04/15/2025, 175,000 Shares	171,527	171,546
U.S. Treasury	02.750% DUE 08/31/2025, 175,000 Shares	170,440	170,468
U.S. Treasury	02.875% DUE 06/15/2025, 176,000 Shares	172,308	172,272
U.S. Treasury	03.000% DUE 07/15/2025, 174,000 Shares	170,377	170,344
U.S. Treasury	03.500% DUE 09/15/2025, 174,000 Shares	170,901	170,866
U.S. Treasury	03.750% DUE 04/15/2026, 174,000 Shares	170,935	170,887
U.S. Treasury	04.000% DUE 02/15/2026, 172,000 Shares	169,729	169,675
U.S. Treasury	04.000% DUE 12/15/2025, 174,000 Shares	171,791	171,757
U.S. Treasury	04.125% DUE 06/15/2026, 174,000 Shares	172,083	172,003
U.S. Treasury	04.250% DUE 01/31/2026, 171,000 Shares	169,410	169,357
U.S. Treasury	04.250% DUE 05/31/2025, 173,000 Shares	171,594	171,555
U.S. Treasury	04.250% DUE 10/15/2025, 172,000 Shares	170,435	170,388
U.S. Treasury	04.500% DUE 11/15/2025, 172,000 Shares	171,006	170,959
U.S. Treasury	04.625% DUE 03/15/2026, 171,000 Shares	170,472	170,405
U.S. Treasury	04.875% DUE 05/31/2026, 171,000 Shares	171,434	171,347
U.S. Treasury	04.3750% DUE 10/31/2024, 172,000 Shares	171,389	171,408
<b><u>Corporate Debt</u></b>			
Abbott Laboratories	04.750% DUE 11/30/2036, 218,000 Shares	213,782	211,637
Abbie Inc	04.250% DUE 11/21/2049, 152,000 Shares	130,022	126,671
AerCap Ireland	03.850% DUE 10/29/2041, 208,000 Shares	165,085	162,671
Aetna Inc	03.875% DUE 08/15/2047, 168,000 Shares	124,866	121,981
Aetna Inc	06.625% DUE 06/15/2036, 216,000 Shares	232,209	229,316
Air Lease Corp	05.300% DUE 02/01/2028, 188,000 Shares	188,100	187,594
Air Lease Corp	02.875% DUE 01/15/2032, 203,000 Shares	171,334	169,828
Air Lease Corp	05.850% DUE 12/15/2027, 191,000 Shares	193,859	193,391
Air Products & Chemicals	02.700% DUE 05/15/2040, 210,000 Shares	153,079	149,812
Alabama Power Co	03.125% DUE 07/15/2051, 133,000 Shares	90,479	88,030
Allstate Corp	03.850% DUE 08/10/2049, 150,000 Shares	117,000	113,164
Allstate Corp	03.280% DUE 12/15/2026, 184,000 Shares	176,303	176,038
Allstate Corp	01.450% DUE 12/15/2030, 207,000 Shares	165,821	165,292
Allstate Corp	05.550% DUE 05/09/2035, 209,000 Shares	214,235	211,658
Altria Group Inc	03.875% DUE 09/16/2046, 176,000 Shares	129,833	126,762
Altria Group Inc	03.400% DUE 02/04/2041, 201,000 Shares	147,415	144,969
Altria Group Inc	03.700% DUE 02/04/2051, 129,000 Shares	89,016	87,190
Altria Group Inc	05.800% DUE 02/14/2039, 209,000 Shares	211,744	209,117
Altria Group Inc	02.450% DUE 02/04/2032, 203,000 Shares	165,620	164,142
Amazon.com Inc	03.100% DUE 05/12/2051, 129,000 Shares	90,868	88,644
American Express Co	VAR% DUE 07/28/2027, 183,000 Shares	183,320	183,223
American Express Co	VAR% DUE 08/03/2033, 208,000 Shares	197,739	196,235

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
American Honda Finance	05.850% DUE 10/04/2030, 201,000 Shares	210,815	209,669
American Honda Finance	01.300% DUE 09/09/2026, 181,000 Shares	166,786	166,788
Amgen Inc	03.000% DUE 01/15/2052, 121,000 Shares	81,548	79,249
Amphenol Corp	02.800% DUE 02/15/2030, 197,000 Shares	176,230	175,375
Anheuser-Busch Inbev	04.700% DUE 02/01/2036, 208,000 Shares	199,647	198,303
Anheuser-Busch Inbev	04.439% DUE 10/06/2048, 158,000 Shares	138,356	135,205
Aon Corp/Aon Global Holdings	02.600% DUE 12/02/2031, 208,000 Shares	174,695	173,272
Aon Corp/Aon Global Holdings	05.350% DUE 02/28/2033, 201,000 Shares	201,066	199,647
Aon Corp/Aon Global Holdings	05.000% DUE 09/12/2032, 205,000 Shares	202,030	199,399
Aon North America Inc	05.750% DUE 03/01/2054, 109,000 Shares	109,421	106,609
Appalachian Power Co	07.000% DUE 04/01/2038, 213,000 Shares	236,021	233,923
Apple Inc	04.250% DUE 02/09/2047, 163,000 Shares	145,729	142,120
Aptiv PLC / Aptiv Corp	04.150% DUE 05/01/2052, 120,000 Shares	92,066	89,341
Aptiv PLC / Aptiv Corp	03.250% DUE 03/01/2032, 202,000 Shares	176,855	175,140
Archer-Daniels-Midland Co	02.700% DUE 09/15/2051, 132,000 Shares	83,328	80,702
Astrazeneca PLC	04.400% DUE 08/17/2048, 159,000 Shares	140,074	136,831
AT&T Inc	03.500% DUE 09/15/2053, 117,000 Shares	81,647	79,424
AT&T Inc	04.300% DUE 12/15/2042, 204,000 Shares	173,192	169,526
AT&T Inc	05.150% DUE 11/15/2046, 173,000 Shares	164,416	160,637
AT&T Inc	05.550% DUE 08/15/2041, 205,000 Shares	204,490	199,695
Autozone Inc	06.550% DUE 11/01/2033, 206,000 Shares	223,638	221,168
Avalonbay Communities	02.450% DUE 01/15/2031, 202,000 Shares	173,310	171,843
Baker Hughes Holdings LLC	05.125% DUE 09/15/2040, 218,000 Shares	211,329	207,344
Baker Hughes LLC/Co	04.080% DUE 12/15/2047, 170,000 Shares	139,223	135,942
Bank of America Corp	VAR% DUE 09/15/2034, 211,000 Shares	219,088	217,056
Bank of America Corp	VAR% DUE 01/20/2048, 154,000 Shares	134,374	131,303
Bank of America Corp	VAR% DUE 06/19/2041, 209,000 Shares	148,432	146,026
Bank of Montreal	05.717% DUE 09/25/2028, 193,000 Shares	197,373	196,906
Bank of Nova Scotia	05.650% DUE 02/01/2034, 206,000 Shares	211,193	209,306
Bank of NY Mellon	01.800% DUE 07/28/2031, 203,000 Shares	165,776	164,211
Barclays PLC	04.950% DUE 01/10/2047, 200,000 Shares	182,392	178,332
Barclays PLC	VAR% DUE 11/24/2042, 216,000 Shares	157,611	155,082
Barclays PLC	05.746% DUE 08/09/2033, 206,000 Shares	206,847	205,475
BAT Capital Corp	07.079% DUE 08/02/2043, 193,000 Shares	207,599	203,376
BAT Capital Corp	05.282% DUE 04/02/2050, 138,000 Shares	118,944	116,351
BAT Capital Corp	06.343% DUE 08/02/2030, 198,000 Shares	207,928	206,421
Becton Dickinson and Co	04.669% DUE 06/06/2047, 167,000 Shares	148,769	145,562
BHP Billiton Fin Usa Ltd	05.000% DUE 09/30/2043, 192,000 Shares	183,366	179,146
BP Cap Markets America	02.939% DUE 06/04/2051, 133,000 Shares	86,571	84,434
Bristol-Myers Squibb Co	06.250% DUE 11/15/2053, 116,000 Shares	127,631	124,590
Brookfield Finance Inc	03.500% DUE 03/30/2051, 130,000 Shares	92,401	89,905
Brookfield Finance Inc	04.700% DUE 09/20/2047, 167,000 Shares	144,794	141,434
Burlingtn North Santa Fe	04.150% DUE 12/15/2048, 162,000 Shares	135,333	132,079
Burlingtn North Santa Fe	04.450% DUE 01/15/2053, 113,000 Shares	98,583	96,062
Camden Property Trust	02.800% DUE 05/15/2030, 200,000 Shares	177,720	177,254
Campbell Soup Co	05.200% DUE 03/21/2029, 193,000 Shares	193,766	193,112
Campbell Soup Co	04.800% DUE 03/15/2048, 156,000 Shares	139,319	136,227
Canadian Imperial Bank	05.986% DUE 10/03/2028, 194,000 Shares	200,245	199,354
Capital One Financial Co	VAR% DUE 02/01/2035, 213,000 Shares	216,659	214,238
Capital One Financial Co	VAR% DUE 05/10/2033, 201,000 Shares	195,613	193,969
Caterpillar Inc	06.050% DUE 08/15/2036, 216,000 Shares	237,885	234,850

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
Caterpillar Inc	05.200% DUE 05/27/2041, 209,000 Shares	208,013	203,161
Charles Schwab Corp	VAR% DUE 08/24/2034, 212,000 Shares	222,129	220,764
Chubb Corp	06.000% DUE 05/11/2037, 212,000 Shares	228,901	225,907
Chubb Ina Holdings Inc	04.150% DUE 03/13/2043, 188,000 Shares	164,079	159,473
Cisco Systems Inc	05.500% DUE 01/15/2040, 208,000 Shares	214,908	211,143
Citigroup Inc	04.650% DUE 07/23/2048, 160,000 Shares	142,746	139,579
Citigroup Inc	05.875% DUE 01/30/2042, 197,000 Shares	205,999	201,970
Citigroup Inc	VAR% DUE 04/23/2029, 195,000 Shares	187,403	186,941
Colgate-Palmolive Co	04.000% DUE 08/15/2045, 180,000 Shares	154,327	150,961
Comcast Corp	07.050% DUE 03/15/2033, 199,000 Shares	224,665	222,576
Comcast Corp	04.600% DUE 10/15/2038, 223,000 Shares	206,728	203,001
Comcast Corp	03.250% DUE 11/01/2039, 219,000 Shares	171,409	168,536
Comcast Corp	05.350% DUE 05/15/2053, 113,000 Shares	110,907	108,323
Comcast Corp	04.650% DUE 07/15/2042, 199,000 Shares	182,023	178,232
Consolidated Edison Co of NY Inc	03.850% DUE 06/15/2046, 175,000 Shares	137,324	134,141
Consolidated Edison Co of NY Inc	05.500% DUE 12/01/2039, 222,000 Shares	222,724	218,765
Consolidated Edison Co of NY Inc	04.625% DUE 12/01/2054, 115,000 Shares	99,890	97,252
Consumers Energy Co	04.050% DUE 05/15/2048, 155,000 Shares	129,154	126,271
CSX Corp	04.500% DUE 11/15/2052, 124,000 Shares	108,432	106,020
CSX Corp	04.750% DUE 05/30/2042, 204,000 Shares	188,882	185,181
Cummins Inc	04.875% DUE 10/01/2043, 202,000 Shares	189,173	185,388
CVS Health Corp	05.125% DUE 07/20/2045, 179,000 Shares	161,548	157,531
CVS Health Corp	03.625% DUE 04/01/2027, 184,000 Shares	176,784	176,498
CVS Health Corp	04.780% DUE 03/25/2038, 212,000 Shares	192,528	189,278
CVS Health Corp	05.875% DUE 06/01/2053, 116,000 Shares	114,359	111,158
Dell Int LLC / EMC Corp	08.100% DUE 07/15/2036, 213,000 Shares	257,159	254,020
Dell Int LLC / EMC Corp	08.350% DUE 07/15/2046, 172,000 Shares	223,120	217,508
Dell Int LLC / EMC Corp	03.450% DUE 12/15/2051, 135,000 Shares	93,359	91,457
Diageo Capital PLC	03.875% DUE 04/29/2043, 191,000 Shares	160,291	156,916
Discover Financial Svs	VAR% DUE 11/02/2034, 210,000 Shares	238,237	236,227
Dominion Energy Inc	04.250% DUE 06/01/2028, 193,000 Shares	187,227	186,417
Dominion Resources Inc	05.950% DUE 06/15/2035, 214,000 Shares	220,304	217,082
Dowdupont Inc	05.319% DUE 11/15/2038, 210,000 Shares	219,511	216,016
Dowdupont Inc	05.419% DUE 11/15/2048, 148,000 Shares	156,433	153,304
DTE Electric Co	03.700% DUE 03/15/2045, 175,000 Shares	138,456	135,422
DTE Energy Co	02.850% DUE 10/01/2026, 181,000 Shares	171,467	171,344
Duke Energy Carolinas	04.250% DUE 12/15/2041, 214,000 Shares	181,299	178,848
Duke Energy Florida LLC	06.200% DUE 11/15/2053, 117,000 Shares	127,163	123,939
Duke Energy Indiana LLC	06.350% DUE 08/15/2038, 221,000 Shares	239,071	235,409
Ecolab Inc	02.125% DUE 08/15/2050, 141,000 Shares	80,924	78,651
Elevance Health Inc	06.100% DUE 10/15/2052, 122,000 Shares	130,841	127,874
Enbridge Inc	05.900% DUE 11/15/2026, 178,000 Shares	180,134	180,035
Enbridge Inc	04.500% DUE 06/10/2044, 191,000 Shares	161,540	158,222
Enbridge Inc	05.500% DUE 12/01/2046, 175,000 Shares	171,852	167,568
Enbridge Inc	03.400% DUE 08/01/2051, 132,000 Shares	91,266	89,371
Entergy Louisiana LLC	02.350% DUE 06/15/2032, 208,000 Shares	170,454	168,848
Entergy Louisiana LLC	05.700% DUE 03/15/2054, 108,000 Shares	108,927	106,224
Enterprise Products Oper	03.700% DUE 01/31/2051, 130,000 Shares	98,569	95,836
Enterprise Products Oper	04.800% DUE 02/01/2049, 147,000 Shares	133,098	130,377
Enterprise Products Oper	05.700% DUE 02/15/2042, 200,000 Shares	204,418	200,090
EOG Resources Inc	03.900% DUE 04/01/2035, 212,000 Shares	192,721	189,778

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
Equinix Inc	03.900% DUE 04/15/2032, 203,000 Shares	186,013	184,586
Equinix Inc	02.150% DUE 07/15/2030, 202,000 Shares	170,040	169,363
Equinix Inc	03.400% DUE 02/15/2052, 120,000 Shares	84,668	82,231
Equinix Inc	03.200% DUE 11/18/2029, 203,000 Shares	183,841	182,907
Equinor ASA	04.800% DUE 11/08/2043, 195,000 Shares	184,150	180,609
ERP Operating LP	04.500% DUE 07/01/2044, 187,000 Shares	161,353	158,787
Essex Portfolio LP	03.000% DUE 01/15/2030, 196,000 Shares	175,183	174,099
Evergy Inc	02.900% DUE 09/15/2029, 198,000 Shares	177,834	176,848
Exelon Corp	02.750% DUE 03/15/2027, 182,000 Shares	170,962	170,576
Exelon Corp	04.100% DUE 03/15/2052, 120,000 Shares	94,547	92,246
Exelon Corp	04.450% DUE 04/15/2046, 171,000 Shares	144,346	141,015
Exelon Corp	05.100% DUE 06/15/2045, 181,000 Shares	168,120	164,437
Expedia Group Inc	04.625% DUE 08/01/2027, 183,000 Shares	180,132	179,690
Expedia Group Inc	02.950% DUE 03/15/2031, 201,000 Shares	175,067	173,773
Exxon Mobil Corporation	04.227% DUE 03/19/2040, 211,000 Shares	188,794	185,448
FedEx Corp	05.250% DUE 05/15/2050, 140,000 Shares	132,313	130,229
FedEx Corp	05.100% DUE 01/15/2044, 182,000 Shares	168,754	166,403
Fidelity Natl Info Serv	03.100% DUE 03/01/2041, 202,000 Shares	147,983	145,050
Fifth Third Bancorp	VAR% DUE 04/25/2033, 202,000 Shares	185,468	184,022
Fiserv Inc	04.400% DUE 07/01/2049, 151,000 Shares	125,404	122,544
Florida Power & Light Co	05.950% DUE 02/01/2038, 211,000 Shares	225,280	222,088
Florida Power & Light Co	04.050% DUE 10/01/2044, 187,000 Shares	157,811	153,873
Florida Power & Light Co	03.150% DUE 10/01/2049, 148,000 Shares	103,499	100,637
Ford Motor Credit Co LLC	07.200% DUE 06/10/2030, 204,000 Shares	215,359	214,590
Ford Motor Credit Co LLC	04.271% DUE 01/09/2027, 200,000 Shares	192,876	192,710
Fox Corp	05.476% DUE 01/25/2039, 208,000 Shares	200,861	198,305
Fox Corp	05.576% DUE 01/25/2049, 147,000 Shares	137,601	134,965
GE Capital Intl Funding	04.418% DUE 11/15/2035, 216,000 Shares	201,556	199,314
General Dynamics Corp Co	03.600% DUE 11/15/2042, 201,000 Shares	161,771	158,420
General Elec Cap Corp	05.875% DUE 01/14/2038, 213,000 Shares	221,878	218,857
General Mills Inc	02.250% DUE 10/14/2031, 205,000 Shares	170,330	168,315
General Motors Co	06.600% DUE 04/01/2036, 210,000 Shares	222,232	219,742
General Motors Co	05.950% DUE 04/01/2049, 146,000 Shares	144,400	141,700
General Motors Co	05.200% DUE 04/01/2045, 175,000 Shares	156,956	153,587
General Motors Finl Co	06.400% DUE 01/09/2033, 200,000 Shares	209,342	207,570
General Motors Finl Co	05.750% DUE 02/08/2031, 198,000 Shares	199,683	198,529
Georgia Power Co	04.700% DUE 05/15/2032, 203,000 Shares	198,053	196,181
Georgia Power Co	03.700% DUE 01/30/2050, 141,000 Shares	106,975	104,052
Gilead Sciences Inc	04.000% DUE 09/01/2036, 217,000 Shares	193,594	191,370
Gilead Sciences Inc	05.550% DUE 10/15/2053, 116,000 Shares	118,466	115,821
Gilead Sciences Inc	04.800% DUE 04/01/2044, 183,000 Shares	168,305	165,061
Gilead Sciences Inc	04.600% DUE 09/01/2035, 215,000 Shares	205,256	203,134
Goldman Sachs Group Inc	VAR% DUE 02/24/2043, 191,000 Shares	147,164	144,234
Goldman Sachs Group Inc	04.750% DUE 10/21/2045, 182,000 Shares	166,661	163,387
Goldman Sachs Group Inc	VAR% DUE 04/23/2039, 214,000 Shares	191,949	189,227
Goldman Sachs Group Inc	VAR% DUE 07/21/2032, 207,000 Shares	171,473	169,995
Halliburton Co	05.000% DUE 11/15/2045, 178,000 Shares	165,001	161,133
Halliburton Co	07.450% DUE 09/15/2039, 214,000 Shares	257,344	253,363
HCA Inc	04.125% DUE 06/15/2029, 200,000 Shares	190,136	189,382
Home Depot Inc	03.125% DUE 12/15/2049, 152,000 Shares	106,161	103,716

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
Honeywell International	05.700% DUE 03/15/2037, 212,000 Shares	222,725	219,763
HSBC Holdings PLC	VAR% DUE 11/22/2032, 213,000 Shares	178,600	177,139
HSBC Holdings PLC	VAR% DUE 03/09/2044, 200,000 Shares	212,168	209,192
HSBC Holdings PLC	VAR% DUE 08/18/2031, 204,000 Shares	170,968	170,448
IBM Corp	04.150% DUE 05/15/2039, 213,000 Shares	185,868	183,120
IBM Corp	04.250% DUE 05/15/2049, 146,000 Shares	121,409	118,746
IBM Internat Capital	05.625% DUE 02/05/2044, 184,000 Shares	177,976	174,449
Illinois Tool Works Inc	03.900% DUE 09/01/2042, 201,000 Shares	171,131	167,324
Indiana Michigan Power	05.625% DUE 04/01/2053, 114,000 Shares	113,763	110,913
Intel Corp	04.750% DUE 03/25/2050, 138,000 Shares	121,821	118,781
Intel Corp	04.100% DUE 05/19/2046, 175,000 Shares	142,789	139,627
Jefferies Group Inc	06.250% DUE 01/15/2036, 211,000 Shares	214,690	213,070
Johnson & Johnson	04.500% DUE 12/05/2043, 200,000 Shares	189,918	186,624
Johnson & Johnson	03.625% DUE 03/03/2037, 212,000 Shares	187,262	185,025
JP Morgan Chase & Co	05.600% DUE 07/15/2041, 207,000 Shares	213,837	210,540
JP Morgan Chase & Co	VAR% DUE 02/22/2048, 156,000 Shares	133,158	130,639
Keurig Dr Pepper Inc	04.500% DUE 04/15/2052, 120,000 Shares	102,364	100,091
Keycorp	VAR% DUE 03/06/2035, 210,000 Shares	213,963	212,906
Kinder Morgan Inc	05.450% DUE 08/01/2052, 122,000 Shares	114,440	112,231
Kinder Morgan Inc/Delawa	05.050% DUE 02/15/2046, 337,000 Shares	300,975	294,942
Kraft Foods Group Inc	05.000% DUE 06/04/2042, 202,000 Shares	186,577	182,644
Kraft Heinz Foods Co	05.000% DUE 07/15/2035, 216,000 Shares	211,950	209,548
Kraft Heinz Foods Co	05.500% DUE 06/01/2050, 142,000 Shares	139,207	135,849
Lincoln National Corp	07.000% DUE 06/15/2040, 221,000 Shares	243,885	239,089
Lloyds Banking Group PLC	VAR% DUE 03/06/2029, 200,000 Shares	203,282	202,768
Lockheed Martin Corp	05.700% DUE 11/15/2054, 222,000 Shares	233,238	228,307
Lockheed Martin Corp	04.500% DUE 05/15/2036, 210,000 Shares	199,435	197,133
Lowes Companies Inc	04.650% DUE 04/15/2042, 199,000 Shares	177,297	173,667
Lowes Cos Inc	05.750% DUE 07/01/2053, 117,000 Shares	117,999	115,226
Lowes Cos Inc	01.300% DUE 04/15/2028, 192,000 Shares	167,860	167,528
LYB Int Finance III	03.625% DUE 04/01/2051, 129,000 Shares	90,951	88,689
LYB Int Finance III	05.250% DUE 07/15/2043, 196,000 Shares	181,361	177,807
Marathon Petroleum Corp	04.500% DUE 04/01/2048, 150,000 Shares	123,847	120,654
Marriott International	05.300% DUE 05/15/2034, 206,000 Shares	204,239	202,257
Marriott International	05.000% DUE 10/15/2027, 186,000 Shares	185,890	185,500
Marriott International	03.500% DUE 10/15/2032, 208,000 Shares	182,366	180,084
Marriott Internationa	02.850% DUE 04/15/2031, 201,000 Shares	173,590	172,146
Marsh & McLennan Cos Inc	06.250% DUE 11/01/2052, 120,000 Shares	132,632	129,761
Mastercard Inc	03.650% DUE 06/01/2049, 151,000 Shares	118,342	114,909
McDonalds Corp	05.150% DUE 09/09/2052, 126,000 Shares	119,172	116,211
McDonalds Corp	06.300% DUE 10/15/2037, 219,000 Shares	238,079	234,499
Merck & Co Inc	03.700% DUE 02/10/2045, 176,000 Shares	141,398	138,141
Metlife Inc	05.000% DUE 07/15/2052, 124,000 Shares	115,434	112,962
Metlife Inc	04.721% DUE 12/15/2044, 189,00 Shares	170,784	166,454
Midamerican Energy Co	05.850% DUE 09/15/2054, 221,000 Shares	232,238	226,306
Mondelez International	02.625% DUE 09/04/2050, 142,000 Shares	87,696	84,883
National Rural Util Coop	04.300% DUE 03/15/2049, 148,000 Shares	124,848	121,113
Natwest Group PLC	05.778% DUE 03/01/2035, 207,000 Shares	208,981	207,656
Newmont Corp	04.875% DUE 03/15/2042, 195,000 Shares	182,955	179,989
Newmont Mining Corp	06.250% DUE 10/01/2039, 218,000 Shares	234,346	230,206
Northrop Grumman Corp	05.200% DUE 06/01/2054, 220,000 Shares	210,885	205,988
Nucor Corp	06.400% DUE 12/01/2037, 225,000 Shares	247,307	243,193

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
Nutrien LTD	04.900% DUE 06/01/2043, 192,000 Shares	174,157	170,786
Nutrien LTD	05.250% DUE 01/15/2045, 175,000 Shares	165,569	160,904
Oracle Corp	05.550% DUE 02/06/2053, 113,000 Shares	109,653	106,915
Oracle Corp	04.125% DUE 05/15/2045, 180,000 Shares	144,331	140,938
Oracle Corp	05.375% DUE 07/19/2040, 214,000 Shares	207,351	203,495
Oracle Corp	06.125% DUE 07/08/2039, 216,000 Shares	226,835	223,819
Pepsico Inc	03.450% DUE 10/06/2046, 175,000 Shares	135,034	131,801
Pfizer Inc	04.100% DUE 09/15/2038, 218,000 Shares	195,860	191,914
Pfizer Investment Enter	05.110% DUE 05/19/2043, 195,000 Shares	189,263	185,404
Philip Morris Intl Inc	05.500% DUE 09/07/2030, 199,000 Shares	202,743	201,651
Philip Morris Intl Inc	06.375% DUE 05/16/2038, 217,000 Shares	236,630	233,101
Philip Morris Intl Inc	04.250% DUE 11/10/2044, 188,000 Shares	155,185	152,043
* PNC Financial Services	VAR% DUE 10/20/2034, 212,000 Shares	232,687	231,052
Potomac Electric Power	06.500% DUE 11/15/2037, 219,000 Shares	243,486	240,782
Principal Financial Group	06.050% DUE 10/15/2036, 213,000 Shares	226,751	223,897
Prologis LP	04.750% DUE 06/15/2033, 207,000 Shares	201,469	199,587
Prologis LP	02.125% DUE 10/15/2050, 143,000 Shares	77,726	75,894
Prudential Financial Inc	05.700% DUE 12/14/2036, 222,000 Shares	229,941	227,281
Prudential Financial Inc	04.600% DUE 05/15/2044, 185,000 Shares	164,576	161,252
Raytheon Tech Corp	04.875% DUE 10/15/2040, 215,000 Shares	199,675	195,082
Realty Income Corp	04.900% DUE 07/15/2033, 207,000 Shares	199,728	197,873
Realty Income Corp	02.850% DUE 12/15/2032, 212,000 Shares	176,346	174,718
Realty Income Corp	04.650% DUE 03/15/2047, 165,000 Shares	145,459	142,126
Realty Income Corp	03.650% DUE 01/15/2028, 190,000 Shares	181,359	180,844
Republic Services Inc	05.000% DUE 12/15/2033, 213,000 Shares	210,029	208,527
Republic Services Inc	02.300% DUE 03/01/2030, 198,000 Shares	171,900	171,213
Reynolds American Inc	05.700% DUE 08/15/2035, 215,000 Shares	212,768	209,941
Rio Tinto Fin Usa PLC	04.125% DUE 08/21/2042, 199,000 Shares	171,269	168,227
Royal Bank Of Canada	03.625% DUE 05/04/2027, 184,000 Shares	176,933	176,572
RTX Corp	06.400% DUE 03/15/2054, 108,000 Shares	120,546	117,755
RTX Corporation	03.125% DUE 07/01/2050, 142,000 Shares	95,643	93,244
RTX Corporation	06.125% DUE 07/15/2038, 220,000 Shares	233,930	230,545
Santander Uk Group Holdings	VAR% DUE 06/14/2027, 200,000 Shares	185,054	184,888
Shell International Fin BV	03.00% DUE 11/26/2051, 133,000 Shares	89,235	87,078
Shell International Fin BV	06.375% DUE 12/15/2038, 225,000 Shares	251,091	247,959
Sherwin-Williams Co	02.950% DUE 08/15/2029, 198,000 Shares	179,186	178,442
Simon Property Group LP	05.850% DUE 03/08/2053, 113,000 Shares	114,890	112,345
Simon Property Group LP	06.750% DUE 02/01/2040, 207,000 Shares	228,563	224,369
Sprint Cap Corp	06.875% DUE 11/15/2028, 193,000 Shares	205,387	204,599
Starbucks Corp	03.500% DUE 11/15/2050, 280,000 Shares	202,247	196,750
State Street Corp	VAR% DUE 01/26/2034, 207,000 Shares	201,808	199,856
Stryker Corp	04.625% DUE 03/15/2046, 171,000 Shares	153,755	150,253
Sumitomo Mitsui Finl Grp	02.296% DUE 01/12/2041, 207,000 Shares	141,410	138,288
Sumitomo Mitsui Finl Grp	05.808% DUE 09/14/2033, 206,000 Shares	215,523	213,554
Sysco Corporation	03.300% DUE 07/15/2026, 178,000 Shares	171,362	171,181
Sysco Corporation	03.300% DUE 02/15/2050, 139,000 Shares	97,913	95,100
Target Corp	03.900% DUE 11/15/2047, 163,000 Shares	132,377	128,777
Thermo Fisher Scientific	04.100% DUE 08/15/2047, 167,000 Shares	140,549	137,489

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

Identity of Issuer	Description of Investment	Cost	Current Value
T-Mobile USA Inc	02.250% DUE 11/15/2031, 204,000 Shares	168,149	166,727
T-Mobile USA Inc	04.375% DUE 04/15/2040, 209,000 Shares	184,775	181,111
Travelers Cos Inc	04.000% DUE 05/30/2047, 167,000 Shares	137,894	134,213
Travelers Cos Inc	05.350% DUE 11/01/2040, 206,000 Shares	208,272	202,723
Truist Financial Corp	VAR% DUE 06/08/2034, 213,000 Shares	215,758	214,619
UBS AG London	04.500% DUE 06/26/2048, 200,000 Shares	179,012	175,616
Union Pacific Corp	03.600% DUE 09/15/2037, 221,000 Shares	188,639	185,795
Union Pacific Corp	04.000% DUE 04/15/2047, 162,000 Shares	132,119	128,738
Union Pacific Corp	03.550% DUE 08/15/2039, 219,000 Shares	180,879	178,470
United Parcel Service	03.400% DUE 09/01/2049, 148,000 Shares	109,313	106,621
Unitedhealth Group Inc	03.950% DUE 10/15/2042, 201,000 Shares	168,545	164,744
Unitedhealth Group Inc	03.750% DUE 10/15/2047, 167,000 Shares	130,516	127,137
Unitedhealth Group Inc	05.375% DUE 04/15/2054, 108,000 Shares	107,809	104,916
US Bancorp	VAR% DUE 01/23/2035, 209,000 Shares	211,374	209,803
US Bancorp	VAR% DUE 10/21/2033, 206,000 Shares	210,952	209,207
Valero Energy Corp	06.625% DUE 06/15/2037, 218,000 Shares	235,828	232,384
Valero Energy Corp	02.150% DUE 09/15/2027, 185,000 Shares	168,892	168,624
Valero Energy Corp	04.000% DUE 06/01/2052, 124,000 Shares	93,291	90,865
Verizon Communications	02.850% DUE 09/03/2041, 209,000 Shares	149,301	146,430
Verizon Communications	02.625% DUE 08/15/2026, 179,000 Shares	169,853	169,760
Verizon Communications	02.650% DUE 11/20/2040, 220,000 Shares	154,504	151,532
Verizon Communications	04.812% DUE 03/15/2039, 211,000 Shares	198,635	195,667
Verizon Communications	05.012% DUE 08/21/2054, 113,000 Shares	105,263	102,979
Virginia Elec & Power Co	05.700% DUE 08/15/2053, 117,000 Shares	119,173	116,341
Virginia Elec & Power Co	04.000% DUE 01/15/2043, 188,000 Shares	155,151	151,212
Visa Inc	04.300% DUE 12/14/2045, 185,000 Shares	163,438	160,447
Walt Disney Company	04.750% DUE 09/15/2044, 187,000 Shares	173,050	169,196
Walt Disney Company	06.200% DUE 12/15/2034, 220,000 Shares	241,996	239,037
Wellpoint Inc	04.650% DUE 08/15/2044, 187,000 Shares	166,546	162,838
Wells Fargo & Co	VAR% DUE 04/30/2041, 206,000 Shares	153,779	151,056
Wells Fargo & Company	VAR% DUE 04/24/2034, 207,000 Shares	206,338	204,634
Wells Fargo & Company	VAR% DUE 07/25/2034, 212,000 Shares	213,794	211,843
Wells Fargo & Company	VAR% DUE 10/23/2029, 197,000 Shares	204,967	204,429
Welltower Inc	02.800% DUE 06/01/2031, 205,000 Shares	176,368	174,972
Welltower Inc	02.700% DUE 02/15/2027, 182,000 Shares	171,894	171,491
Welltower Inc	04.950% DUE 09/01/2048, 157,000 Shares	146,070	142,096
Weyerhaeuser Co	04.000% DUE 04/15/2030, 200,000 Shares	187,902	186,668
Williams Companies Inc	03.500% DUE 10/15/2051, 131,000 Shares	93,112	90,623
Williams Companies Inc	05.300% DUE 08/15/2028, 192,000 Shares	193,148	192,589
Williams Companies Inc	03.500% DUE 11/15/2030, 204,000 Shares	185,791	184,908
Williams Partners LP	05.100% DUE 09/15/2045, 180,000 Shares	166,140	162,167
Wyeth	05.950% DUE 04/01/2037, 212,000 Shares	226,537	223,350
<b><u>Mutual Funds</u></b>			
JP Morgan	JPMorgan Hedged Equity Fund Class R6	2,248,924	3,184,516
Vanguard	Vanguard 500 Index Fund	4,322,058	4,734,006
Victory Capital	Victory Sycamore Established Value Fund	389,783	461,378

**RETIREMENT PLAN FOR EMPLOYEES OF MEADVILLE MEDICAL CENTER**  
**EIN 25-1512436 PN 001**  
**SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**JUNE 30, 2024**

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Identity of Issuer	Description of Investment	Cost	Current Value
<b><u>Interest Bearing Cash</u></b>			
* Morgan Stanley	Interest Bearing Cash	3,329	3,329
<b><u>Alternative Investments</u></b>			
* Commonfund Capital, Inc.	Commonfund Capital Natural Resources	1,347,183	2,166,400
* Fundamental Advisors LP	Fundamental Partners III-A LP	<u>1,320,390</u>	<u>1,444,014</u>
		<u>\$ 68,900,433</u>	<u>\$ 70,449,445</u>
* Party-in-interest			

# Retirement Plan for Employees of Meadville Medical Center

EIN/PN: 25-1512436/ 001

## Schedule SB Attachments for the 2023 Plan Year

### Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of July 1, 2023
July 1, 2019	Shortfall	11	\$ 1,489,138	\$ 13,018,676
July 1, 2020	Shortfall	12	(84,927)	(792,123)
July 1, 2021	Shortfall	13	(29,194)	(288,552)
July 1, 2022	Shortfall	14	(13,502)	(140,613)
July 1, 2023	Shortfall	15	<u>165,790</u>	<u>1,810,312</u>
Total			\$ 1,527,305	\$ 13,607,700

**Retirement Plan for Employees of Meadville Medical Center**

**EIN/PN: 25-1512436/ 001**

**Schedule SB, Line 24 – Change in Non-Prescribed Funding Assumptions and Methods**

The expected plan expenses included in Target Normal Cost were changed from \$950,000 to \$450,000.