

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE (specify)
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report...
C If the plan is a collectively-bargained plan, check here... [ ]
D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension...
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): INDIANA REGIONAL MEDICAL CENTER
2b Employer Identification Number (EIN): 25-0965404
2c Plan Sponsor's telephone number: 724-357-7008
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

<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>	1360
<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>	415
	<b>6a(2)</b>	384
	<b>6b</b>	603
	<b>6c</b>	318
	<b>6d</b>	1305
	<b>6e</b>	35
	<b>6f</b>	1340
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

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

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

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

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

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

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**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 INDIANA REGIONAL 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>INDIANA REGIONAL MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0965404</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>71846567</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>76356489</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>606</u>	<u>56684046</u>
	<b>b</b> For terminated vested participants .....	<u>339</u>	<u>12206358</u>
	<b>c</b> For active participants .....	<u>415</u>	<u>22528048</u>
	<b>d</b> Total .....	<u>1360</u>	<u>91418452</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>5.25 %</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>39389</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>39389</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>04/08/2025</u>
	<u>DAVID R. JARRETT</u>	Date
	Type or print name of actuary	<u>23-04821</u>
	<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
	Firm name	<u>412-281-2506</u>
	<u>11 STANWIX STREET</u> <u>SUITE 700</u> <u>PITTSBURGH, PA 15222-1312</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	330179
<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	330179
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.52</u> % .....	0	21528
<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) .....		428
<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>5.42</u> % .....		23
<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 .....		451
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	351707

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	82.64 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	82.64 %
<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>	84.21 %
<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		
10/06/2023	388176	0					
01/11/2024	388176	0					
04/10/2024	388176	0					
07/10/2024	388176	0					
03/12/2025	269000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	1821704	<b>18(c)</b>	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> 1748817	
<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	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	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> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 39389
<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 .....	15957567		1709101	
<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> 1748490
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 1748490
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 1748817
<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> 327
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL 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>INDIANA REGIONAL MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0965404</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)

PNC BANK

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	107012	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"/>

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

WHARTON BUSINESS GROUP

110 PHOENIXVILLE PIKE  
MALVERN, PA 19355

(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	87173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL 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>INDIANA REGIONAL MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>25-0965404</b>	

**Part I Asset and Liability Statement**

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

		(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>	739296	657176
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	73186	86883
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1173335	983201
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	23	10
<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>		
<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>	3225678	3688421
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	66651481	71887287
<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>		

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	71862999	77302978
<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	71862999	77302978

**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)	1821704	
(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)		1821704
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	41660	
(B) U.S. Government securities .....	2b(1)(B)	1	
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		41661
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)	46257	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	2621836	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		2668093
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	373932	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	207572	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		166360
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	1887088	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		1887088

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4042936
<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>		10627842

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	4993703	
(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>		4993703
<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>	87148	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	107012	
(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>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		194160
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5187863

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5439979
<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: CGN CPA PLLC

(2) EIN: 25-1807988

**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		1000000
<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 533928.

<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 INDIANA REGIONAL 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>INDIANA REGIONAL MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>25-0965404</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): 25-1211909

**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	1
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	6c	

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

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

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

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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**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: 61.0 % Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: 35.0 %  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: 4.0 % Other: \_\_\_\_\_%

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# FINANCIAL STATEMENTS



**CGN CPA** PLLC  
Certified Public Accountants

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**AUDITED FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

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# CGN CPA PLLC

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Retirement Plan Board  
Retirement Plan for Employees of Indiana Regional Medical Center  
Indiana, Pennsylvania

## **Independent auditors' report**

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

We have performed an audit of the financial statements of the Retirement Plan for Employees of Indiana Regional 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 audit of the Retirement Plan for Employees of Indiana Regional 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 audit 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 a certification from a qualified institution as of June 30, 2024 and 2023, and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the 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 U.S. generally accepted accounting principles.
- 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 audit in accordance with U.S. generally accepted auditing standards. 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 Indiana Regional Medical Center and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

**Responsibilities of management for the financial statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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 Indiana Regional Medical Center 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 U.S. generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Retirement Plan for Employees of Indiana Regional 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 Indiana Regional Medical Center's ability to continue as a going concern for a reasonable period of time.

**Auditor's responsibilities for the audit of the financial statements (continued)**

Our audit 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 U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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.

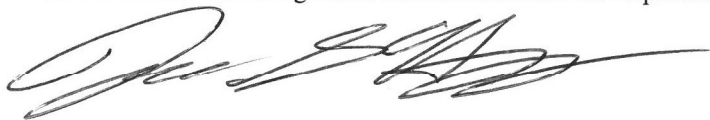
**Supplemental schedules required by ERISA**

The supplemental schedules of assets held for investment purposes and reportable transactions 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 U.S. generally accepted auditing standards. 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).



April 8, 2025

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**JUNE 30,**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value		
Cash equivalents	\$ 983,201	\$ 1,173,335
Mortgage-backed securities	10	23
Common stocks	3,688,421	3,225,678
Exchange traded funds (ETF)	29,461,556	27,650,869
Registered investment companies	<u>42,425,731</u>	<u>39,000,612</u>
Total investments	<u>76,558,919</u>	<u>71,050,517</u>
Receivables		
Contributions - employer	657,176	739,296
Accrued income	<u>86,883</u>	<u>73,186</u>
Total receivables	<u>744,059</u>	<u>812,482</u>
<b>Total assets</b>	<b>77,302,978</b>	<b>71,862,999</b>
<b>LIABILITIES</b>	<u>-</u>	<u>-</u>
<b>NET ASSETS AVAILABLE FOR BENEFIT</b>	<b><u>\$ 77,302,978</u></b>	<b><u>\$ 71,862,999</u></b>

See independent auditors' report and notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED JUNE 30,**

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Net realized and unrealized appreciation (depreciation) in fair value of investments	\$ 6,096,384	\$ 2,163,946
Interest and dividend income	2,709,754	2,390,906
Contributions - employer	<u>1,821,704</u>	<u>1,631,184</u>
Total additions	<u>10,627,842</u>	<u>6,186,036</u>
<b>Deductions</b>		
Benefits paid directly to participants	4,993,703	4,841,744
Administrative and other expenses	<u>194,160</u>	<u>121,215</u>
Total deductions	<u>5,187,863</u>	<u>4,962,959</u>
Net increase (decrease)	5,439,979	1,223,077
Net assets available for benefits at beginning of year	<u>71,862,999</u>	<u>70,639,922</u>
<b>Net assets available for benefits at end of year</b>	<u>\$ 77,302,978</u>	<u>\$ 71,862,999</u>

See independent auditors' report and notes to financial statements.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

1. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements of the Retirement Plan for Employees of Indiana Regional Medical Center (the Plan) have been prepared in conformity with U.S. generally accepted accounting principles as applied to pension trusts. A summary of significant accounting policies follows.

**Method of accounting**

The accounting records of the Plan are maintained on the accrual basis of accounting.

**Valuation of investments**

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. Registered investment companies are generally valued at prices furnished by an independent pricing service.

The change in the difference between fair value and the cost of investments is reflected in the statements of changes in net assets available for benefits as net realized and unrealized appreciation (depreciation) in the fair value of investments.

The cost of investments includes any commissions, fees, or other direct costs incurred in the acquisition of the investments. The realized gain or loss on investments is the difference between the proceeds received, less any commissions, fees or other direct expenses incurred in the sale, and the cost of investments sold.

**Use of estimates**

The preparation of the financial statements, in conformity with U.S. generally accepted accounting principles, requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

**Actuarial present value of accumulated plan benefits**

Accumulated plan benefits (see Note 3) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Monthly benefits for retired or terminated employees or their beneficiaries are based on the greater of 50% of average compensation, as defined, reduced by 1/25 of each year of service at retirement less than 25, as defined, less 50% of the employee's social security benefit plus 0.5% of average compensation for each year of service in excess of 25; or \$4.00 per year of service; or the accrued benefit determined under the prior plan as of April 30, 1981. Effective May 1, 1989, for any employee who is an active participant on or after that date, the amount of monthly retirement benefit to be provided for each participant who retires on his normal retirement date shall be equal to 1.0% of average monthly compensation multiplied by years of benefit service.

The maximum annual benefit payable to a participant is subject to maximum limitations under Internal Revenue Code (IRC) Section 415 and shall not exceed the lesser of (1) \$280,000 or (2) 100% of the participant's compensation averaged over the three years during which the employee had the greatest aggregate compensation from the employer.

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.

The Plan is a noncontributory defined benefit retirement plan which covers all employees, except physicians and employees participating in any other retirement plan, of Indiana Regional Medical Center (the Hospital), except as noted below.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

2. DESCRIPTION OF THE PLAN

The Hospital has agreed to voluntarily contribute such amounts as necessary to fund the Plan's normal costs plus amortization of past service costs over a period of not more than 20 years. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements as determined by the Plan's actuary.

Effective July 14, 2011, the Plan was amended to freeze participation into the Retirement Plan effective for employees hired on and after January 1, 2011 or rehired on or after January 1, 2012. Benefit accruals are also frozen as of December 31, 2011 provided, however that at the election of a "grandfathered participant", such grandfathered participant may continue to accrue benefits under the Retirement Plan. "Grandfathered participants" are participants who are projected to complete 25 years of continuous employment with the Employer or 25 years of Eligibility Service (as defined in the Retirement Plan) as of October 31, 2013. The Employer will begin to add an employer contribution (on a points and service basis) for eligible employees effective on and after January 1, 2012, pursuant to the currently established defined contribution plan. Employer contributions will be provided to all eligible employees except for those "grandfathered participants" who elect to continue to accrue benefits under the Retirement Plan.

Effective July 1, 2014, benefit accruals have been frozen for all grandfathered participants.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC's benefit guarantee, while other benefits may not be provided for at all.

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Summary Plan Description. Copies of the Summary Plan Description are available from the Retirement Plan Board.

3. ACCUMULATED PLAN BENEFITS

An actuary from Buck Financial Advisors LLC estimated the actuarial present value of accumulated plan benefits at July 1, 2024 and 2023, respectively, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants, to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information is as follows:

	<u>July 1, 2024</u>	<u>July 1, 2023</u>
Actuarial present value of vested accumulated plan benefits:		
Participants currently receiving payments	\$50,279,608	\$48,507,066
Other participants	<u>26,180,780</u>	<u>27,588,683</u>
	76,460,388	76,095,749
Nonvested benefits	<u>404,644</u>	<u>441,360</u>
	<u>\$76,865,032</u>	<u>\$76,537,109</u>

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

3. ACCUMULATED PLAN BENEFITS (CONTINUED)

Changes in accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at July 1, 2023	\$76,537,109
Increase (decrease) during the plan year attributable to:	
Increase for interest	5,185,774
Benefits accumulated and other experience	135,852
Benefits paid	<u>(4,993,703)</u>
Actuarial present value of accumulated plan benefits at July 1, 2024	<u>\$76,865,032</u>

The more significant assumptions underlying the actuarial computations are as follows:

Assumed rate of return on investments	7.0% in 2024
Actuarial cost method	The funding target is the present value of accrued benefits based on compensation and service date. The Normal Cost is the present value expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year.
Mortality tables	Buck Modified MP-2021 Mortality Improvement Scale.
Marital percentage	80% of participants are assumed to be married at death, husbands are assumed to be 3 years older than their wives.
Normal retirement	Age 65

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

The changes in actuarial assumptions and methods are as follows:

The segment interest rates were updated to the current rates as specified by the IRS.

The mortality table used to determine funding liabilities was updated to the Pre-2012 Mortality Tables projected with the Buck Modified MP-2020 Mortality Improvement Scale.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

4. INVESTMENTS

All investment information disclosed in the accompanying financial statements and schedules including investments held at June 30, 2024 and 2023, and net realized and unrealized appreciation in fair value of investments, interest, and dividend income for the years ended June 30, 2024 and 2023, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee, PNC Bank. Investment information certified by the trustee has not been audited by independent auditors.

The Plan's investments are primarily held by a bank-administered trust fund. During the years ended June 30, 2024 and 2023, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated in fair value by \$6,096,384 and \$2,163,946, respectively, as follows:

	Net realized and unrealized appreciation (depreciation) in fair value during the year	Fair value at end of year
Year ended June 30, 2024		
Fair value as determined by quoted market price:		
Cash equivalents	\$ -	\$983,201
Mortgage-backed securities	(1)	10
Exchange traded funds (ETF)	3,434,907	29,461,556
Common stocks	836,674	3,688,421
Registered investment companies	<u>1,824,804</u>	<u>42,425,731</u>
	<u>\$6,096,384</u>	<u>\$76,558,919</u>
Year ended June 30, 2023		
Fair value as determined by quoted market price:		
Cash equivalents	\$ -	\$1,173,335
Mortgage-backed securities	(1)	23
Exchange traded funds (ETF)	1,188,167	27,650,869
Common stocks	542,873	3,225,678
Registered investment companies	<u>432,907</u>	<u>39,000,612</u>
	<u>\$ 2,163,946</u>	<u>\$71,050,517</u>

The Plan did not hold any individual investments that represent 5% or more of the Plan's net assets at June 30, 2024 and 2023.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

4. **INVESTMENTS (CONTINUED)**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefit.

	<u>Fair Value</u>	<u>Fair Value Measurement Using Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
Year ended June 30, 2024		
Cash equivalents	\$983,201	\$983,201
Mortgage-backed securities	10	10
Exchange traded funds (ETF)	29,461,556	29,461,556
Common stocks	3,688,421	3,688,421
Registered investment companies	<u>42,425,731</u>	<u>42,425,731</u>
Total	<u>\$76,558,919</u>	<u>\$76,558,919</u>
Year ended June 30, 2023		
Cash equivalents	\$1,173,335	\$1,173,335
Mortgage-backed securities	23	23
Exchange traded funds (ETF)	27,650,869	27,650,869
Common stocks	3,225,678	3,225,678
Registered investment companies	<u>39,000,612</u>	<u>39,000,612</u>
Total	<u>\$71,050,517</u>	<u>\$71,050,517</u>

Accounting standards for Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

**Level 1 Fair Value Measurements**

The fair values are based on quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access at year-end.

5. **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of 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.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED JUNE 30, 2024 AND 2023**

5. RISKS AND UNCERTAINTIES (CONTINUED)

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

6. TRANSACTIONS WITH PARTIES-IN-INTEREST

During the years ended June 30, 2024 and 2023, there were no transactions with known parties-in-interest other than fees for administrative services which are based upon customary and reasonable rates for such services and investments held with Black Rock funds. Additionally, the Hospital provides certain administrative and accounting services to the Plan at no cost and also pays the cost of the services provided to the Plan by the Plan's independent auditors and actuaries.

7. INCOME TAX STATUS

The Plan has received a determination letter from the IRS dated July 15, 2011, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified, and the related trust is tax-exempt.

8. SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 8, 2025, the date the financial statements were available to be issued.

# Retirement Plan for Employees of Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

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

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										
25 - 29										
30 - 34	1	4								
35 - 39	1	26	3							
40 - 44	1	15	17	6						
45 - 49	2	15	17	7	1					
50 - 54	1	15	23	25	17	5	1			
55 - 59		14	23	12	15	13	15			
60 - 64		18	23	11	8	13	8	10	1	
65 - 69		5	9	3		2	1		2	
70 & up		1	3		1			1		

# **Retirement Plan for Employees of Indiana Regional Medical Center**

**EIN/PN: 25-0965404 / 001**

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

### **Funding assumptions selection and rationale**

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice. The assumptions for retirement rates and withdrawal rates are appropriate given historical gain and loss experience. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category developed by Gallagher's Financial Risk Management Practice using Gallagher's capital market assumptions.

### **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 standards specified in this report. Further, the model applies those funding rules standards 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.

### **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 Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

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

### Prescribed Funding/PBGC Assumptions and Methods

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

#### 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	5.25%	5.42%
<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	3.86%	2.86%
<b>PBGC Premium Funding Target Rates</b>		
First Segment Rate	5.26%	3.64%
Second Segment Rate	5.23%	4.80%
Third Segment Rate	5.16%	4.78%
Effective Interest Rate	5.21%	4.73%

\* Used for minimum funding and benefit restriction purposes.

\*\*Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 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 by IRS Notice 2022-22, applied on a stasis 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 expenses to be paid from plan assets during the year.

# Retirement Plan for Employees of Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

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

### Non-Prescribed Funding Assumptions and Methods

#### Frequency of optional payment forms

The straight life annuity option is assumed to have 100% selection frequency for valuation purposes.

#### Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

#### Retirement rates

Age	Assumption
55	1.00%
56	1.50%
57	1.50%
58	2.00%
59	2.00%
60	5.00%
61	10.00%
62	25.00%
63	10.00%
64	10.00%
65	100.00%

# Retirement Plan for Employees of Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

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

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

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

Sample rates as follows:

Age	Assumption
20	9.3%
25	9.3%
30	9.0%
35	8.5%
40	7.5%
45	6.0%
50	4.8%
55	1.7%
56	1.4%
57	1.1%
58	0.8%
59	0.5%
60	0.2%
61	0.2%
62	0.1%
63	0.1%
64	0.0%

#### 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	7.00%	5.74%	5.74%
2022 Expected Return	6.50%	5.92%	5.92%
2021 Expected Return	6.50%	6.11%	6.11%

**Retirement Plan for Employees of Indiana Regional Medical Center  
EIN/PN: 25-0965404 / 001**

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

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

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

- The segment interest rates were updated to the current rates as specified in the IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, as amended in IRS Notice 2022-22, applied on a static basis.

The changes above increased the plan's Funding Target by approximately \$2.7 million.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**

**EIN: 25-0965404 PLAN NUMBER: 001**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2024**

(a)	(b) <u>Description of assets</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost</u>	(i) <u>Net Gain on Sale</u>
Category (i)					
	None	\$ -	\$ -	\$ -	\$ -
Category (ii)					
	None	-	-	-	-
Category (iii)					
	Federated Hermes Treasury Obligation #68	5,115,965	-	5,115,965	-
	Federated Hermes Treasury Obligation #68	-	5,306,098	5,306,098	-
Category (iv)					
	None	-	-	-	-

\*Party-in-interest

See independent auditors' report.

**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 INDIANA REGIONAL 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  INDIANA REGIONAL MEDICAL CENTER	<b>D</b> Employer Identification Number (EIN)  25-0965404	
<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>2a</b>	71,846,567
		<b>2b</b>	76,356,489
<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	606	56,684,046
	<b>b</b> For terminated vested participants	339	12,206,358
	<b>c</b> For active participants	415	22,528,048
	<b>d</b> Total	1,360	91,418,452
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>	<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>	5.25%
<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>	39,389
	<b>c</b> Target normal cost	<b>6c</b>	39,389

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	David R. Jarrett  Signature of actuary	<u>4/8/2025</u> Date
	David R. Jarrett Type or print name of actuary	2304821 Most recent enrollment number
	Buck Global, LLC Firm name	412-281-2506 Telephone number (including area code)
	11 STANWIX STREET SUITE 700 PITTSBURGH PA 15222-1312 Address of the firm	

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

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

<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	330,179
<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	330,179
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.52</u> % .....	0	21,528
<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).....		428
	<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>5.42</u> %.....		23
	<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.....		451
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	351,707

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	82.64 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	82.64 %
<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>	84.21 %
<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>	%

**Part IV Contributions and Liquidity Shortfalls**

**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/06/2023	388,176	0			
01/11/2024	388,176	0			
04/10/2024	388,176	0			
07/10/2024	388,176	0			
03/12/2025	269,000	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				1,821,704	0

**19** 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>	1,748,817

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

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

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

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

**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> 64
<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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input 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>	39,389	
<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 .....	15,957,567	1,709,101	
<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>	1,748,490	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	1,748,490	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	1,748,817	
<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>	327	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<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 Indiana Regional Medical Center  
EIN/PN: 25-0965404 / 001**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	154.9278	0.0099	1.5393	84.6603
56	167.1801	0.0150	2.5077	140.4313
57	180.4432	0.0150	2.7066	154.2789
58	194.4597	0.0200	3.8892	225.5732
59	213.2391	0.0200	4.2648	251.6222
60	231.5686	0.0500	11.5784	694.7059
61	246.4992	0.0996	24.5499	1,497.5448
62	242.3678	0.2500	60.5920	3,756.7010
63	196.1451	0.1000	19.6145	1,235.7140
64	185.9690	0.0995	18.4969	1,183.8018
65	180.8843	1.0000	180.8843	11,757.4809
66	7.0000	1.0000	7.0000	462.0000
67	2.0000	1.0000	2.0000	134.0000
68	4.0000	1.0000	4.0000	272.0000
69	4.0000	1.0000	4.0000	276.0000
70	3.0000	1.0000	3.0000	210.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	1.0000	73.0000
74	0.0000	1.0000	0.0000	0.0000
75	0.0000	1.0000	0.0000	0.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	<u>1.0000</u>	<u>77.0000</u>
<b>Total</b>			<b>353.6236</b>	<b>22,562.5144</b>
				<b>63.80</b>
				<b>64</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 Indiana Regional Medical Center

EIN/PN: 25-0965404 / 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	\$ 343,452	\$ 83,214	\$ 4,890,686	\$ 5,317,352
2024	\$ 547,298	\$ 158,404	\$ 4,828,156	\$ 5,533,858
2025	\$ 745,266	\$ 230,071	\$ 4,759,913	\$ 5,735,250
2026	\$ 936,759	\$ 287,371	\$ 4,685,697	\$ 5,909,827
2027	\$ 1,135,167	\$ 377,141	\$ 4,605,252	\$ 6,117,560
2028	\$ 1,310,645	\$ 478,386	\$ 4,518,291	\$ 6,307,322
2029	\$ 1,458,826	\$ 616,340	\$ 4,424,493	\$ 6,499,659
2030	\$ 1,546,429	\$ 721,057	\$ 4,323,480	\$ 6,590,966
2031	\$ 1,648,267	\$ 828,554	\$ 4,214,806	\$ 6,691,627
2032	\$ 1,710,797	\$ 914,715	\$ 4,097,999	\$ 6,723,511
2033	\$ 1,788,153	\$ 960,505	\$ 3,972,600	\$ 6,721,258
2034	\$ 1,840,190	\$ 990,236	\$ 3,838,203	\$ 6,668,629
2035	\$ 1,910,004	\$ 1,039,898	\$ 3,694,497	\$ 6,644,399
2036	\$ 1,922,667	\$ 1,087,621	\$ 3,541,296	\$ 6,551,584
2037	\$ 1,937,819	\$ 1,113,232	\$ 3,378,592	\$ 6,429,643
2038	\$ 1,949,398	\$ 1,134,355	\$ 3,206,629	\$ 6,290,382
2039	\$ 1,922,741	\$ 1,158,707	\$ 3,025,947	\$ 6,107,395
2040	\$ 1,911,304	\$ 1,168,485	\$ 2,837,412	\$ 5,917,201
2041	\$ 1,889,949	\$ 1,163,816	\$ 2,642,232	\$ 5,695,997
2042	\$ 1,848,255	\$ 1,146,141	\$ 2,441,955	\$ 5,436,351
2043	\$ 1,802,550	\$ 1,138,906	\$ 2,238,429	\$ 5,179,885
2044	\$ 1,785,122	\$ 1,126,256	\$ 2,033,776	\$ 4,945,154
2045	\$ 1,735,766	\$ 1,101,651	\$ 1,830,355	\$ 4,667,772
2046	\$ 1,676,590	\$ 1,068,236	\$ 1,630,697	\$ 4,375,523
2047	\$ 1,605,691	\$ 1,035,255	\$ 1,437,385	\$ 4,078,331
2048	\$ 1,543,356	\$ 999,634	\$ 1,252,900	\$ 3,795,890
2049	\$ 1,472,286	\$ 960,950	\$ 1,079,488	\$ 3,512,724
2050	\$ 1,399,590	\$ 919,242	\$ 919,059	\$ 3,237,891
2051	\$ 1,310,579	\$ 868,042	\$ 773,106	\$ 2,951,727
2052	\$ 1,223,590	\$ 815,330	\$ 642,603	\$ 2,681,523
2053	\$ 1,132,129	\$ 759,895	\$ 527,978	\$ 2,420,002
2054	\$ 1,042,517	\$ 704,484	\$ 429,115	\$ 2,176,116
2055	\$ 952,454	\$ 648,034	\$ 345,407	\$ 1,945,895
2056	\$ 864,096	\$ 591,961	\$ 275,844	\$ 1,731,901
2057	\$ 778,609	\$ 536,911	\$ 219,100	\$ 1,534,620
2058	\$ 696,854	\$ 483,539	\$ 173,646	\$ 1,354,039
2059	\$ 619,545	\$ 432,433	\$ 137,871	\$ 1,189,849
2060	\$ 547,242	\$ 384,054	\$ 110,168	\$ 1,041,464
2061	\$ 480,349	\$ 338,761	\$ 89,019	\$ 908,129
2062	\$ 419,113	\$ 296,805	\$ 73,046	\$ 788,964

# Retirement Plan for Employees of Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2063	\$ 363,617	\$ 258,332	\$ 61,053	\$ 683,002
2064	\$ 313,798	\$ 223,394	\$ 52,039	\$ 589,231
2065	\$ 269,463	\$ 191,960	\$ 45,194	\$ 506,617
2066	\$ 230,307	\$ 163,925	\$ 39,891	\$ 434,123
2067	\$ 195,955	\$ 139,125	\$ 35,658	\$ 370,738
2068	\$ 165,993	\$ 117,354	\$ 32,157	\$ 315,504
2069	\$ 139,983	\$ 98,379	\$ 29,151	\$ 267,513
2070	\$ 117,498	\$ 81,954	\$ 26,480	\$ 225,932
2071	\$ 98,129	\$ 67,824	\$ 24,042	\$ 189,995
2072	\$ 81,499	\$ 55,746	\$ 21,774	\$ 159,019

# Retirement Plan for Employees of Indiana Regional Medical Center

EIN/PN: 25-0965404 / 001

## Schedule SB, Part V – Summary of Plan Provisions

### Effective Date: May 1, 1972

Effective December 31, 2011, all benefit accruals for any employee who is not a grandfathered participant were frozen. Effective June 30, 2014, benefit accruals for any employee who is a grandfathered participant were frozen.

### Plan Participation

All employees of the Medical Center, except those who are physicians, or are participants in any other qualified plan maintained by the Medical Center, are eligible as of May 1 or November 1 after they reach age 21 and complete a year in which they are credited with at least 1,000 hours of service. Plan participation is frozen for employees hired on or after January 1, 2011 or rehired on or after January 1, 2012.

### Selected Definitions

#### Grandfathered Participants

A participant in the Plan who is projected to complete 25 years of continuous employment with the Employer or to complete 25 years of Eligibility Service as of October 31, 2013.

#### Accrued benefit

The greater of (1) or (2) as follows:

- 1) 1.0% times Average Monthly Compensation times Benefit Service.
- 2) The accrued benefit as of April 30, 1989 determined under the plan formula in effect as of that date.

For non-grandfathered participants, the accrued benefit was frozen effective December 31, 2011.

For grandfathered participants, the accrued benefit was frozen effective June 30, 2014.

#### Average Monthly Compensation

Average monthly total compensation received over the highest 60 consecutive month period during the last 120 consecutive month period ending on December 31 preceding the participant's termination of employment. Compensation in any year is limited in accordance with IRC Section 401 (a)(17). For non-grandfathered participants, compensation was frozen effective December 31, 2011. For grandfathered participants, compensation was frozen effective June 30, 2014.

#### Benefit Service

Beginning January 1, 1976, one year of benefit service is earned for each calendar year in which the participant is credited with at least 2,080 hours. A partial year is earned if hours are between 1,000 and 2,080. Service from date of hire to December 31, 1975 is calculated in years and completed months. For non-grandfathered participants, benefit service was frozen effective December 31, 2011. For grandfathered participants, benefit service was frozen effective June 30, 2014.

#### Eligibility Service

One year of service is earned for each calendar year in which the participant is credited with at least 1,000 hours.

#### Normal Retirement

Eligibility is age 65. Monthly benefit is the accrued benefit payable immediately.

# **Retirement Plan for Employees of Indiana Regional Medical Center**

**EIN/PN: 25-0965404 / 001**

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

### **Early Retirement**

Eligibility is age 55 and 10 years of service.

For those Participants who terminate from active employment status before reaching age 55, the monthly benefit is the accrued benefit, reduced 1/180 for each of the first 60 months, and further reduced by 1/360 for each of the next 60 months that the early retirement date precedes age 65.

For those Participants who terminate from active employment on or after having reached age 55, the monthly benefit is the accrued benefit, reduced 1/180 for each of the first 60 months, and further reduced by 1/360 for each of the next 24 months that the early retirement date precedes age 62.

### **Supplemental Retirement Benefit**

A lump sum of \$5,000 grossed up for applicable income taxes will be paid to registered nurses who retire with 30 or more years of service.

### **Deferred Vested Benefit**

Participants are 100% vested in their accrued benefit after completing 5 years of Vesting Service.

### **Pre-Retirement Death Benefit**

Applies to a spouse of a vested active participant or a vested former participant who dies before beginning to receive pension benefits from the plan. Monthly benefit payable to the spouse is 50% of participant's accrued benefit calculated at earlier of death or termination of employment, reduced for early commencement (if benefits begin before participant would have reached age 65) and for the 50% joint and survivor form of payment. Benefits are payable to the spouse as of what would have been the participant's earliest retirement date.

### **Normal Form**

The normal form of benefit is a straight life benefit for single participants or an actuarially reduced 50% Joint and Survivor benefit for married participants.

### **Optional Benefit Forms**

A participant who has rejected the normal form of payment may elect a 50%, 75%, or 100% joint and survivor annuity.

### **Maximum Benefits**

All benefits are subject to maximum limitations under Internal Revenue Code Section 415.

### **Contributions**

All contributions to support the Plan are made by the Medical Center.

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

None.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**

**EIN: 25-0965404 PLAN NUMBER: 001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**YEAR ENDED JUNE 30, 2024**

(a)	(b) Identity of issue or borrower	(c) Description of investment	(d) Cost	(e) Current value
	Cash equivalents			
*	Federated Hermes Treasury Obligations Fund	\$983,201 principal amount, variable rate	\$ 983,201	\$ 983,201
			<u>983,201</u>	<u>983,201</u>
	Mortgage-backed securities			
	Government National Mortgage Association	7.0%, due December 15, 2025	10	10
			<u>10</u>	<u>10</u>
	Common stocks			
	Alphabet Inc.	6,385 Shares	167,345	1,163,028
	Apple Inc.	3,009 Shares	24,085	633,756
	Caterpillar Inc.	1,185 Shares	239,247	394,724
	Cummins Inc	1,405 Shares	289,104	389,087
	Hunt JB Transport Services Inc.	2,080 Shares	360,205	332,800
	Union Pacific Corp.	1,595 Shares	360,532	360,885
	Westrock Co.	8,240 Shares	360,816	414,141
			<u>1,801,334</u>	<u>3,688,421</u>

\*Party-in-interest

See independent auditors' report.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**

**EIN: 25-0965404 PLAN NUMBER: 001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**YEAR ENDED JUNE 30, 2024**

(a)	(b) Identity of issue or borrower	(c) Description of investment	(d) Cost	(e) Current value
	Registered investment companies			
*	Black Rock GL L/S Equity	169,609 Shares	1,959,013	2,491,567
*	Black Rock Emerging Markets	79,799 Shares	2,735,631	1,998,190
*	Black Rock Multi-Str-Inst	286,528 Shares	2,914,479	2,919,718
*	Black Rock Total Return	149,053 Shares	1,830,000	1,457,734
*	Black Rock Low Duration Bond	547,182 Shares	5,218,678	4,913,697
*	Black Rock Multi Asset Income	282,723 Shares	3,066,456	2,832,886
	Dodge & Cox STK FD	15,214 Shares	2,833,641	3,907,868
	Lazard International Strategic Equity Portfolio Class-I	138,901 Shares	2,006,951	2,201,583
	PIMCO Low Duration Fund #36	575,299 Shares	5,670,683	5,269,737
	PIMCO Fds Total Return BD Fund #35	219,558 Shares	2,383,151	1,864,050
	.JP Morgan Mid Cap Value	63,229 Shares	2,350,247	2,360,360
	Primecap Odyssey Growth	62,100 Shares	1,696,913	2,447,988
	Vanguard International Value	51,887 Shares	1,801,882	2,150,205
	Vanguard Fixed Income SECS FD Short-Term Invmt Grade	550,554 Shares	<u>5,871,579</u>	<u>5,610,148</u>
			<u>42,339,304</u>	<u>42,425,731</u>

\*Party-in-interest

See independent auditors' report.

**RETIREMENT PLAN FOR EMPLOYEES OF INDIANA REGIONAL MEDICAL CENTER**

**EIN: 25-0965404 PLAN NUMBER: 001**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)  
YEAR ENDED JUNE 30, 2024**

(a)	(b) Identity of issue or borrower	(c) Description of investment	(d) Cost	(e) Current value
	Exchange Traded Funds (ETF)			
	Ishares China Large Cap	33,485 Shares	1,147,548	870,275
	Ishares JP Morgan	18,870 Shares	2,202,897	1,669,618
	Ishares MSCI USA Quality	17,995 Shares	1,323,273	3,072,826
	Ishares MSCI USA Value	35,855 Shares	2,858,687	3,709,558
	Ishares MSCI USA Min Vol	29,810 Shares	1,923,653	2,502,848
	Ishares MSCI EAFE Min Vol	36,660 Shares	2,297,356	2,542,554
	Ishares MSCI Emerging Markets	39,220 Shares	2,003,004	2,099,447
	Ishares U.S. Medical	21,390 Shares	359,221	1,198,696
	Invesco Dynamic Large Cap Growth	18,555 Shares	509,505	1,752,594
	Invesco KWB Bank	26,475 Shares	997,234	1,416,413
	SPDR S&P Bank	26,975 Shares	727,531	1,251,370
	Health Care Select Sector SPDR	10,075 Shares	728,429	1,468,431
	Technology Select Sector SPDR	7,720 Shares	264,637	1,746,496
	Vanguard Ultra Short Bond	41,510 Shares	2,079,431	2,055,575
	Vanguard FTSE Emerging Markets	48,100 Shares	1,958,924	2,104,855
			<u>21,381,330</u>	<u>29,461,556</u>
			<u>\$ 66,505,179</u>	<u>\$ 76,558,919</u>

See independent auditors' report.

**Retirement Plan for Employees of Indiana Regional Medical Center  
 EIN/PN: 25-0965404 / 001**

**Schedule SB, Line 32 – Schedule of Amortization Bases**

Type of Base	Present Value of		Remaining Installments	Shortfall
	Remaining Installments as of July 1, 2023	Date Established		Amortization Installment
Shortfall	\$ 2,492,518	7/1/2023	15	\$ 228,267
Shortfall	3,777,347	7/1/2022	14	362,709
Shortfall	(1,070,006)	7/1/2021	13	(108,257)
Shortfall	576,788	7/1/2020	12	61,840
Shortfall	10,180,920	7/1/2019	11	1,164,542