

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MAGEE REHABILITATION HOSPITAL</u></p> <p><u>6 FRANKLIN PLAZA</u> <u>PHILADELPHIA, PA 19102-1177</u></p>	<p>1c Effective date of plan <u>03/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>23-1476328</u></p> <p>2c Plan Sponsor's telephone number <u>215-587-3128</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2023	JOHN MORDACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/28/2023	JOHN MORDACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	920
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	322
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	0
	6g(2)	0
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

A Name of plan <u>MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAGEE REHABILITATION HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-1476328</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F 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			
1 Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2021</u>
2 Assets:			
a Market value	2a	<u>80712056</u>	
b Actuarial value	2b	<u>80712056</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>245</u>	<u>20680007</u>	<u>20680007</u>
b For terminated vested participants	<u>351</u>	<u>12270838</u>	<u>12270838</u>
c For active participants	<u>322</u>	<u>23085553</u>	<u>23329298</u>
d Total	<u>918</u>	<u>56036398</u>	<u>56280143</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.64 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>100000</u>	
c Target normal cost	6c	<u>100000</u>	

Statement by Enrolled Actuary

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

SIGN HERE Signature of actuary <u>KEVIN KADLUBEK</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>2001 K ST</u> <u>SUITE 625</u> <u>WASHINGTON, DC 20006</u> Address of the firm	<u>03/02/2023</u> Date <u>20-07104</u> Most recent enrollment number <u>202-429-8594</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		6665306
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	6665306
10	Interest on line 9 using prior year's actual return of <u>29.31</u> %	0	1953601
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1965766
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.79</u> %		113818
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2079584
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	8618907

Part III Funding Percentages			
14	Funding target attainment percentage	14	128.09 %
15	Adjusted funding target attainment percentage	15	143.41 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.18 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
03/29/2022	182800	0					
05/23/2022	178200	0					
04/27/2022	201000	0					
05/31/2022	178200	0					
			Totals ▶	18(b)	740200	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 706792
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	64	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):				
a	Target normal cost (line 6c)			31a	100000
b	Excess assets, if applicable, but not greater than line 31a			31b	100000
32	Amortization installments:		Outstanding Balance	Installment	
a	Net shortfall amortization installment		0	0	
b	Waiver amortization installment				
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34	0
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance	
				0	
36	Additional cash requirement (line 34 minus line 35)			36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37	706792
38	Present value of excess contributions for current year (see instructions)				
a	Total (excess, if any, of line 37 over line 36)			38a	706792
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39	0
40	Unpaid minimum required contributions for all years			40	0

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAGEE REHABILITATION HOSPITAL	D Employer Identification Number (EIN) 23-1476328

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	37297390
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 1392051	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 98059	23161
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9) 1326239	29556790
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 78022347	2431030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

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	80838696	69308371
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	98049	69308371
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	98049	69308371
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	80740647	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	740200	
(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)		740200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1234338	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1234338
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-11279163
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-9304625

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2125768	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2125768
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1883	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1883
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2127651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-11432276
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		69308371

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: WITHUMSMITH+BROWN, P.C.

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JEFFERSON DEFINED BENEFIT PLAN	23-1352651	010

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 458137.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGEE REHABILITATION HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-1476328</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
---	--	---

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT
PENSION PLAN
Financial Statements
June 30, 2022 and 2021
With Independent Auditor's Report**

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Table of Contents
June 30, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants of
Magee Rehabilitation Hospital Defined Benefit Pension Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Magee Rehabilitation Hospital Defined Benefit Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2022 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 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 and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the audit of the 2022 financial statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS") Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2022 financial statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit of the 2022 financial statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 2022 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 GAAP.

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 GAAP.

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

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the June 30, 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 18, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the June 30, 2021 financial statements, and (b) the form and content of the information included in the June 30, 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Withum Smith + Brown, PC". The signature is written in a cursive, flowing style.

July 5, 2023

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Noninterest-bearing cash	\$ 37,297,390	\$ -
Investments, at fair value		
Common collective trust	29,556,790	1,326,239
Registered investment companies	<u>2,431,030</u>	<u>78,022,347</u>
Total investments, at fair value	<u>31,987,820</u>	<u>79,348,586</u>
Total investments	<u>69,285,210</u>	<u>79,348,586</u>
Receivables		
Employer contribution	-	1,392,051
Accrued income	<u>23,161</u>	<u>98,059</u>
Total receivables	<u>23,161</u>	<u>1,490,110</u>
Total assets	69,308,371	80,838,696
Liabilities		
Transfer payable to outside plan	69,308,371	-
Due to broker for securities purchased	<u>-</u>	<u>98,049</u>
Total liabilities	69,308,371	98,049
Net assets available for benefits	<u>\$ -</u>	<u>\$ 80,740,647</u>

The Notes to Financial Statements are an integral part of these statements.

**Magee Rehabilitation Hospital Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
Additions		
Investment income (loss)		
Net (depreciation) appreciation in fair value of investments	\$(11,279,163)	\$ 17,492,091
Interest and dividends	<u>1,234,338</u>	<u>1,055,919</u>
Total investment income (loss)	(10,044,825)	18,548,010
Employer contributions	<u>740,200</u>	<u>2,102,471</u>
Total additions	<u>(9,304,625)</u>	<u>20,650,481</u>
Deductions		
Benefits paid to participants	2,125,768	2,010,621
Administrative expenses	<u>1,883</u>	<u>599,945</u>
Total deductions	<u>2,127,651</u>	<u>2,610,566</u>
Net change in net assets available for benefits	(11,432,276)	18,039,915
Transfer from Plan	(69,308,371)	-
Net assets available for benefits		
Beginning of year	<u>80,740,647</u>	<u>62,700,732</u>
End of year	<u>\$ -</u>	<u>\$ 80,740,647</u>

The Notes to Financial Statements are an integral part of these statements.

Magee Rehabilitation Hospital Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2022 and 2021

1. DESCRIPTION OF PLAN

The following description of the Magee Rehabilitation Hospital Defined Benefit Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan established on January 1, 1974, covering all eligible employees of Magee Rehabilitation Hospital (the "Hospital"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees hired prior to January 1, 2015 became active participants of the Plan upon completion of one year of service (during which at least 1,000 hours of service was completed) with the Hospital, or another related health care entity if within three years prior to employment with the Hospital.

Effective January 1, 2015, the Plan was amended to close participation for employees hired or rehired on and after January 1, 2015. All employees hired or rehired on or after January 1, 2015 are enrolled in the Hospital's contributory retirement plan as defined under Section 403(b) ("403(b) Plan") of the Internal Revenue Code ("IRC"), and all employees hired before January 1, 2015 became eligible to participate in the 403(b) Plan as of July 1, 2016. Effective June 30, 2016 all benefit accruals were frozen and no compensation received on or after July 1, 2016 shall be taken into account in determining a participant's benefit, and no additional years of service shall be credited.

The Plan is administered by the Board of Trustees of Thomas Jefferson University ("Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Hospital's Board of Trustees. The Trustee of the Plan is the Northern Trust Company ("Trustee").

Plan Merger

On June 23, 2022, a resolution was approved by the Board of Trustees of Thomas Jefferson University to merge the Plan into an affiliated plan, the Jefferson Defined Benefit Plan ("Jefferson Plan") effective on June 30, 2022. Subsequent to June 30, 2022, \$66,852,613 of cash and \$2,455,758 of securities were transferred to BNY Mellon, the Trustee for the Jefferson Plan.

Pension Benefits

Participants are entitled to annual pension benefits beginning at normal retirement age (65) with 5 or more years of credited service equal to 1.1% of their final average compensation plus .5% of their final average compensation in excess of their covered compensation as defined in the Plan document multiplied by the participant's years of service for benefit accrual.

The Plan permits early retirement at ages 55 to 64 for participants with 5 or more years of credited service. Participants generally elect to receive the value of their accumulated plan benefits in the form of a life annuity (if single), actuarially-reduced joint and 55-2/3% survivor with 10 year certain and continuous if married upon retirement or termination. If participants terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits.

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

Death and Disability Benefits

If an active participant dies at age 55 or older, a participant's spouse receives 66 2/3% of the early retirement benefit with 10 year certain and continuous annuity basis, payable at the participant's earliest possible retirement age. Active participants who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as the time they became disabled.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the valuation policies utilizing information provided by the investment advisors and the Trustee. See Note 7 for a discussion of fair value measurements.

Investment transactions are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net (depreciation) appreciation includes the gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Hospital, as provided by the Plan document. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net (depreciation) appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation and years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

As of June 30, 2021:

Mortality	Base table: Aggregate 2012 base rates from the Pri-2012 mortality study. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Retirement age	65
Actuarial method	Unit credit cost method
Interest rate	5.77%
Discount rate	3.12%

As of June 30, 2020:

Mortality	Base table: Aggregate 2012 base rates from the Pri-2012 mortality study. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2020.
Retirement age	65
Actuarial method	Unit credit cost method
Interest rate	5.77%
Discount rate	3.07%

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

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

The actuarial present value of accumulated plan benefits as of June 30, 2021, is presented below:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	\$ 19,924,899
Vested benefits for other participants	<u>35,492,792</u>
Total vested benefits	55,417,691
Nonvested benefits	<u>239,357</u>
Total actuarial present value of accumulated plan benefits at June 30, 2021	<u>\$ 55,657,048</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended June 30, 2021 are presented below:

Actuarial present value of accumulated plan benefits, at July 1, 2020	<u>\$ 54,392,442</u>
Increase/(decrease) during the year attributable to	
Interest accumulation	3,081,251
Benefits paid	(2,010,621)
Change in actuarial assumption	146,379
Other changes (increase due to ongoing benefit accruals and items of plan experience not associated with plan asset performance)	<u>47,597</u>
Net increase	<u>1,264,606</u>
Actuarial present value of accumulated plan benefits as of June 30, 2021	<u>\$ 55,657,048</u>

Change in actuarial assumption is primarily attributed to the change in mortality table.

4. FUNDING POLICY

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met for 2022 and 2021.

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

5. PLAN TERMINATION

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

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

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

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

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

6. FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Trustee of the Plan has certified the completeness and accuracy of all investments and the related investment activity in the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021, the statements of changes in net assets available for benefits for the years ended June 30, 2022 and 2021, and the information reported in the accompanying supplemental schedule of reportable transactions for the year ended June 30, 2022. No auditing procedures were performed with respect to information certified as complete and accurate by the Trustee, except for comparing such information reported in the financial statements.

Magee Rehabilitation Hospital Defined Benefit Pension Plan

Notes to Financial Statements

June 30, 2022 and 2021

7. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification 820 ("FASB ASC 820"), *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets of the Plan reported at fair value. There have been no changes in the methodologies used at June 30, 2022 and June 30, 2021.

Registered investment companies - Registered investment companies are valued at the daily closing price as reported by the fund. Registered investment companies funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts - The common collective trust fund is valued based on the NAV of the shares held by the Plan at year end as a practical expedient for fair value. The NAV per share is the total value of the funds divided by the number of shares outstanding. The values of the investments in the funds are based on the closing quoted market prices of the underlying securities in the funds. The NAV is corroborated by observable market data (e.g. purchase or sales activity).

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

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

The following tables summarize the Plan's investment assets and liabilities measured at fair value on a recurring basis, categorized by U.S. GAAP's valuation hierarchy, as of June 30, 2022 and 2021:

	Assets and Liabilities at Fair Value as of June 30, 2022			
	Level 1	Level 2	Level 3	Total
Assets				
Registered investment companies	\$ 2,431,030	\$ -	\$ -	\$ 2,431,030
Investments measured at net asset value (a)				29,556,790
Investments at fair value				\$ 31,987,820

	Assets and Liabilities at Fair Value as of June 30, 2021			
	Level 1	Level 2	Level 3	Total
Assets				
Registered investment companies	\$ 78,022,347	\$ -	\$ -	\$ 78,022,347
Investments measured at net asset value (a)				1,326,239
Investments at fair value				\$ 79,348,586
Liabilities				
Due to broker for securities purchased	\$ (98,049)	\$ -	\$ -	\$ (98,049)

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

Investments Measured Using NAV per Share Practical Expedient

The following tables summarize the Plan's investment assets and liabilities measured at fair value on a recurring basis, categorized by U.S. GAAP's valuation hierarchy, as of June 30, 2022 and 2021:

	June 30, 2022			
	Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust	\$ 29,556,790	\$ -	Daily	None
	June 30, 2021			
	Fair Value Estimated Using Net Asset Value per Share			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trust	\$ 1,326,239	\$ -	Daily	None

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Notes to Financial Statements
June 30, 2022 and 2021

8. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are administered under a contract with the Northern Trust Company, the Trustee of the Plan. Contributions are held and managed by Northern Trust, who invests cash received, interest, and dividend income and makes distributions to participants. Certain Plan investments are also issued by the Trustee. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Hospital. No such officer or employee receives compensation from the Plan.

9. TAX STATUS

The Internal Revenue Service has determined and informed the Hospital by a letter dated February 18, 2010, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, except for the incomplete filing of the Form 5500 for the period ended June 30, 2022.

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

10. 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 Plan's investments.

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

11. SUBSEQUENT EVENTS

In accordance with FASB ASC 855, *Subsequent Events*, the Plan has evaluated subsequent events through July 5, 2023, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition in these financial statements, other than as noted in Footnote 1.

SUPPLEMENTARY INFORMATION

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
EIN #23-1476328, Plan #001
Year Ended June 30, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets:								
* Common Collective Trust	COLTV Short Term Invst Fund	\$ 28,167,424	\$ -	\$ -	\$ -	\$ 28,167,424	\$ 28,167,424	\$ -
Columbia	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	-	7,183,422	-	-	184,600	7,183,422	6,998,822
	MFO Legg Mason Global Asset Mgmt Trust							
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	-	7,297,390	-	-	8,049,010	7,297,390	(751,620)
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	-	31,041,749	-	-	14,307,758	31,041,749	16,733,991
Category (iii) - Series of transactions in excess of 5% of plan assets:								
* Common Collective Trust	COLTV Short Term Invst Fund	\$ 30,356,897	\$ -	\$ -	\$ -	\$ 30,356,897	\$ 30,356,897	\$ -
* Common Collective Trust	COLTV Short Term Invst Fund	-	2,126,346	-	-	2,126,346	2,126,346	-
Fuller & Thaler	MFO Capitol Series Trust Fuller & Thaler Behavl Sml Cap Eqst Instl	170,317	-	-	-	170,317	170,317	-
	MFO Capitol Series Trust Fuller & Thaler Behavl Sml Cap Eqst Instl							
Fuller & Thaler	MFO Capitol Series Trust Fuller & Thaler Behavl Sml Cap Eqst Instl	-	3,936,437	-	-	3,150,014	3,936,437	786,423
Columbia	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	100,344	-	-	-	100,344	100,344	-
Columbia	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	-	7,183,422	-	-	184,600	7,183,422	6,998,822
	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL							
WCM	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL	241,237	-	-	-	241,237	241,237	-
	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL							
WCM	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL	-	3,765,425	-	-	2,818,958	3,765,425	946,467
	MFO Legg Mason Global Asset Mgmt Trust							
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	147,832	-	-	-	147,832	147,832	-
	MFO Legg Mason Global Asset Mgmt Trust							
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	-	7,297,390	-	-	8,049,010	7,297,390	(751,620)
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	1,664,187	-	-	-	1,664,187	1,664,187	-
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	-	31,041,749	-	-	14,307,758	31,041,749	16,733,991

There were no category (ii) or (iv) reportable transactions during the year ended June 30, 2022.

*A party-in-interest as defined by ERISA

See Independent Auditor's 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

▶ Round off amounts to nearest dollar.

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

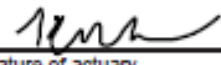
A Name of plan MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAGEE REHABILITATION HOSPITAL		D Employer Identification Number (EIN) 23-1476328	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F 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

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	80,712,056	
b Actuarial value	2b	80,712,056	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	245	20,680,007	20,680,007
b For terminated vested participants	351	12,270,838	12,270,838
c For active participants	322	23,085,553	23,329,298
d Total	918	56,036,398	56,280,143
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.64%	
6 Target normal cost:			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	100,000	
c Total (line 6a + line 6b)	6c	100,000	

Statement by Enrolled Actuary

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

SIGN HERE	Kevin Kadlubek 	03/02/2023
	Signature of actuary	Date
Kevin Kadlubek	Type or print name of actuary	2007104
		Most recent enrollment number
Aon Consulting, Inc.	Firm name	202-429-8594
		Telephone number (including area code)
2001 K St Suite 625 N WASHINGTON DC 20006	Address of the firm	

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

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

Schedule SB (Form 5500) 2021
v. 201209

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75%	2nd segment: 5.36%	3rd segment: 6.11%
	<input type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		64
23 Mortality table(s) (see Instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see Instructions):			
a Target normal cost (line 6c)	31a		100,000
b Excess assets, if applicable, but not greater than line 31a	31b		100,000
32 Amortization installments:			
	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	706,792	
38 Present value of excess contributions for current year (see Instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	706,792	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date Paid	Amount	Days to Discount to July 1, 2021 at 5.64%	Interest Adjusted Contributions
March 29, 2022	\$182,800	271	\$175,503
April 27, 2022	201,000	300	192,137
May 23, 2022	178,200	326	169,678
May 31, 2022	178,200	334	169,474
Total Contribution	<u>\$740,200</u>		<u>\$706,792</u>

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	10.00%	0.9039	5.47
61.5	10.00%	0.8135	5.00
62.5	10.00%	0.7322	4.58
63.5	10.00%	0.6590	4.18
64.5	10.00%	0.5931	3.83
65.5	50.00%	0.5338	17.48
66.5	50.00%	0.2669	8.87
67.5	50.00%	0.1334	4.50
68.5	50.00%	0.0667	2.29
69.5	50.00%	0.0334	1.16
70	100.00%	0.0167	1.17
		Weighted Average	64.05

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

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

Interest Rates for Minimum Funding	Based on segment rates with a four-month lookback (as of March 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2021), without regard to interest rate stabilization
1st Segment Rate	1.54%
2nd Segment Rate	2.89%
3rd Segment Rate	3.55%
Salary Increases	N/A
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates (Healthy and Disabled)	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A
Benefit and Compensation Limits	Not applicable since all frozen benefits less than IRC section 415 maximum benefit.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

For ERISA Requirements

Valuation of Plan Assets	Market Value
Trust Expenses Included in Target Normal Cost	\$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2021

Table 1- Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70	100.00%

Table 2 – Withdrawal Rates

Prior to Retirement Eligibility	
Service	Rate
Less than 7 years	15.00%
7 to 8 years	9.00%
More than 8 years	7.00%
Retirement Eligible	
Age	Rate
55-59	5.00%
60+	0.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Pension Plan
EIN: 23-1476328 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1974. As most recently amended and restated June 30, 2016.
Membership Requirements	First of month next following 1,000 hours of service in a 12-month period. No employees hired on or after January 1, 2015 will participate in the plan.
Definition Of Plan Year	July 1 to June 30.
Credited Service	Years and months of service while a participant. Accruals were not provided for July 1, 2010 through June 30, 2011. No service will be earned after June 30, 2016.
Vesting Service	One year of vesting service is credited for each period of 12 consecutive months from date of hire.
Compensation	Total calendar year salary excluding deferrals. Salaried after June 30, 2016 are not eligible.
Average Final Compensation	Highest average compensation during five consecutive complete plan years out of the last 10.
Covered Compensation	Average of the Social Security taxable wage base during the 35-year period ending at Social Security retirement age.
Actuarial Equivalent	See Appendix A of the plan document.
Normal Retirement Eligibility	Later of Age 65 and the fifth anniversary of participation.
Benefit	Annual benefit is equal to 1.1% of average final compensation plus 0.5% of final average compensation above one-half of covered compensation, multiplied by years of credited service up to 35 years. Benefits were frozen as of June 30, 2016.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Immediate benefit equal to the accrued normal retirement pension reduced from age 65 by one-fifteenth for the first five years and one-thirtieth for the next five years.
Vested Termination	

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Pension Plan
EIN: 23-1476328 PN: 001

Eligibility	Five years of vesting service.
Benefit	Benefit equal to the accrued normal retirement pension payable at age 65. The participant may commence the benefit beginning on or after age 55, reduced as for early retirement.
Disability Eligibility	Receiving Social Security Disability benefits.
Benefit	Accrued benefit payable at normal retirement date based on continued credited service and level compensation and Social Security covered compensation through period of disability. Benefit freeze as of June 30, 2016 applies.
Death Benefit Eligibility	Death in active service or after termination, after completion of five years of vesting service.
Benefit	The survivor benefit is equal to the amount the survivor would have received had the participant terminated employment just prior to his death, lived to earliest retirement date, elected a joint and 66.67% survivor annuity, and died immediately thereafter. Payments begin in the month following the participant's death, or when the participant would have reached earliest retirement age, whichever is later.
Normal Form of Benefit Single	Life annuity.
Married	66.67% joint and spouse annuity with 10-year certain period. Actuarial equivalent of life annuity.
Optional Forms of Benefit	All optional forms of benefit are the actuarial equivalent of a life annuity: <ul style="list-style-type: none">▪ 66.67%, or 75% joint and survivor annuity.▪ 66.67% joint and survivor annuity with 10-year certain period.▪ 10-, or 15-year certain and life annuity.▪ Life annuity for married members.
Employee Contributions	None.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Pension Plan
EIN: 23-1476328 PN: 001

Plan Changes Since the Prior Year

None.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective June 30, 2022, the plan was merged into the Jefferson Defined Benefit Plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2021**

**Magee Rehabilitation Hospital
 Magee Rehabilitation Hospital Defined Benefit Pension Plan
 Active Employees
 EIN: 23-1476328 PN: 001**

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		6								
30-34	5	38	8							
35-39	2	19	24	3	1					
40-44		9	18	10						
45-49	1	4	10	19	9	2				
50-54		3	8	6	9	9	2			
55-59	1	4	10	8	3	6	5	2		
60-64	1	7	5	6	4	6	9	4	2	
65-69		1	1	3	1	2		2		
70+					3			1		

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Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Pension Plan
 EIN: 23-1476328 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date Paid	Amount	Days to Discount to July 1, 2021 at 5.64%	Interest Adjusted Contributions
March 29, 2022	\$182,800	271	\$175,503
April 27, 2022	201,000	300	192,137
May 23, 2022	178,200	326	169,678
May 31, 2022	<u>178,200</u>	334	<u>169,474</u>
Total Contribution	\$740,200		\$706,792

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Defined Benefit Pension Plan
 EIN: 23-1476328 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	2.00%	1.0000	1.11
56.5	2.00%	0.9800	1.11
57.5	2.00%	0.9604	1.10
58.5	2.00%	0.9412	1.10
59.5	2.00%	0.9224	1.10
60.5	10.00%	0.9039	5.47
61.5	10.00%	0.8135	5.00
62.5	10.00%	0.7322	4.58
63.5	10.00%	0.6590	4.18
64.5	10.00%	0.5931	3.83
65.5	50.00%	0.5338	17.48
66.5	50.00%	0.2669	8.87
67.5	50.00%	0.1334	4.50
68.5	50.00%	0.0667	2.29
69.5	50.00%	0.0334	1.16
70	100.00%	0.0167	1.17
		Weighted Average	64.05

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Defined Benefit Pension Plan
 EIN: 23-1476328 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2021**

**Magee Rehabilitation Hospital
 Magee Rehabilitation Hospital Defined Benefit Pension Plan
 Active Employees**

EIN: 23-1476328 PN: 001

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		6								
30-34	5	38	8							
35-39	2	19	24	3	1					
40-44		9	18	10						
45-49	1	4	10	19	9	2				
50-54		3	8	6	9	9	2			
55-59	1	4	10	8	3	6	5	2		
60-64	1	7	5	6	4	6	9	4	2	
65-69		1	1	3	1	2		2		
70+					3			1		

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Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Defined Benefit Pension Plan
EIN: 23-1476328 PN: 001

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

Interest Rates for Minimum Funding	Based on segment rates with a four-month lookback (as of March 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2021), without regard to interest rate stabilization
1st Segment Rate	1.54%
2nd Segment Rate	2.89%
3rd Segment Rate	3.55%
Salary Increases	N/A
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates (Healthy and Disabled)	20201 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	N/A
Benefit and Compensation Limits	Not applicable since all frozen benefits less than IRC section 415 maximum benefit.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Magee Rehabilitation Hospital Defined Benefit Pension Plan
 EIN: 23-1476328 PN: 001

For ERISA Requirements

Valuation of Plan Assets	Market Value
Trust Expenses Included in Target Normal Cost	\$100,000
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2021

Table 1- Retirement Rates

Age	Rate
55	2.00%
56	2.00%
57	2.00%
58	2.00%
59	2.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	50.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70	100.00%

Table 2 – Withdrawal Rates

Prior to Retirement Eligibility	
Service	Rate
Less than 7 years	15.00%
7 to 8 years	9.00%
More than 8 years	7.00%
Retirement Eligible	
Age	Rate
55-59	5.00%
60+	0.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Defined Benefit Pension Plan
EIN: 23-1476328 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1974. As most recently amended and restated June 30, 2016.
Membership Requirements	First of month next following 1,000 hours of service in a 12-month period. No employees hired on or after January 1, 2015 will participate in the plan.
Definition Of Plan Year	July 1 to June 30.
Credited Service	Years and months of service while a participant. Accruals were not provided for July 1, 2010 through June 30, 2011. No service will be earned after June 30, 2016.
Vesting Service	One year of vesting service is credited for each period of 12 consecutive months from date of hire.
Compensation	Total calendar year salary excluding deferrals. Salaried after June 30, 2016 are not eligible.
Average Final Compensation	Highest average compensation during five consecutive complete plan years out of the last 10.
Covered Compensation	Average of the Social Security taxable wage base during the 35-year period ending at Social Security retirement age.
Actuarial Equivalent	See Appendix A of the plan document.
Normal Retirement Eligibility	Later of Age 65 and the fifth anniversary of participation.
Benefit	Annual benefit is equal to 1.1% of average final compensation plus 0.5% of final average compensation above one-half of covered compensation, multiplied by years of credited service up to 35 years. Benefits were frozen as of June 30, 2016.
Early Retirement Eligibility	Age 55 and five years of vesting service.
Benefit	Immediate benefit equal to the accrued normal retirement pension reduced from age 65 by one-fifteenth for the first five years and one-thirtieth for the next five years.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Defined Benefit Pension Plan
EIN: 23-1476328 PN: 001

Vested Termination

Eligibility

Five years of vesting service.

Benefit

Benefit equal to the accrued normal retirement pension payable at age 65. The participant may commence the benefit beginning on or after age 55, reduced as for early retirement.

Disability

Eligibility

Receiving Social Security Disability benefits.

Benefit

Accrued benefit payable at normal retirement date based on continued credited service and level compensation and Social Security covered compensation through period of disability. Benefit freeze as of June 30, 2016 applies.

Death Benefit

Eligibility

Death in active service or after termination, after completion of five years of vesting service.

Benefit

The survivor benefit is equal to the amount the survivor would have received had the participant terminated employment just prior to his death, lived to earliest retirement date, elected a joint and 66.67% survivor annuity, and died immediately thereafter. Payments begin in the month following the participant's death, or when the participant would have reached earliest retirement age, whichever is later.

Normal Form of Benefit

Single

Life annuity.

Married

66.67% joint and spouse annuity with 10-year certain period. Actuarial equivalent of life annuity.

Optional Forms of Benefit

All optional forms of benefit are the actuarial equivalent of a life annuity:

- 66.67%, or 75% joint and survivor annuity.
- 66.67% joint and survivor annuity with 10-year certain period.
- 10-, or 15-year certain and life annuity.
- Life annuity for married members.

Employee Contributions

None.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Magee Rehabilitation Hospital Defined Benefit Pension Plan
EIN: 23-1476328 PN: 001

Plan Changes Since the Prior Year

None.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Effective June 30, 2022, the plan was merged into the Jefferson Defined Benefit Plan.

Magee Rehabilitation Hospital Defined Benefit Pension Plan
Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
EIN #23-1476328, Plan #001
Year Ended June 30, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single transaction in excess of 5% of plan assets:								
* Common Collective Trust	COLTV Short Term Invnt Fund	\$ 28,167,424	\$ -	\$ -	\$ -	\$ 28,167,424	\$ 28,167,424	\$ -
Columbia	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	-	7,183,422	-	-	184,600	7,183,422	6,998,822
	MFO Legg Mason Global Asset Mgmt Trust	-	-	-	-	-	-	-
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	-	7,297,390	-	-	8,049,010	7,297,390	(751,620)
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	-	31,041,749	-	-	14,307,758	31,041,749	16,733,991
Category (iii) - Series of transactions in excess of 5% of plan assets:								
* Common Collective Trust	COLTV Short Term Invnt Fund	\$ 30,356,897	\$ -	\$ -	\$ -	\$ 30,356,897	\$ 30,356,897	\$ -
* Common Collective Trust	COLTV Short Term Invnt Fund	-	2,126,346	-	-	2,126,346	2,126,346	-
Fuller & Thaler	MFO Capitol Series Trust Fuller & Thaler Behavl Sml Cap Eqt Instl	170,317	-	-	-	170,317	170,317	-
	MFO Capitol Series Trust Fuller & Thaler Behavl Sml Cap Eqt Instl	-	3,936,437	-	-	3,150,014	3,936,437	786,423
Fuller & Thaler	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	100,344	-	-	-	100,344	100,344	-
Columbia	MFO Columbia Fds Ser Tr I Total Return Bd Advisor	-	7,183,422	-	-	184,600	7,183,422	6,998,822
	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL	241,237	-	-	-	241,237	241,237	-
WCM	MFO Investment Managers Ser Tr WCM Focused Intl Growth Fd Instl CL	-	3,765,425	-	-	2,818,958	3,765,425	946,467
	MFO Legg Mason Global Asset Mgmt Trust	-	-	-	-	-	-	-
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	147,832	-	-	-	147,832	147,832	-
	MFO Legg Mason Global Asset Mgmt Trust	-	-	-	-	-	-	-
BrandywineGLOBAL	Brandywine Global Opp Bd Fd	-	7,297,390	-	-	8,049,010	7,297,390	(751,620)
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	1,664,187	-	-	-	1,664,187	1,664,187	-
Vanguard	MFO Vanguard Instl Index Fd Sh Ben Int	-	31,041,749	-	-	14,307,758	31,041,749	16,733,991

There were no category (ii) or (iv) reportable transactions during the year ended June 30, 2022.

*A party-in-interest as defined by ERISA

See Independent Auditor's Report.

REFER TO THE ACCOMPANYING SCHEDULE OF
ASSETS (HELD AT END OF YEAR)

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2021</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

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

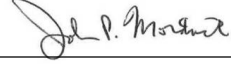
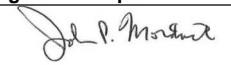
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>MAGEE REHABILITATION HOSPITAL DEFINED BENEFIT PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>MAGEE REHABILITATION HOSPITAL</p> <p>6 FRANKLIN PLAZA PHILADELPHIA, PA 19102-1177</p>	<p>1c Effective date of plan <u>03/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>23-1476328</u></p> <p>2c Plan Sponsor's telephone number <u>215-587-3128</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE		6/29/2023	JOHN MORDACH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/29/2023	JOHN MORDACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE