

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): PENN STATE HEALTH
2b Employer Identification Number (EIN): 47-3769205
2c Plan Sponsor's telephone number: 717-531-6222
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |       |
|---|--|-------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |       |
|   | <b>3c</b> Administrator's telephone number |       |
|   |  |       |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |       |
|   | <b>4d</b> PN                               |       |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 19692 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 18777 |
|   | <b>6a(2)</b>                               | 19306 |
|   | <b>6b</b>                                  | 52    |
|   | <b>6c</b>                                  | 924   |
|   | <b>6d</b>                                  | 20282 |
|   | <b>6e</b>                                  | 0     |
|   | <b>6f</b>                                  | 20282 |
|   | <b>6g(1)</b>                               | 3594  |
|   | <b>6g(2)</b>                               | 4007  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |       |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2L 2M 2R 2T 3H

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

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

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

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

---

**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 \_\_\_\_\_

---

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</b></p>           | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>002</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>PENN STATE HEALTH</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>47-3769205</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 84-0467907 | 7692          | 95245-04                              | 1276  | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                       |
|----------------------------|--|-----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                       |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 24007228              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 5                     |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                       |
| <b>a</b>                   | State the basis of premium rates ▶   |                       |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>             |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>             |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>             |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                       |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                       |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                       |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment      (4) <input checked="" type="checkbox"/> other ▶ <b>GROUP ANNUITY CONTRACT</b> |                       |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 20884542    |
| <b>c</b>                   | (1) Contributions deposited during the year .....  | <b>7c(1)</b> 1985652  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b> 50087    |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 466141   |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 7670792  |
|                            | (5) Other (specify below).....<br>▶ <b>LOAN REPAYMENTS, FORFEITURES</b>  | <b>7c(5)</b> 27225    |
|                            | (6) Total additions .....  | <b>7c(6)</b> 10199897 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 31084439    |
| <b>e</b>                   | <b>Deductions:</b>   |                       |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 2888514  |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>          |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 4188697  |
|                            | (4) Other (specify below).....<br>▶  | <b>7e(4)</b>          |
| (5) Total deductions ..... | <b>7e(5)</b> 7077211   |                       |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 24007228    |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><b>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</b>           |  | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PENN STATE HEALTH</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>47-3769205</b> |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**TIAA-CREF**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-1624203</b> | <b>69345</b>         | <b>101076</b>                                | <b>293</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 9583125              |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 45115884             |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 8923983    |
| <b>c</b>                   | (1) Contributions deposited during the year .....  | <b>7c(1)</b> 348867  |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>         |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 350488  |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 807004  |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>         |
|                            | (6) Total additions .....  | <b>7c(6)</b> 1506359 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 10430342   |
| <b>e</b>                   | <b>Deductions:</b>   |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 661141  |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>         |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b> 153554  |
|                            | (4) Other (specify below).....<br>▶ <b>WITHDRAWAL</b>  | <b>7e(4)</b> 32522   |
| (5) Total deductions ..... | <b>7e(5)</b> 847217  |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 9583125    |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |                   |
|---|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</b></p>           | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>002</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>PENN STATE HEALTH</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>47-3769205</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**THE VARIABLE ANNUITY LIFE INSURANCE CO.**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 74-1625348 | 70238         | 62261                                 | 31  | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|--------------------------------------|-------------------------------|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                    |
|----------------------------|--|--------------------|
|                            | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.   |                    |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 555497             |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 3320875            |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                    |
| <b>a</b>                   | State the basis of premium rates ▶   |                    |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>          |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>          |
| <b>d</b>                   | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶  | <b>6d</b>          |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                    |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                    |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                    |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                    |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 574340   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>       |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>       |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 16625 |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b> 2962  |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>       |
|                            | (6) Total additions .....  | <b>7c(6)</b> 19587 |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 593927   |
| <b>e</b>                   | <b>Deductions:</b>   |                    |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 38053 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b>       |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>       |
|                            | (4) Other (specify below).....<br>▶ <b>CONTRACT SURRENDER CHARGE</b>   | <b>7e(4)</b> 377   |
| (5) Total deductions ..... | <b>7e(5)</b> 38430   |                    |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 555497   |

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |   |
|----------|--|-----------------|-----------------|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</b>           | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PENN STATE HEALTH</b> | <b>D</b> Employer Identification Number (EIN)<br><b>47-3769205</b> |            |

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

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

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

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

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

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

**CHARLES SCHWAB INV. MGMT**

**94-3106735**

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

**TIAA-CREF INVESTMENT MGMT**

**13-3586142**

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

EMPOWER ADVISORY GROUP, LLC

8515 E. ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28                     | INVESTMENT MANAGEMENT   | 59209  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EMPOWER ANNUITY INVETMENT, CO

8515 E. ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 48213  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FORVIS, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | AUDITOR   | 32393  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

VARIALBE ANNUITY LIFE INSURANCE CO.

74-1625348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 3633   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LARSON FINANCIAL GROUP

20-4773945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 2949   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FORT PITT CAPITAL GROUP, LLC

47-5006020

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 2582   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SIGNATURE ESTATE & INVESTMENT

95-4806910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 1902   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

APOLLON WEALTH MANAGEMENT,LLC

82-3706323

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 1070   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB & CO., INC.

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 59 33<br>71 50      | INVESTMENT ADVISORY   | 801  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

FLEXIBLE PLAN INVESTMENT, LTD

38-2340348

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 499  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAMBRIDGE INVESTMENT RESEARCH

39-1897480

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 99                     | OTHER FEES  | 43   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TIAA-CREF INVESTMENT MANAGEMENT

13-3586142

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64                     | RECORDKEEPER  | 0  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|---|--|--|
| CHARLES SCHWAB & CO., INC.  | 33   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>ACADIAN FUNDS<br><br>04-2929221            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                             | (b) Service Codes (see instructions)<br><br>33   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>ALLIANZ GLOBAL INVESTORS<br><br>13-3191825 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.02 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                             | (b) Service Codes (see instructions)<br><br>33   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>AMANA<br><br>35-6447892                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AMERICAN FUNDS<br><br>90-0924512                                    | RATE OF 0.37% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ARTISAN PARTNERS FUNDS<br><br>39-1811840                            | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BARON CAPITAL GROUP, INC.<br><br>13-3107580                         | RATE OF 0.38% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK<br><br>04-6171663   | RATE OF 0.06% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BUFFALO<br><br>PO BOX 701<br>MILWAUKEE, WI 53201                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CAUSEWAY<br><br>95-4861680  | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CION INVESTMENTS<br>3 PARK AVENUE, 36TH FLOOR<br>NEW YORK, NY 10016 | RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CLIFFWATER LLC<br><br>20-1246914                                    | RATE OF 0.15% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COHEN & STEERS<br><br>14-1904657                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CONESTOGA CAPITAL ADVISORS<br><br>23-3072906                        | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| COUNTERPOINT MUTUAL FUNDS<br><br>46-5751641                         | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| CREDIT SUISSE (NEW YORK, NY)<br><br>13-1898818                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DIAMOND HILL FUNDS<br><br>31-6547095                                | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DIMENSIONAL FUND ADVISORS<br><br>22-2370029                         | RATE OF 0.02% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DOUBLELINE<br><br>333 S. GRAND AVENUE<br>LOS ANGELES, CA 90071      | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
|---|--------------------------------------|--|
| CHARLES SCHWAB & CO., INC.  | 33                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DWS<br><br>13-3241232   |                                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
| CHARLES SCHWAB & CO., INC.  | 33                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| EURO PACIFIC ASSET MANAGEMENT      88 POST ROAD WEST, 2ND FLOOR<br>WESTPORT, CT 06880 |                                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
| CHARLES SCHWAB & CO., INC.  | 33                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                   |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| FAM<br><br>14-1564237   |                                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIRSTHAND FUNDS<br><br>13-2620737                                   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FRANKLIN TEMPLETON INVESTMENTS<br><br>94-3167260                    | RANGE OF 0.23 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FULLERTHALER<br><br>94-3176968                                      | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GMO<br><br>45-0563843   | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GOLDMAN SACHS<br><br>46-5215217                                     | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GQG PARTNERS INC<br><br>83-1672243                                  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2                | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GUGGENHEIM INVESTMENTS<br>21248 HARBOR WAY, #244<br>AVENTURA, FL 33180 | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GUINNESS ATKINSON<br><br>98-0534338                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HARDING LOEVNER<br><br>27-0684167                                      | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HARTFORD MUTUAL FUNDS<br><br>13-3317783                             | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HENNESSY<br><br>68-0377264  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HOWARD CAPITAL MANAGEMENT<br><br>13-2786101                         | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| INVESCO FUNDS<br><br>58-2287224                                     | RANGE OF 0.10 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| J.P. MORGAN & CO.<br><br>13-2624428                                 | RANGE OF 0.07 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JOHN HANCOCK<br><br>04-3483032                                      | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JOHN HANCOCK<br><br>04-3483032                                      | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MATTHEWS ASIA FUNDS<br><br>94-3250972                               | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MFS<br><br>04-3253929   | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MORGAN STANLEY<br><br>36-3145972                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| NEW YORK LIFE INVESTMENT MANAGEMENT<br><br>13-5582869               | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| NORTHERN FUNDS<br><br>39-1777365                                    | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation          |
|---|--|--|
| CHARLES SCHWAB & CO., INC.  | 33   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>OAKMARK<br><br>52-2257782          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.10 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                     | (b) Service Codes<br>(see instructions)<br><br>33  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PGIM INVESTMENTS<br><br>22-3703799 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.10 - 0.35% OF AVERAGE DAILY BALANCE OF ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                     | (b) Service Codes<br>(see instructions)<br><br>33  | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>PROFUNDS<br><br>52-2035197         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.45% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|---|--|---|
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ROBECO INVESTMENT FUNDS<br><br>98-0202744                           | RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| RYDEX FUNDS<br><br>227 W. MONROE STREET<br>CHICAGO, IL 60606        | RANGE OF 0.40 - 0.45% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.  | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SCHWAB FUNDS<br><br>94-3106735                                      | RATE OF 0.25% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation          |
|---|--|--|
| CHARLES SCHWAB & CO., INC.  | 33   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>SPROTT<br><br>98-0678398       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                 | (b) Service Codes (see instructions)<br><br>33   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>T ROWE-PRICE<br><br>52-2264646 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RANGE OF 0.15 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS |  |
| (a) Enter service provider name as it appears on line 2<br><br>CHARLES SCHWAB & CO., INC.                 | (b) Service Codes (see instructions)<br><br>33   | (c) Enter amount of indirect compensation<br><br>0 |
| (d) Enter name and EIN (address) of source of indirect compensation<br><br>TCW<br><br>95-2749628          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.<br><br>RATE OF 0.10% OF AVERAGE DAILY BALANCE OF ASSET(S)       |  |

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

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

| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| THE PACIFIC FINANCIAL GROUP<br>777 108TH AVENUE NE<br>BELLVIEW, WA 98004 | RATE OF 0.27% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| VERACITY FUNDS<br><br>20-0872988   | RANGE OF 0.25 - 0.40% OF AVERAGE DAILY BALANCE OF ASSETS   |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| CHARLES SCHWAB & CO., INC.   | 33   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| WASATCH<br><br>87-0319391  | RATE OF 0.40% OF AVERAGE DAILY BALANCE OF ASSET(S)   |   |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</u>                  | <b>B</b> Three-digit plan number (PN)                              | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>PENN STATE HEALTH</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-3769205</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>                       |                               |   |
| <b>c</b> EIN-PN <u>13-1624203-004</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45115884</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY LIFE INSURANCE CO</u> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VALIC</u>                           |                               |   |
| <b>c</b> EIN-PN <u>74-1625348-001</u>  | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3320875</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):  |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                 |

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</b>                          | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PENN STATE HEALTH</b>                | <b>D</b> Employer Identification Number (EIN)<br><b>47-3769205</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 244993                | 779591          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 45861457              | 48436759        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 363224019             | 443679974       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 30382864              | 34145850        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 4575140               | 5412778         |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 444288473             | 532454952       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 444288473             | 532454952       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 0          |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 37682101   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 2616850    |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          | 40298951  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          | 879805    |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 38606      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 841199     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| <b>(2) Dividends: (A) Preferred stock.....</b>   | <b>2b(2)(A)</b> | 0          | 16695290  |
| <b>(B) Common stock.....</b>   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C) Registered investment company shares (e.g. mutual funds).....</b>                                   | <b>2b(2)(C)</b> | 16695290   |           |
| <b>(D) Total dividends. Add lines 2b(2)(A), (B), and (C)</b> .....   | <b>2b(2)(D)</b> |            |           |
| <b>(3) Rents.....</b>  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>                                  | <b>2b(4)(A)</b> | 0          | 0         |
| <b>(B) Aggregate carrying amount (see instructions).....</b>   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....</b>                                 | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>                          | <b>2b(5)(A)</b> | 0          | 0         |
| <b>(B) Other.....</b>  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....</b>                        | <b>2b(5)(C)</b> |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 7754584   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 34892007  |
| <b>c</b> Other income .....   | 2c         | 910481    |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 101431118 |

**Expenses**

|   |        |          |
|---|--------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 32459389 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 93208    |
| (3) Other .....   | 2e(3)  | 0        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 32552597 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     | 0        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     | 121308   |
| <b>h</b> Interest expense .....   | 2h     | 0        |
| <b>i</b> Administrative expenses:   |        |          |
| (1) Salaries and allowances .....   | 2i(1)  | 0        |
| (2) Contract administrator fees .....   | 2i(2)  | 51846    |
| (3) Recordkeeping fees .....  | 2i(3)  | 0        |
| (4) IQPA audit fees .....   | 2i(4)  | 32393    |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 69053    |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0        |
| (7) Actuarial fees .....  | 2i(7)  | 0        |
| (8) Legal fees .....  | 2i(8)  | 0        |
| (9) Valuation/appraisal fees .....  | 2i(9)  | 0        |
| (10) Other trustee fees and expenses .....  | 2i(10) | 0        |
| (11) Other expenses .....   | 2i(11) | 0        |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 153292   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 32827197 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 68603921 |
| <b>l</b> Transfers of assets:                                   |       |          |
| (1) To this plan .....  | 2l(1) | 19562558 |
| (2) From this plan .....  | 2l(2) |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

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

(1) Name: **FORVIS MAZARS LLP**

(2) EIN: **44-0160260**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes                                 | No                                  | Amount  |
|--|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2243    |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 3000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>PENN STATE HEALTH TAX SHELTERED ANNUITY PROGRAM</u>           | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PENN STATE HEALTH</u> | <b>D</b> Employer Identification Number (EIN)<br><u>47-3769205</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

**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): 20-3691708 13-1624203

**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 |  |
|---|--|

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

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

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

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

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

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

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% 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 \_\_\_\_\_.




# **Penn State Health Tax Sheltered Annuity Program**

**EIN 47-3769205    PN 002**

**Independent Auditor's Report, Financial Statements, and  
Supplemental Schedules**

December 31, 2024 and 2023



**Penn State Health Tax Sheltered Annuity Program  
Contents  
December 31, 2024 and 2023**

---

**Independent Auditor’s Report**..... 1

**Financial Statements**

    Statements of Net Assets Available for Benefits ..... 3

    Statements of Changes in Net Assets Available for Benefits ..... 4

    Notes to Financial Statements..... 5

**Supplemental Schedules**

    Schedule H, Line 4a - Schedule of Delinquent Participant Contributions ..... 15

    Schedule H, Line 4i - Schedule of Assets (Held at End of Year) ..... 16

## Independent Auditor's Report

Retirement Management Committee  
Penn State Health Tax Sheltered Annuity Program  
Hershey, Pennsylvania

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

We have performed audits of the financial statements of Penn State Health Tax Sheltered Annuity Program, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### ***Disclaimer of Opinion***

We do not express an opinion on the accompanying financial statements of Penn State Health Tax Sheltered Annuity Program. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### ***Basis for Disclaimer of Opinion***

Penn State Health Tax Sheltered Annuity Program has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

As described in Note 3 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Penn State Health Tax Sheltered Annuity Program's ability to continue as a going concern within one year after the date that these 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***

Our responsibility is to conduct an audit of Penn State Health Tax Sheltered Annuity Program's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Penn State Health Tax Sheltered Annuity Program, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section it is inappropriate to and we do not express an opinion on these supplemental schedules.

***Forvis Mazars, LLP***

**Indianapolis, Indiana  
June 12, 2025**

Federal Employer Identification Number: 44-0160260

**Penn State Health Tax Sheltered Annuity Program  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023**

|   | <u>2024</u>                      | <u>2023</u>                      |
|---|----------------------------------|----------------------------------|
| <b>ASSETS</b>                                 |                                  |                                  |
| <b>Investments</b>                            |                                  |                                  |
| At fair value                                 | \$ 497,578,168                   | \$ 413,707,206                   |
| At contract value                             | 34,097,193                       | 30,336,274                       |
| Total investments                             | <u>531,675,361</u>               | <u>444,043,480</u>               |
| <br><b>Notes Receivable From Participants</b> | <br><u>1,043,584</u>             | <br><u>385,639</u>               |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b>  | <br><u><u>\$ 532,718,945</u></u> | <br><u><u>\$ 444,429,119</u></u> |

**Penn State Health Tax Sheltered Annuity Program  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2024 and 2023**

|  | <u>2024</u>           | <u>2023</u>           |
|--|-----------------------|-----------------------|
| <b>Additions</b>   |                       |                       |
| <b>Investment Income</b>                                     |                       |                       |
| Net appreciation in fair value of investments                | \$ 43,368,389         | \$ 51,905,888         |
| Interest and dividends                                       | 17,536,489            | 12,662,661            |
| Net investment income  | <u>60,904,878</u>     | <u>64,568,549</u>     |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>45,626</u>         | <u>18,549</u>         |
| <b>Contributions</b>   |                       |                       |
| Participants   | 37,682,101            | 36,505,892            |
| Rollovers  | 2,616,850             | 471,534               |
| Plan expense reimbursements (net of administrative expenses) | 35,391                | 21,107                |
|  | <u>40,334,342</u>     | <u>36,998,533</u>     |
| Total  | 101,284,846           | 101,585,631           |
| <b>Deductions</b>  |                       |                       |
| Benefits paid to participants                                | <u>32,557,578</u>     | <u>30,124,743</u>     |
| <b>Net Increase</b>  | 68,727,268            | 71,460,888            |
| <b>Transfers in</b>  | 19,562,558            | -                     |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>444,429,119</u>    | <u>372,968,231</u>    |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u>\$ 532,718,945</u> | <u>\$ 444,429,119</u> |

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**Note 1. Description of the Plan**

The following description of the Penn State Health Tax Sheltered Annuity Program (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

**General**

The Plan is a defined-contribution plan sponsored by Penn State Health (Sponsor). The Plan was established on October 1, 2017, for the benefit of the employees of the Sponsor who are age 18 or older. Related employers who also participate in the Plan include Penn State Health Community Medical Group, LLC; Penn State Health Milton S. Hershey Medical Center; St. Joseph Regional Health Network; St. Joseph Medical Group; Penn State Health LifeLion, LLC; Penn State Health Holy Spirit Medical Center; Penn State Health Hampden Medical Center and Penn State Health Lancaster Medical Center. Pennsylvania Psychiatric Institute became a participant employer effective December 17, 2023. Effective March 1, 2024, the Pennsylvania Psychiatric Institute Retirement Plan was merged into the Plan. Assets of approximately \$19,560,000 were transferred during March 2024.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Empower Annuity Insurance Company of America and Empower Trust Company, LLC (Empower) serves as a trustee of the Plan and holds a majority of the Plan assets. TIAA and CREF (TIAA) also serves as the trustee of the Plan. The Variable Annuity Life Insurance Company (VALIC) serves as the Plan custodian. Empower, TIAA and VALIC are all recordkeepers of the Plan.

**Contributions**

The Plan permits eligible employees to make annual contributions of up to 100 percent of eligible compensation through a salary deferral election. Employee rollover and Roth contributions are also permitted. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Contributions are subject to certain limitations.

Effective January 1, 2024, the Plan was amended to reduce the limit on deferral percentages to 75 percent of eligible compensation from 100 percent of eligible compensation.

**Participant Investment Account Options**

Each participant has the option of directing his contributions into any of the investment options offered by the Plan and may change the allocation to the extent permitted by the individual agreements.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in their voluntary contributions, plus earnings thereon.

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

***Payment of Benefits***

Upon termination of service due to death, disability or retirement, or other reasons, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, a partial payment, or installment payments through an annuity contract. Withdrawals other than for termination are permitted under circumstances provided by the Plan.

***Notes Receivable From Participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Interest on the loans varies and is based on local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through an electronic funds transfer from the participant's personal bank account or by personal check or through payroll deductions.

***Other Unallocated Assets***

In accordance with the service agreement with the Sponsor, a portion of the Great West Guaranteed Interest Fund account represents a plan level expense account that is primarily funded by expense reimbursements provided by Great West. The balance of this account was \$46,026 and \$5,786 at December 31, 2024 and 2023, respectively. The Sponsor has the ability to use these funds to pay for future Plan expenses. This account is regarded as an asset of the Plan for financial statements and Form 5500 reporting. Expenditures exceeding reimbursements totaled \$42,529 and \$5,596 for 2024 and 2023, respectively. During 2024 and 2023, respectively, \$5,796 and \$31,915 was allocated to participant accounts as contributions from the expense reimbursement account.

***Plan Termination***

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

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

Investments held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

***Use of Estimates***

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

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

***Investment Valuation and Income Recognition***

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. The Plan's interest in the pooled separate and variable annuity accounts are valued at the NAV of the units of the investment as provided by the issuer. The NAV is used as a practical expedient to estimate fair value of the pooled separate accounts and variable annuity accounts.

The fair value of guaranteed investment contracts (excluding fully benefit-responsive investment contracts) are calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

***Notes Receivable From Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

***Plan Loans***

While the Plan does allow for participant loans through Great West, both TIAA and VALIC issue loans to Plan participants outside the scope of the Plan. Participants pledge as security a portion of their balance in the TIAA Traditional Annuity or VALIC Loan Collateral Fund, which represents 110 percent of the outstanding loan balance. The amount pledged as collateral at December 31, 2024 and 2023 was approximately \$28,113 and \$27,173, respectively. Plan loan interest rates were 2.0 percent to 6.1 percent as of December 31, 2024.

The Employee Benefit Security Administration (EBSA) has expressed concern that the pledging of collateral of a participant's balance could be considered a prohibited transaction; however, formal guidance has yet to be issued by the EBSA.

***Plan Tax Status***

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not obtained or requested a determination letter as the Internal Revenue Service does not generally provide that service for individual 403(b) plans. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

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

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

**Note 3. GAAP Departure**

In November 2007, the Department of Labor (DOL) issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting, disclosure, and audit requirements under Part 1 of Subtitle B of Title I of the ERISA. The removal of this exemption subjected the Plan to the same Form 5500 reporting and audit requirements as 401(k) plans, effective with the Plan's 2009 Form 5500 filings.

In complying with the new ERISA annual reporting requirements, the Plan Administrator has been faced with considerable challenges related to Plan records management. Historically, the Plan Sponsor, similar to other plan sponsors, did not consider 403(b) annuity contracts and custodial accounts to be Plan assets for which they were responsible to monitor. Accordingly, in many instances, sufficient Plan records were not maintained or proper governance controls established over the recording and maintenance of Plan data. Also, vendors used by the Plan have not been able to provide such data prior to 2008. The Plan Sponsor has found in some cases, it is impossible to identify and gather all of the Plan records necessary for the fair presentation of the Plan's annual financial statements that accompany the Form 5500. The Plan's records relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009, are insufficient for the Plan Administrator to prepare and fairly present, in all material respects, the Plan's annual financial statements in accordance with accounting principles generally accepted in the United States of America.

As permitted by DOL Field Assistance Bulletin No. 2009-02, the Plan Administrator has elected to exclude from the Plan assets certain inactive contracts for which (a) the contract or account was issued to a current or former employee before January 1, 2009; (b) the employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact, ceased making contributions to the contract or account before January 1, 2009; (c) all of the rights and benefits under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the employer; and (d) the individual owner of the contract is fully vested in the contract or account. The amount of these contracts cannot be readily determined.

**Note 4. Certifications of Plan Trustees and Custodian**

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Empower Annuity Insurance Company of America and Empower Trust Company, LLC, Teachers Insurance and Annuity Association of America "TIAA" and College Retirement Equities Fund "CREF" and Corebridge Retirement Services a representative of The Variable Annuity Life Insurance Company, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2024

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

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Note 5. Disclosures About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices (unadjusted) for identical assets or liabilities in active markets as of the measurement date. Such instruments valued at Level 1 primarily consist of securities that are directly held and actively traded in public markets
- Level 2** Inputs other than unadjusted quoted prices that are observable for the asset or liability, directly or indirectly, including quoted prices for similar assets or liabilities in active markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived from observable market data by correlation or other means
- Level 3** Unobservable inputs that cannot be corroborated by observable market data. In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan's assessment of significance of a particular item to the fair value measurement in its entirety requires judgment, including consideration of inputs specific to the asset

**Recurring Measurements**

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2024 and 2023:

|   | 2024                  |   |   |  |
|---|-----------------------|---|---|--|
|   | Fair Value            | Fair Value Measurements Using   |   |  |
|   |                       | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Mutual funds                                | \$ 443,679,970        | \$ 443,679,970  | \$ -  | \$ -   |
| Self-directed brokerage account             | 5,412,779             | 5,412,779   | -   | -  |
| Traditional annuity contracts               | 48,658                | -   | -   | 48,658   |
| Total assets in the fair value hierarchy    | 449,141,407           | <u>\$ 449,092,749</u>   | <u>\$ -</u>   | <u>\$ 48,658</u>                                   |
| Investments measured at net asset value (A) | <u>48,436,761</u>     |   |   |  |
| Investments at fair value                   | <u>\$ 497,578,168</u> |   |   |  |

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

|   | 2023  |   |  |                  |
|---|---|---|--|------------------|
|   | Fair Value Measurements Using   |   |  |                  |
| Fair Value                                  | Quoted Prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |                  |
| Mutual funds                                | \$ 363,224,015  | \$ 363,224,015  | \$ -   | \$ -             |
| Self-directed brokerage account             | 4,575,140   | 4,575,140   | -  | -                |
| Traditional annuity contracts               | 46,591  | -   | -  | 46,591           |
| Total assets in the fair value hierarchy    | 367,845,746   | <u>\$ 367,799,155</u>                                     | <u>\$ -</u>  | <u>\$ 46,591</u> |
| Investments measured at net asset value (A) | <u>45,861,460</u>   |   |  |                  |
| Investments at fair value                   | <u>\$ 413,707,206</u>   |   |  |                  |

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 a reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

**Investments**

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds and self-directed brokerage accounts. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. The Plan does not hold any Level 2 securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 securities.

*Mutual Funds & Self-Directed Brokerage Accounts* - The Plan measures its mutual funds that are exchange-traded using the fund's quoted price, which is in an active market. Therefore, these investments are classified within Level 1 of the valuation hierarchy. Equity mutual funds are invested separately in domestic large-cap and small-cap companies, as well as developing international equities. Debt mutual funds invest in U.S. government and agency bonds and investment grade corporate debt and structured credit.

*Traditional Annuity Accounts* - See Note 6 for further information regarding the investment contracts with insurance companies.

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

*Pooled Separate Accounts & Variable Annuity Accounts* - Strategies that include investments that aggregate assets from multiple investors and are managed collectively following a prescribed strategy. There are no redemption notice periods; therefore, redemptions are daily. There are no unfunded commitments. The non-U.S. equity strategy is invested in developed countries outside of the United States and spans the entire equity capitalization spectrum. The fixed income strategy is focused on U.S. government and agency bonds and investment grade corporate debt and structured credit. The Plan measures commingled funds at NAV per share.

The TIAA Real Estate Pooled Separate Account (Account) seeks favorable long-term returns primarily through rental income and appreciation of real estate investments owned by the Account. The Account will also invest in publicly traded securities and short-term higher quality liquid investments that are easily converted to cash to enable the Account to meet participant redemption requests, purchase or improve properties or cover other expense needs.

**Level 3 Valuation Process**

Fair value determinations for Level 3 measurements of securities are the responsibility of Plan management. Plan management challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

**Level 3 Activity**

Total withdrawals of Level 3 investments was \$2,736 during 2023. There were no withdrawals of Level 3 investments during 2024.

**Unobservable (Level 3) Inputs**

The following tables present quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2024 and 2023:

|                                   | Fair Value at<br>December 31,<br>2024 | Valuation<br>Technique | Unobservable<br>Inputs              | Range         | Weighted-<br>Average |
|-----------------------------------|---------------------------------------|------------------------|-------------------------------------|---------------|----------------------|
| TIAA Traditional annuity contract | \$ 48,658                             | Discounted cash flow   | Risk-adjusted discount rate applied | 5.25% - 5.50% | 5.38%                |

|                                   | Fair Value at<br>December 31,<br>2023 | Valuation<br>Technique | Unobservable<br>Inputs              | Range         | Weighted-<br>Average |
|-----------------------------------|---------------------------------------|------------------------|-------------------------------------|---------------|----------------------|
| TIAA Traditional annuity contract | \$ 46,591                             | Discounted cash flow   | Risk-adjusted discount rate applied | 6.00% - 6.50% | 6.25%                |

**Sensitivity of Significant Unobservable Inputs**

The following is a description of the sensitivity of significant unobservable inputs, the interrelationships between those inputs and other unobservable inputs used in recurring fair value measurement and how those inputs might magnify or mitigate the effect of changes in the unobservable inputs on the fair value measurement.

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

***TIAA Traditional Annuity Contract***

The significant unobservable input used in the fair value measurement of the Plan's TIAA traditional annuity contract is the interest rate of the investment contract. Changes in the contractual interest rate would have resulted in a significant change in fair value to the extent the change deviates from changes in market interest rates. Generally, an increase or decrease in the difference between the contractual interest rate and the market interest rate would have been accompanied by a directionally opposed change in the fair value.

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

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023:

|                           | <u>Fair Value</u>    |
|---------------------------|----------------------|
| December 31, 2024         |                      |
| Variable annuity accounts | \$ 46,893,399        |
| Pooled separate accounts  | <u>1,543,362</u>     |
|                           | <u>\$ 48,436,761</u> |
|                           |                      |
|                           | <u>Fair Value</u>    |
| December 31, 2023         |                      |
| Variable annuity accounts | \$ 44,008,986        |
| Pooled separate accounts  | <u>1,852,474</u>     |
|                           | <u>\$ 45,861,460</u> |

**Note 6. Investment Contract With Insurance Company**

The Plan invests in fully benefit-responsive investment contracts with TIAA, Great West, and VALIC, as well as a nonbenefit-responsive investment contract with TIAA. The insurance companies maintain the contributions in their general accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuers are contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

A portion of the TIAA investment contracts, the Great West guaranteed investment contract, and the VALIC fixed annuities are fully benefit-responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by the custodians, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The investment contracts that are not fully benefit-responsive are reported at the estimated fair value as provided by TIAA.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial Plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity date.

**Note 7. Related Party and Party-in-Interest Transactions**

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

Certain Plan investments are units of variable annuity accounts, a pooled separate account, or mutual funds that are managed by an entity related to TIAA. Other variable annuity accounts are managed by VALIC. The Plan's traditional annuity contract is maintained in TIAA-CREF's general account. Certain Plan investments in shares of fixed annuity accounts is maintained in Great West's and VALIC's general account. These entities are custodians and recordkeepers as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Sponsor pays directly certain other fees related to the Plan's operations.

The Plan paid \$129,544 and \$120,009 of recordkeeping fees to Great West and others during 2024 and 2023, respectively. The Plan paid \$59,209 and \$31,016 of fees to investment advisors during 2024 and 2023, respectively. Individually nonmaterial expenses paid to other parties in interest aggregated to \$21,893 and \$22,950 for 2024 and 2023, respectively. The Sponsor provides certain administrative services at no cost to the Plan.

During 2024 and 2023, the Plan received Plan Servicing Credits in the Revenue Credit Account. This account is credited with excess revenue generated by the Plan. Funds are typically credited quarterly, but may be allocated at any time and are considered Plan assets. The credits may be used to pay Plan expenses or any excess funds available may be allocated to Plan participants. Credits contributed to the Plan during 2024 and 2023 were \$246,037 and \$195,082, respectively. The credits are presented net with administrative expenses.

**Penn State Health Tax Sheltered Annuity Program**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

**Note 8. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

|  | <u>2024</u>           | <u>2023</u>           |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 532,718,945        | \$ 444,429,119        |
| Less: deemed loans excluded for Form 5500 reporting            | <u>(263,993)</u>      | <u>(140,646)</u>      |
| Net assets per Form 5500                                       | <u>\$ 532,454,952</u> | <u>\$ 444,288,473</u> |

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| Net increase in net assets available for benefits per the financial statements              | \$ 68,727,268        | \$ 71,460,888        |
| Less: current year change in deemed loans reported as distributions for Form 5500 reporting | <u>(123,347)</u>     | <u>(19,821)</u>      |
| Net income per Form 5500  | <u>\$ 68,603,921</u> | <u>\$ 71,441,067</u> |

**Note 9. Risks and Uncertainties**

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

**Note 10. Nonexempt Transactions**

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Sponsor remitted all employee contributions to the Plan, contributions of \$2,243 were not remitted within the required time period for the year ended December 31, 2024. While the Sponsor remitted all employee contributions to the Plan, contributions of \$149 were not remitted within the required time period for the year ended December 31, 2023.

**Note 11. Subsequent Events**

Subsequent events have been evaluated through June 12, 2025, which is the date the financial statements were available to be issued.

## ***Supplemental Schedules***

**Penn State Health Tax Sheltered Annuity Program**  
**EIN 47-3769205 PN 002**  
**Schedule H, Line 4a - Schedule of Delinquent Participant Contributions**  
**December 31, 2024**

| Identity          | Relationship | Description   | Late to the Plan | Prohibited Transactions |
|-------------------|--------------|---|------------------|-------------------------|
| Penn State Health | Plan Sponsor | Employee deferrals from multiple 2023 and 2024 pay dates were not remitted to the Plan within the required timeframe established by the DOL. All deposited during 2024. | \$ 2,243         | \$ 2,243                |

**Penn State Health Tax Sheltered Annuity Program**  
**EIN 47-3769205 PN 002**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

| (a)(b)<br>Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e)<br>Current<br>Value |
|---|--|-------------------------|
| <b>Mutual Funds</b>   |  |                         |
| American Century Mid Cap Value R6                                     | 247,509 shares   | \$ 3,846,290            |
| American Century Select   | 94,734 shares  | 12,024,538              |
| American Century Strategy Allocation                                  | 1,057,248 shares   | 6,755,817               |
| Blackrock High Yield Bond   | 513,805 shares   | 3,648,018               |
| American Funds New World R6   | 101,171 shares   | 7,787,130               |
| Cohen & Steers Institutional Realty Shares                            | 79,377 shares  | 3,802,948               |
| DFA International Core Equity Portfolio Institutional Class           | 1,018,658 shares   | 15,707,708              |
| JP Morgan Core Plus Bond  | 1,418,365 shares   | 10,098,760              |
| JP Morgan Large Cap Growth  | 196,783 shares   | 16,478,623              |
| JP Morgan Small Cap Equity  | 55,996 shares  | 3,062,425               |
| MassMutual Select Mid Cap Growth I                                    | 200,671 shares   | 3,878,976               |
| MFS Value R6  | 77,135 shares  | 3,731,770               |
| Parnassus Core Equity Fund - Institutional Shares                     | 77,029 shares  | 4,602,500               |
| T. Rowe Price Retirement 2005   | 165,191 shares   | 1,975,687               |
| T. Rowe Price Retirement 2010   | 108,954 shares   | 1,650,649               |
| T. Rowe Price Retirement 2015   | 447,112 shares   | 5,615,723               |
| T. Rowe Price Retirement 2020   | 1,107,488 shares   | 20,577,123              |
| T. Rowe Price Retirement 2025   | 1,566,969 shares   | 25,933,337              |
| T. Rowe Price Retirement 2030   | 1,351,917 shares   | 34,622,586              |
| T. Rowe Price Retirement 2035   | 1,650,270 shares   | 34,738,189              |
| T. Rowe Price Retirement 2040   | 1,075,388 shares   | 32,874,600              |
| T. Rowe Price Retirement 2045   | 1,395,604 shares   | 31,066,156              |
| T. Rowe Price Retirement 2050   | 1,226,961 shares   | 23,226,372              |
| T. Rowe Price Retirement 2055   | 612,583 shares   | 12,190,408              |
| T. Rowe Price Retirement 2060   | 188,134 shares   | 3,121,149               |
| T. Rowe Price Retirement 2065   | 83,788 shares  | 1,077,509               |
| TCW Metwest Total Return Bond Plan                                    | 3,051,264 shares   | 25,386,514              |
| Vanguard Institution Index  | 135,473 shares   | 64,875,397              |
| Vanguard Mid Cap Index  | 170,907 shares   | 12,341,185              |
| Vanguard Small Cap Growth Index Admiral                               | 55,209 shares  | 4,352,094               |
| Vanguard Small Cap Index Institutional                                | 95,608 shares  | 11,009,315              |
| Victory Sycamore Small Co Opp R6                                      | 34,427 shares  | 1,620,474               |
| Total mutual funds  |  | 443,679,970             |

**Penn State Health Tax Sheltered Annuity Program**  
**EIN 47-3769205 PN 002**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2024**

| (a)(b)<br>Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e)<br>Current<br>Value |
|---|--|-------------------------|
| <b>Variable Annuity Funds</b>   |  |                         |
| *CREF Stock R2  | 16,341 units   | \$ 14,892,277           |
| *CREF Money Market R2   | 26,274 units   | 778,675                 |
| *CREF Social Choice R2  | 10,394 units   | 3,815,602               |
| *CREF Global Equities R2  | 10,440 units   | 3,614,390               |
| *CREF Growth R2   | 19,380 units   | 10,166,031              |
| *CREF Equity Index R2   | 13,673 units   | 7,027,740               |
| *CREF Inflation-Linked Bond R2  | 7,478 units  | 630,386                 |
| *CREF Core Bond R2  | 19,782 units   | 2,647,421               |
| *VALIC Ariel  | 5,357 units  | 32,949                  |
| *VALIC Asset Allocation   | 1,175 units  | 15,013                  |
| *VALIC Blue Chip Growth   | 5,386 units  | 31,251                  |
| *VALIC Core Bond  | 64,511 units   | 137,074                 |
| *VALIC Dividend Value   | 83 units   | 450                     |
| *VALIC Emerging Economies   | 37,896 units   | 44,093                  |
| *VALIC Global Real Estate   | 7,385 units  | 11,537                  |
| *VALIC Global Strategy  | 2,398 units  | 5,791                   |
| *VALIC Money Market I   | 8,763 units  | 18,688                  |
| *VALIC Growth   | 42,561 units   | 251,067                 |
| *VALIC High Yield Bond  | 3,565 units  | 12,777                  |
| *VALIC Inflation Protected  | 15,189 units   | 21,652                  |
| *VALIC International Growth I   | 3,251 units  | 15,457                  |
| *VALIC International Value  | 46,684 units   | 77,383                  |
| *VALIC International Equities   | 26,217 units   | 69,664                  |
| *VALIC International Opportunities                                    | 9,566 units  | 29,560                  |
| *VALIC International Socially Responsible Fund                        | 600 units  | 5,678                   |
| *VALIC Large Cap Growth   | 36,100 units   | 192,376                 |
| *VALIC Loan Collateral Fund   | Various  | 15,201                  |
| *VALIC Loan Escrow Fund   | Various  | 271                     |
| *VALIC Mid Cap Index  | 11,031 units   | 453,225                 |
| *VALIC Mid Cap Strategic  | 29,346 units   | 165,273                 |
| *VALIC Mid Cap Value  | 634 units  | 6,891                   |
| *VALIC Nasdaq-100R Index  | 14,878 units   | 80,387                  |
| *VALIC Science & Technology   | 7,598 units  | 160,948                 |
| *VALIC Small Cap Growth   | 451 units  | 2,820                   |
| *VALIC Small Cap Index  | 26,985 units   | 305,479                 |
| *VALIC Small Cap Special Value  | 3,551 units  | 11,397                  |
| *VALIC Small Cap Value  | 3,337 units  | 21,059                  |
| *VALIC Vanguard Lifestyle Growth                                      | 7,217 units  | 29,431                  |
| *VALIC Vanguard Lifestyle Modera                                      | 8,435 units  | 29,223                  |
| *VALIC Vanguard Treasury  | 12,983 units   | 36,345                  |
| *VALIC VC I Capital Appreciation                                      | 990 units  | 5,731                   |

**Penn State Health Tax Sheltered Annuity Program**  
**EIN 47-3769205 PN 002**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)**  
**December 31, 2024**

| (a)(b)<br>Identity of Issuer,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e)<br>Current<br>Value |
|---|--|-------------------------|
| *VALIC Stock Index  | 24,749 units   | \$ 645,642              |
| *VALIC Systematic Core  | 3,430 units  | 34,738                  |
| *VALIC Systematic Value   | 4,129 units  | 14,493                  |
| *VALIC US Socially Responsible  | 15,580 units   | 105,374                 |
| *VALIC Vanguard Wellington Fund, Inc.                                 | 6,411 units  | 49,530                  |
| *VALIC Vanguard Windsor II  | 19,714 units   | 174,959                 |
| Total variable annuity accounts                                       |  | 46,893,399              |
| <b>*Pooled Separate Account - TIAA Real Estate</b>                    | 3,346 units  | 1,543,362               |
| <b>Self-Directed Brokerage Account</b>                                |  |                         |
| Charles Schwab Self-Directed Brokerage Account                        | Various  | 4,705,236               |
| Charles Schwab Self-Directed Brokerage Roth                           | Various  | 707,543                 |
|   |  | 5,412,779               |
| <b>Fixed Annuity Accounts, at fair value</b>                          |  |                         |
| *TIAA Traditional - Nonbenefit Responsive                             | 5.25% - 5.50%  | 48,658                  |
| <b>Fixed Annuity Accounts, at contract value</b>                      |  |                         |
| *TIAA Traditional - Fully Benefit Responsive                          |  | 9,534,468               |
| *Guaranteed Interest Fund   | 2.10%  | 24,007,228              |
| *VALIC Fixed Account Plus   |  | 444,974                 |
| *VALIC Short Term Fixed Account                                       |  | 110,523                 |
| Total fixed annuity accounts  |  | 34,097,193              |
| <b>*Notes Receivable From Participants</b>                            | Various maturity dates through<br>September 2028; interest rates<br>from 3.20% to 9.50%                                | 779,591                 |
|   |  | \$ 532,454,952          |

\* Party-in-interest

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

GA

**Penn State Health Tax Sheltered Annuity Program****01-JAN-24 to 31-DEC-24****12-JAN-25 22:18:20**

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS        | CURRENT VALUE         |
|-------------------|---------------|---------------|-----------------------|-----------------------|
| ITRAJX            |               |               | 1,922,968.85          | 1,975,686.52          |
| ITRPUX            |               |               | 1,610,080.15          | 1,650,649.29          |
| ITRUBX            |               |               | 5,459,673.80          | 5,615,722.79          |
| ITRDBX            |               |               | 20,156,369.29         | 20,577,123.17         |
| ITREHX            |               |               | 25,154,802.78         | 25,933,336.50         |
| ITRFHX            |               |               | 33,247,780.13         | 34,622,586.42         |
| ITRFJX            |               |               | 32,834,637.85         | 34,738,188.51         |
| ITRHDX            |               |               | 30,848,346.18         | 32,874,600.17         |
| ITRIKX            |               |               | 28,972,574.65         | 31,066,155.76         |
| ITRJLX            |               |               | 21,659,530.21         | 23,226,371.61         |
| ITRJMXX           |               |               | 11,376,848.97         | 12,190,408.14         |
| ITRLNX            |               |               | 2,970,368.85          | 3,121,148.57          |
| ITRMOX            |               |               | 1,080,372.60          | 1,077,509.19          |
| IRNWXG            |               |               | 8,175,777.26          | 7,787,129.60          |
| IDFIEX            |               |               | 14,792,861.41         | 15,707,707.56         |
| ICSRIX            |               |               | 3,477,913.26          | 3,802,947.90          |
| IJSERX            |               |               | 3,344,085.47          | 3,062,424.64          |
| IVSGIX            |               |               | 3,464,631.25          | 4,352,093.84          |
| IVSCIX            |               |               | 9,042,436.07          | 11,009,315.09         |
| IVSORX            |               |               | 1,577,518.58          | 1,620,474.20          |
| IAMDVX            |               |               | 3,914,317.33          | 3,846,289.50          |
| IMEFZX            |               |               | 4,496,133.20          | 3,878,975.94          |
| IVMCIX            |               |               | 9,478,446.89          | 12,341,185.30         |
| ITWSIX            |               |               | 8,655,044.12          | 12,024,538.20         |
| IJLGMX            |               |               | 11,225,712.39         | 16,478,622.87         |
| IMEIKX            |               |               | 3,597,074.95          | 3,731,770.16          |
| IPRILX            |               |               | 4,045,820.48          | 4,602,499.76          |
| IVIII             |               |               | 48,491,425.80         | 64,875,403.99         |
| IASAMX            |               |               | 6,657,943.39          | 6,755,817.00          |
| IBHYIX            |               |               | 3,666,552.98          | 3,648,017.61          |
| IJCPUX            |               |               | 10,634,097.78         | 10,098,759.53         |
| IMWTSX            |               |               | 28,022,426.73         | 25,386,513.73         |
| IGWGIF1           |               | 2.100         | 22,523,579.58         | 23,790,578.74         |
| ISDBSCH           |               |               | 4,705,235.62          | 4,705,235.62          |
| ISDBSCR           |               |               | 707,542.78            | 707,542.78            |
|                   |               |               | <b>431,990,931.63</b> | <b>472,883,330.20</b> |
| PARTICIPANT LOANS | VARIOUS       | 3.200-9.500   | 778,651.14            | 779,590.41            |
| FORFEITURES       |               |               | 210,055.26            | 216,649.30            |

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|         |   |         |                                       |
|---------|---|---------|---------------------------------------|
| 1TR05KT | T. Rowe Price Retirement 2005 SA        | 1TR10KT | T. Rowe Price Retirement 2010 SA      |
| 1TR15KT | T. Rowe Price Retirement 2015 SA        | 1TR20KT | T. Rowe Price Retirement 2020 SA      |
| 1TR25KT | T. Rowe Price Retirement 2025 SA        | 1TR30KT | T. Rowe Price Retirement 2030 SA      |
| 1TR35KT | T. Rowe Price Retirement 2035 SA        | 1TR40KT | T. Rowe Price Retirement 2040 SA      |
| 1TR45KT | T. Rowe Price Retirement 2045 SA        | 1TR50KT | T. Rowe Price Retirement 2050 SA      |
| 1TR55KT | T. Rowe Price Retirement 2055 SA        | 1TR60KT | T. Rowe Price Retirement 2060 SA      |
| 1TR65KT | T. Rowe Price Retirement 2065 SA        | 1RNWX   | American Funds New World R6           |
| 1DFIEX  | DFA International Core Equity I         | 1CSRIX  | Cohen & Steers Instl Realty Shares    |
| 1JSERX  | JPMorgan Small Cap Equity R5            | 1VSGIX  | Vanguard Small Cap Growth Index Instl |
| 1VSCIX  | Vanguard Small Cap Index Instl          | 1VSORX  | Victory Sycamore Small Co Opp R6      |
| 1ACUSMC | American Century US Mid Cap Value Eq Tr | 1MEFZX  | MassMutual Mid Cap Growth I           |
| 1VMCIX  | Vanguard Mid Cap Index Ins              | 1TWSIX  | American Century Select I             |
| 1JPLCF2 | JPMCB Large Cap Growth CF 2             | 1MEIKX  | MFS Value R6                          |
| 1PRILX  | Parnassus Core Equity - Inst            | 1VIII   | Vanguard Institutional Index Instl Pl |
| 1ASAMX  | American Century Strat Allc: Mod I      | 1BHYIX  | BlackRock High Yield Instl            |
| 1JPCBCF | JPMCB Core Plus Bond Fund CF            | 1TCWMTC | TCW MetWest Total Return Bond C       |
| 1GWGIF1 | Guaranteed Interest Fund                | 1SDBSCH | Schwab SDB                            |
| 1SDBSCR | Schwab SDB Roth                         | 1TRAJX  | T Rowe Price Retirement 2005 Fund     |
| 1TRPUX  | T Rowe Price Retirement 2010 Fund       | 1TRUBX  | T Rowe Price Retirement 2015 Fund     |
| 1TRDBX  | T Rowe Price Retirement 2020 Fund       | 1TREHX  | T Rowe Price Retirement 2025 Fund     |
| 1TRFHX  | T Rowe Price Retirement 2030 Fund       | 1TRFJX  | T Rowe Price Retirement 2035 Fund     |
| 1TRHDX  | T Rowe Price Retirement 2040 Fund       | 1TRIKX  | T Rowe Price Retirement 2045 Fund     |
| 1TRJLX  | T Rowe Price Retirement 2050 Fund       | 1TRJMX  | T Rowe Price Retirement 2055 Fund     |
| 1TRLNX  | T Rowe Price Retirement 2060 Fund       | 1TRMOX  | T Rowe Price Retirement 2065 Fund     |
| 1AMDVX  | American Century Mid Cap Value R6       | 1JLGMX  | JPMorgan Large Cap Growth R6          |
| 1JCPUX  | JPMorgan Core Plus Bond R6              | 1MWTSX  | TCW MetWest Total Return Bond Plan    |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year



# Schedule of Assets Held for Investment

## Total Plan Assets Under Management

**MILTON S HERSHEY MEDICAL CENTER**

For the Period Ending 12/31/2024

| FUND ID                                      | TICKER | INVESTMENT NAME                         | ENDING INVESTMENT PRICE | ENDING UNIT BALANCE | UNINVESTED CASH | ENDING MARKET VALUE | ENDING COST VALUE |
|--|--------|---|-------------------------|---------------------|-----------------|---------------------|-------------------|
| <b>MILTON S HERSHEY MEDICAL CENTER</b>       |        |   |                         |                     |                 |                     |                   |
| BR1  | TIAA#  | TIAA Traditional Benefit Responsive     |                         |                     |                 | \$9,522,976.44      | \$7,328,345.25    |
| NBR  | TIAA#  | TIAA Traditional Non Benefit Responsive |                         |                     |                 | \$48,657.52         | \$33,161.97       |
| CO   | QCSTPX | CREF Stock R2                           | \$911.369300            | 16,340.5515         | \$0.40          | \$14,892,277.38     | \$6,586,380.07    |
| CP   | QCMMPX | CREF Money Market R2                    | \$29.637200             | 26,273.5532         | \$0.00          | \$778,674.55        | \$681,938.15      |
| CQ   | QCSCPX | CREF Social Choice R2                   | \$367.088600            | 10,394.2258         | \$0.15          | \$3,815,601.95      | \$2,286,521.55    |
| CT   | QCGLPX | CREF Global Equities R2                 | \$346.214900            | 10,439.7302         | \$0.03          | \$3,614,390.18      | \$1,566,112.99    |
| CU   | QCGRPX | CREF Growth R2                          | \$524.559900            | 19,380.1137         | \$0.10          | \$10,166,030.60     | \$3,158,809.43    |
| CY   | QCEQPX | CREF Equity Index R2                    | \$513.995400            | 13,672.7689         | \$0.05          | \$7,027,740.37      | \$2,624,942.65    |
| CW   | QCILPX | CREF Inflation-Linked Bond R2           | \$84.294600             | 7,478.3682          | \$0.00          | \$630,386.06        | \$531,775.82      |
| X1   | QREARX | TIAA Real Estate                        | \$461.243100            | 3,346.0922          | \$0.17          | \$1,543,362.11      | \$959,322.75      |
| CR   | QCBMPX | CREF Core Bond R2                       | \$133.830700            | 19,781.8679         | \$0.00          | \$2,647,421.23      | \$2,346,885.16    |
| <b>Subtotal</b>                              |        |   |                         |                     |                 | \$54,687,518.39     | \$28,104,195.79   |
| 98   | PLDF#  | Plan Loan Default Fund                  |                         |                     |                 | \$11,491.44         | \$11,491.44       |
| <b>MILTON S HERSHEY MEDICAL CENTER TOTAL</b> |        |   |                         |                     |                 | \$54,699,009.83     | \$28,115,687.23   |
| <b>PLAN TOTAL</b>                            |        |   |                         |                     |                 | \$54,699,009.83     | \$28,115,687.23   |