

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan): PMMC OVER LIQUIDATION, LLC
2b Employer Identification Number (EIN): 26-2874737
2c Plan Sponsor's telephone number: 610-323-2006
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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor PMMC OVER LIQUIDATION, LLC 152 E HIGH ST POTTSTOWN, PA 19464-5400		3b Administrator's EIN 26-2874737	
		3c Administrator's telephone number 610-323-2006	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year	5	1149	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	89	
6a(2) Total number of active participants at the end of the plan year	6a(2)	52	
b Retired or separated participants receiving benefits.....	6b	293	
c Other retired or separated participants entitled to future benefits	6c	202	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	547	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	17	
f Total. Add lines 6d and 6e	6f	564	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>57153943</u>
	b Actuarial value	2b	<u>61549751</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>688</u>	<u>43259290</u>
	b For terminated vested participants	<u>373</u>	<u>13668644</u>
	c For active participants	<u>89</u>	<u>4926046</u>
	d Total	<u>1150</u>	<u>61853980</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.04 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>603000</u>
	c Target normal cost	6c	<u>603000</u>

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

SIGN HERE	
Signature of actuary	<u>09/15/2025</u> Date
<u>D. PATRICK MCDONALD</u> Type or print name of actuary	<u>23-04834</u> Most recent enrollment number
<u>FOSTER & FOSTER, INC.</u> Firm name	<u>239-600-6231</u> Telephone number (including area code)
<u>200 N 13TH STREET SUITE 111 CORSICANA, TX 75110</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2609299
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	968694
9	Amount remaining (line 7 minus line 8)	0	1640605
10	Interest on line 9 using prior year's actual return of <u>12.78</u> %	0	209669
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		530778
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		67833
	c Total available at beginning of current plan year to add to prefunding balance		598611
	d Portion of (c) to be added to prefunding balance		598611
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2448885

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.54 %
15	Adjusted funding target attainment percentage	15	95.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.58 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/06/2024	196250	0					
04/01/2025	196250	0					
06/11/2025	196250	0					
09/08/2025	125000	0					
			Totals ▶	18(b)	713750	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 669983	
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
		<input type="checkbox"/> N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	65	
23	Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year				
31	Target normal cost and excess assets (see instructions):			
a	Target normal cost (line 6c)	31a	603000	
b	Excess assets, if applicable, but not greater than line 31a	31b	0	
32	Amortization installments:	Outstanding Balance	Installment	
a	Net shortfall amortization installment	2753114	276414	
b	Waiver amortization installment.....	0	0	
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	879414	
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance	Total balance
		0	879414	879414
36	Additional cash requirement (line 34 minus line 35)	36	0	
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	669983	
38	Present value of excess contributions for current year (see instructions)			
a	Total (excess, if any, of line 37 over line 36)	38a	669983	
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	669983	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40	Unpaid minimum required contributions for all years	40	0	

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FOSTER & FOSTER, INC.

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	ACTUARY	98557	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)

VANGUARD ADVISORS, INC.

23-2811930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	47793	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)

VANGUARD FIDUCIARY TRUST COMPANY

23-2186884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19	CUSTODIAN	37008	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)

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	29244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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.

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 571250	517500
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 0	36470
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 352765	385595
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 56031556	39861817
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 211403	182140

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	57166974	40983522
Liabilities			
g Benefit claims payable.....	1g	0	117593
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	117593
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	57166974	40865929

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	713750	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		713750
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	68153	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		68153
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1736740	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1736740
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-29263	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1638213
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4127593

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19664593	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		19664593
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	77037	
(6) Bank or trust company trustee/custodial fees	2i(6)	37008	
(7) Actuarial fees	2i(7)	98557	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	551443	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		764045
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		20428638

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16301045
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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: FISCHER CUNNANE & ASSOCIATES, LTD

(2) EIN: 23-3060583

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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 558648.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PMMC OVER LIQUIDATION, LLC</u>	D Employer Identification Number (EIN) <u>26-2874737</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290 23-2926795

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		179
---	--	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 100.0 %

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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501783A.

Pottstown Memorial Medical Center Retirement Income Plan

Financial Statements and
Supplemental Schedules
For the Years Ended December 31, 2024 and 2023
With Independent Auditors' Report

Pottstown Memorial Medical Center Retirement Income Plan

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
the Pottstown Area Health & Wellness Foundation

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

We have performed audits of the financial statements of the Pottstown Memorial Medical Center Retirement Income Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of 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 the Pottstown Memorial Medical Center Retirement Income Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pottstown Memorial Medical Center Retirement Income Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Pottstown Memorial Medical Center Retirement Income Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Fischer Cunnane & Associates Ltd

Fischer Cunnane & Associates Ltd
Certified Public Accountants

West Chester, Pennsylvania
October 13, 2025

Pottstown Memorial Medical Center Retirement Income Plan

Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 40,428,957	\$ 56,595,724
Employer contribution receivable	517,500	571,250
Accrued interest receivable	<u>595</u>	<u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 40,947,052</u>	 <u>\$ 57,166,974</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS:		
Investment Income		
Net appreciation in fair value of investments	\$ 1,608,950	\$ 4,960,054
Interest and dividends	1,804,893	1,890,602
Total Investment Income	<u>3,413,843</u>	<u>6,850,656</u>
Employer contributions	<u>713,750</u>	<u>571,250</u>
Total Additions	<u>4,127,593</u>	<u>7,421,906</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits paid directly to participants	8,668,123	4,556,301
Annuity contract purchase	10,915,347	-
Administrative expenses	<u>764,045</u>	<u>1,066,533</u>
Total Deductions	<u>20,347,515</u>	<u>5,622,834</u>
NET INCREASE (DECREASE)	(16,219,922)	1,799,072
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>57,166,974</u>	<u>55,367,902</u>
End of Year	<u>\$ 40,947,052</u>	<u>\$ 57,166,974</u>

The accompanying notes are an integral part of these financial statements.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements
For the Years Ended December 31, 2024 and 2023

1. Description of Plan

The following brief description of the Pottstown Memorial Medical Center Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a noncontributory defined benefit plan which covers substantially all employees of Pottstown Memorial Medical Center (the "Medical Center") and provides for pension, death, and disability benefits. The Plan froze its benefit accruals effective June 30, 2003 as a result of Community Health Systems, Inc. ("CHS") purchasing substantially all of the assets of the Medical Center. CHS did not purchase the Plan as part of the acquisition. The Pottstown Area Health & Wellness Foundation (the "Foundation"), through its controlled group, assumed responsibility for the funding and administration of the Plan, effective June 30, 2003. The Plan continues to be a tax-qualified, defined benefit plan with benefits guaranteed by the Pension Benefit Guaranty Corporation. All active employees who were not fully vested as of June 30, 2003 were deemed to be fully vested effective on that date. Prior to June 30, 2003, employees were considered vested upon completion of five years of credited service. Employees of the Medical Center hired after June 30, 2003 are not eligible to participate in the Plan.

The Foundation sponsored the Plan through PMMC Over Corp., a subsidiary corporation. PMMC Over Corp., was liquidated and dissolved by PMMC Over Liquidation, LLC, its parent corporation, effective June 30, 2008. PMMC Over Liquidation, LLC assumed sponsorship of the Plan effective June 30, 2008. PMMC Over Liquidation, LLC and the Foundation survive the Medical Center as the sole members of the controlled group.

Pension Benefits – Covered employees age 19 and older who have completed one year of eligibility service, excluding leased employees, are entitled to annual pension benefits beginning at normal retirement age of 65, equal to 1.25% of final average monthly compensation times years of benefit accrual service not in excess of 35 years plus 1.35% of final average monthly compensation times years of benefits accrual service in excess of 35 years. In no event shall the benefit be less than the participant's benefit accrual as of December 31, 1988. The Plan permits early retirement at age 55, subject to completion of at least 15 years of vesting service, subject to early retirement penalties of 1/180th reduction for the first 60 months and 1/360th reduction for the next 60 months, by which the early retirement date precedes the normal retirement date. Subsidized early retirement is available for participants at age 62 or older with at least 25 years of vesting service in the form of accrued benefits payable.

Death and Disability Benefits – If a legally married participant dies prior to normal retirement and is eligible for early retirement at the date of their death, the surviving legal spouse will receive 50% of the benefit the participant would have received had he/she retired on the date preceding death. If a participant dies after retirement, under the joint and survivor annuity, the surviving legal spouse will receive a monthly benefit for life under that annuity form. A \$2,000 lump-sum death benefit is also payable to the beneficiary of any retired participant who dies and was receiving early, normal, or disability benefits under the Plan.

Disability benefits are available for a participant who qualifies for total and permanent disability under either social security, workers' compensation, or an employer-sponsored long-term disability plan.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

Contributions – The Foundation’s funding policy is to contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Foundation’s present intention is to make contributions in amounts sufficient to fund the Plan’s current service cost and the initial past service cost plus interest over a period of 30 years. There was no minimum required contribution for the years ended December 31, 2024 and 2023. As of the date the financial statements were available to be issued, the amounts actually contributed to the Plan for 2024 and 2023 were \$713,750 and \$571,250, respectively. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Termination – Although it has not expressed any intention to do so, the Foundation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its assets will generally not be available on a pro rata basis to provide participants’ benefits. Whether a particular participant’s accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (“PBGC”) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Plan Amendment – The Plan was amended effective July 1, 2024, to allow certain terminated participants who had not yet commenced benefit payments to elect a one-time lump sum distribution. Participants with an Actuarial Value of Accrued Benefit of \$50,000 or less as of the effective date were eligible. The distribution equaled the Actuarial Value of the Accrued Benefit as of December 1, 2024. The election window was from October 1, 2024, through November 30, 2024, with payments made prior to December 31, 2024.

In conjunction with the Lump Sum Window, the Plan was amended to allow the purchase of annuity contracts for certain participants. Annuities were purchased for (i) participants or beneficiaries who, as of July 1, 2024, had commenced benefit payments and whose Actuarial Value of Accrued Benefit was \$50,000 or less, and (ii) participants eligible for the Lump Sum Window who did not elect a lump sum distribution. Annuity purchases were purchased prior to year-end.

Group Annuity Contract – On August 29, 2024, the Plan entered into a nonparticipating single premium group annuity contract with United of Omaha Life Insurance Company to provide for the future benefit payments of certain participants and beneficiaries. The purchase price of the contract totaled \$10,915,347, and funds were transferred to the insurance company on September 7, 2024.

Under the terms of the contract, United of Omaha Life Insurance Company assumes full responsibility for the payment of fixed benefits to the covered participants. The benefit commencement and liability effective date is January 1, 2025, at which time the Plan’s obligations for the affected participants were considered settled, and the Plan no longer retained any obligation for those participants.

The purchase of the nonparticipating group annuity contract constituted a partial settlement of the Plan’s benefit obligations. The cost of the annuity purchase is reflected in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements
For the Years Ended December 31, 2024 and 2023

2. Significant Accounting Policies

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

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

Investment Valuation and Income Recognition – Investments are stated at fair value in the accompanying financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Finance Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and custodians. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses – Legal and accounting expenses are paid by the Plan Sponsor. Actuarial fees and PBGC premiums are paid by the Plan. Other administrative expenses, such as investment management fees and custodian and trustee fees, are charged directly against Plan assets and disclosed in Note 9. Administrative expenses charged directly against Plan assets are recorded when paid, which is not materially different from recording such amounts on the accrual basis. Investment related expenses are included in net appreciation in fair value of investments.

Accumulated Plan Benefits – Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their highest consecutive 60 months of the final 120 months preceding retirement. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date. As described in Note 1, the Plan froze its benefit accruals effective June 30, 2003. Accumulated plan benefits were calculated as of that date.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Amounts allocated to participants who had elected to withdraw from the Plan but had not yet been paid as of December 31, 2024 and 2023, were \$117,593 and \$-0-, respectively.

CARES Act – During 2020, the Plan implemented a relief provision under the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") that allowed contributions to the Plan to be deferred and payable on January 1, 2021. The Plan was amended on January 1, 2025 to formally incorporate this provision.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements
For the Years Ended December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits

Foster & Foster, Inc., actuaries and consultants, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits information as of January 1, 2025 and 2024 is as follows:

	January 1,	
	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 29,141,642	\$ 38,180,276
Other participants	10,619,408	14,924,544
Total actuarial present value of accumulated plan benefits	<u>\$ 39,761,050</u>	<u>\$ 53,104,820</u>

The changes in the accumulated plan benefits during the years ended January 1, 2025 and 2024 are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 53,104,820</u>	<u>\$ 60,147,106</u>
Increase (decrease) during the year attributable to:		
Change in actuarial assumptions	912,602	(5,351,577)
Benefits accumulated	2,066,561	(898,221)
Increase for interest due to the decrease in the discount period	3,341,660	3,763,813
Benefits paid	<u>(19,664,593)</u>	<u>(4,556,301)</u>
Net change	<u>(13,343,770)</u>	<u>(7,042,286)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 39,761,050</u>	<u>\$ 53,104,820</u>

The significant actuarial assumptions used in the valuation as of January 1, 2025 were:

Actuarial Cost Method	Unit Credit Actuarial Cost Method
Discount Rate	7.38% per annum
Retirement	At normal retirement age (65)
Mortality	SOA RP-2014 White Collar Mortality Table with Scale MP-2021
Asset Valuation Method	Two-year smoothing method, subject to a minimum of 90% and maximum of 110% of fair market value

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The significant changes in actuarial assumptions since the January 1, 2024 valuation were; the required update of the segment interest rates and the updated assumption in accordance with PPA; the expected rate of return on assets decreased from 7.38% to 7.10%; the long-term rate of return assumption was decreased from 7.69% to 7.38%.

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023 there would be no material differences.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1: unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in markets that are not active.

Level 3: unobservable inputs that reflect the reporting entity's own assumptions.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds and money market fund: The investments in mutual funds and money market fund are valued at quoted market prices, which represent the net asset value ("NAV") of shares held by the Plan at year-end.

Private equity fund: The investment in the private equity fund is valued at NAV, utilizing the valuations provided by the underlying investment companies and/or their administrators. Plan management considers subscription and redemption rights, including any restrictions on the disposition of the interest in its determination of fair value.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

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

	Basis of Fair Value Measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 39,861,817	\$ -	\$ -	\$ 39,861,817
Money market fund	385,000	-	-	385,000
Total investments in the fair value hierarchy	<u>\$ 40,246,817</u>	<u>\$ -</u>	<u>\$ -</u>	
Private equity fund measured at NAV (a)				182,140
Total investments at fair value				<u>\$ 40,428,957</u>

	Basis of Fair Value Measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	\$ 56,031,556	\$ -	\$ -	\$ 56,031,556
Money market fund	352,765	-	-	352,765
Total investments in the fair value hierarchy	<u>\$ 56,384,321</u>	<u>\$ -</u>	<u>\$ -</u>	
Private equity fund measured at NAV (a)				211,403
Total investments at fair value				<u>\$ 56,595,724</u>

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

The estimated fair values of certain investments may differ significantly from the values that would have been used had a ready market for the securities existed because of the inherent uncertainty of valuation methods. It is also reasonably possible that valuation methods will change in the near future.

5. Information Certified by the Trustee of the Plan

Effective December 9, 2024, U.S. Bank National Association ("U.S. Bank") replaced Vanguard Fiduciary Trust Company ("Vanguard") as the Plan's trustee and custodian. Plan assets totaling \$385,000 were transferred to U.S. Bank prior to year-end; however, Vanguard continued to hold the remaining Plan assets as of December 31, 2024. Accordingly, the accompanying financial statements reflect assets held by both custodians at year-end.

Certain information in the accompanying financial statements and ERISA-required supplemental schedules related to certain investments held as of December 31, 2024 and 2023, totaling \$40,246,817 and \$56,384,321, respectively, and net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2024 and 2023, totaling \$3,443,106 and \$6,907,277, respectively, was obtained by management and agreed to or derived from information certified as complete and accurate by Vanguard and U.S. Bank, qualified institutions.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The private equity fund (Note 9) included in investments at fair value amounting to \$182,140 and \$211,403 as of December 31, 2024 and 2023, respectively, and related net depreciation in fair value of investments of \$29,263 and \$56,621 for the years ended December 31, 2024 and 2023, respectively, are not certified.

6. Income Tax Status

The Plan obtained its latest determination letter on February 5, 2003, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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

7. Related-Party and Party In Interest Transactions

Certain Plan investments are shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company, the trustee of the Plan for the period January 1, 2024 to December 8, 2024. Certain fees are paid to the Plan's service providers as described in Note 9. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

8. Investments in Entities that Calculate Net Asset Value Per Share

The Plan invests in the Glenmede Private Equity Fund III, LLC (the "Fund"), a private equity fund that invests in limited partnerships and other pooled investment vehicles organized by independent fund sponsors to make private investments in non-public companies consisting primarily of equity and equity-related ownership interest. As an investor in the Fund, the Plan entered into a subscription agreement during 2004 in which the Plan committed to contribute capital of \$3,500,000 to the Fund. Through December 31, 2015, the Plan made contributions of \$2,975,000, 85% of the total commitment, under the terms of the Fund agreement. The Fund had an initial term that expired on December 31, 2013 with up to three one-year extensions under certain circumstances. The Fund received its second one-year extension, which expired on December 31, 2015. The Fund invoked its third one-year extension, which expired on December 31, 2016, upon which the Fund commenced the orderly disposition of its remaining assets in accordance with the agreement. As proceeds are received from underlying partnerships, the Fund will make cash distributions to the Plan. However, the Plan may not redeem its investment prior to the dissolution of the Fund, under the terms of the Fund agreement. As the Fund is in its realization phase, management of the Plan believes it is unlikely that the unfunded commitment balance of \$525,000 will be required to be contributed to the Fund.

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The fair value of the private equity fund was \$182,140 and \$211,403 as of December 31, 2024 and 2023, respectively. For the years ended December 31, 2024 and 2023, net depreciation in the fair value of the private equity fund was \$29,263 and \$56,621, respectively. In determining fair value, the Glenmede Trust Company, N.A. ("Glenmede") has, as a practical expedient, where allowable under ASC 820, estimated the fair value of the Fund's underlying investments using the NAV (or its equivalent) per share of the investments as of the investments' measurement date. Glenmede has determined these values are indicative of the fair values of the investments.

9. Administrative Expenses

The Plan incurred administrative expenses for the years ended December 31, 2024 and 2023 as follows:

	2024	2023
Investment management fees*	\$ 77,036	\$ 57,012
Custodian and trustee fees*	37,008	67,733
PBGC premiums	551,443	888,987
Actuary fees*	98,558	52,801
	<u>\$ 764,045</u>	<u>\$ 1,066,533</u>

* These fees qualify as party in interest transactions, which are exempt from the prohibited transactions rules of ERISA.

10. Risks and Uncertainties

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

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.

11. Reconciliation of Form 5500 to Financial Statements

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

Net Assets Available for Benefits per the Financial Statements	2024 <u>\$ 40,947,052</u>
Plus: Other receivable	36,470
Less: Benefit claims payable	<u>(117,593)</u>
Net Assets per Schedule H of the Form 5500	<u>\$ 40,865,929</u>

Pottstown Memorial Medical Center Retirement Income Plan

Notes to the Financial Statements For the Years Ended December 31, 2024 and 2023

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to net loss per Form 5500 for the year ended December 31, 2024:

	<u>2024</u>
Net Decrease in Net Assets Available for Benefits per the Financial Statements	\$(16,219,922)
Plus: Other receivable	36,470
Less: Benefit claims payable	<u>(117,593)</u>
Net loss per Schedule H of the Form 5500	<u>\$(16,301,045)</u>

12. Subsequent Events

Plan management has evaluated all subsequent events through, October 13, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

**Pottstown Memorial Medical Center
Retirement Income Plan**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	First American Treasury Obligations Fund Class Z	Money Market Fund	\$ 385,000	\$ 385,000
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	1,700,396	1,163,464
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	21,355,569	16,799,635
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	3,355,717	7,903,874
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,837,109	5,992,308
*	Vanguard FTSE All-World Ex-US Index Fund Institutional Shares	Mutual Fund	4,800,707	5,582,637
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	2,078,996	2,419,899
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	382,272	182,140
			<u>\$ 41,895,766</u>	<u>\$ 40,428,957</u>

* Party-in-interest transaction

**Pottstown Memorial Medical Center
Retirement Income Plan**

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Group	Vanguard Long-Term Investment Grade Fund Admiral Shares	(A) \$ 6,073,765	\$ -	\$ -	\$ 6,073,765	\$ 6,073,765	\$ -
		(S) -	7,780,461	-	9,371,875	7,780,461	(1,591,414)
		(A) -	9,566,875	-	11,534,264	9,566,875	(1,967,389)
Vanguard Group	Vanguard Long-Term Treasury Index Fund Institutional Shares	(A) 3,350,586	-	-	3,350,586	3,350,586	-
		(S) -	2,279,237	-	2,912,357	2,279,237	(633,120)
		(A) -	2,923,414	-	3,741,883	2,923,414	(818,469)
Vanguard Group	Vanguard Total Stock Market Index Fund Institutional Shares	(S) -	3,360,000	-	1,494,533	3,360,000	1,865,467
		(A) -	8,358,591	-	3,722,362	8,358,591	4,636,229
Vanguard Group	Vanguard FTSE All-World Ex-US Index Fund Institutional Shares	(A) -	5,080,614	-	4,166,269	5,080,614	914,345

(S) - Represents a single transaction exceeding the reportable transactions threshold.

(A) - Represents the aggregate total of transactions in the same issue exceeding the reportable transactions threshold.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26a - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	1	0	0	0	0	0	0	0	0
45 to 49	0	3	4	0	0	0	0	0	0	0
50 to 54	0	4	8	4	0	0	0	0	0	0
55 to 59	3	6	3	10	3	0	0	0	0	0
60 to 64	0	7	2	6	9	5	0	0	0	0
65 to 69	0	3	1	0	1	4	0	0	0	0
70 & up	0	0	0	0	1	1	0	0	0	0

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2024.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 with fully generational mortality improvement using Adjusted Scale MP-2021 as provided in the regulation.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2024 Plan Year		2023 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	3.62%	4.75%	1.41%	4.75%
Second Segment Rate	4.46%	4.87%	3.09%	5.00%
Third Segment Rate	4.52%	5.59%	3.58%	5.74%
Effective Interest Rate	4.40%	5.04%	3.13%	5.17%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year and, for 2024, adjusted for the difference in the current year versus prior year PBGC premium (\$603,000 for 2024 and \$414,000 for 2023).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

ACTUARIAL METHODS

Actuarial Cost Method

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

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.69% per annum, limited to the applicable third segment rate as follows:
2023 measurement period: 5.74%
2022 measurement period: 5.92%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$414,000 for 2023 to \$603,000 for 2024.

**Pottstown Memorial Medical Center
Retirement Income Plan**

Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended December 31, 2024

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Vanguard Group	Vanguard Long-Term Investment Grade Fund Admiral Shares	(A) \$ 6,073,765	\$ -	\$ -	\$ 6,073,765	\$ 6,073,765	\$ -
		(S) -	7,780,461	-	9,371,875	7,780,461	(1,591,414)
		(A) -	9,566,875	-	11,534,264	9,566,875	(1,967,389)
Vanguard Group	Vanguard Long-Term Treasury Index Fund Institutional Shares	(A) 3,350,586	-	-	3,350,586	3,350,586	-
		(S) -	2,279,237	-	2,912,357	2,279,237	(633,120)
		(A) -	2,923,414	-	3,741,883	2,923,414	(818,469)
Vanguard Group	Vanguard Total Stock Market Index Fund Institutional Shares	(S) -	3,360,000	-	1,494,533	3,360,000	1,865,467
		(A) -	8,358,591	-	3,722,362	8,358,591	4,636,229
Vanguard Group	Vanguard FTSE All-World Ex-US Index Fund Institutional Shares	(A) -	5,080,614	-	4,166,269	5,080,614	914,345

(S) - Represents a single transaction exceeding the reportable transactions threshold.

(A) - Represents the aggregate total of transactions in the same issue exceeding the reportable transactions threshold.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small> ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan POTTSTOWN MEMORIAL MEDICAL CENTER RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PMMC OVER LIQUIDATION, LLC	D Employer Identification Number (EIN) 26-2874737	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1. Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	57,153,943	
b Actuarial value	2b	61,549,751	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	688	43,259,290	43,259,290
b For terminated vested participants	373	13,668,644	13,668,644
c For active participants	89	4,926,046	4,926,046
d Total	1,150	61,853,980	61,853,980
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.04%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	603,000	
c Target normal cost	6c	603,000	

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

SIGN HERE	D. Patrick McDonald <i>DPM</i>	09/15/2025
	Signature of actuary	Date
	D. PATRICK MCDONALD	2304834
	Type or print name of actuary	Most recent enrollment number
	FOSTER & FOSTER, INC.	239-600-6231
	Firm name	Telephone number (including area code)
	200 N 13TH STREET SUITE 111 CORSICANA TX 75110	
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 603,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2,753,114		276,414	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 879,414
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	879,414	879,414	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 669,983
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 669,983
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 669,983
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

SCHEDULE SB NOTES FOR 2024 PLAN YEAR

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

The measurements shown in this report may not be applicable for other purposes. The funding percentages and unfunded accrued liability as measured by the actuarial value of assets will differ from similar measures based on market value of assets. These measures, as provided, are appropriate for determining the adequacy of future contributions, but may not be appropriate for the purpose of settling a portion or all of its liabilities. Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, increases or decreases expected as part of the natural operation of the methodology used for the measurements, and changes in the plan provisions or applicable laws. Due to limited scope, the actuary has not performed any analysis of the potential range of such future differences.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	80.5815	1.0000	80.5815	5,237.7984
66	1.0000	1.0000	1.0000	66.0000
67	1.0000	1.0000	1.0000	67.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			87.5815	5,719.7984
Average				65.31

The assumed rate of retirement is 100% at age 65.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

ACTUARIAL ASSUMPTIONS

Valuation Date January 1, 2024.

Mortality Rate Mortality tables mandated by PPA as specified in amended IRS Regulation 1.430(h)(3)-1 with fully generational mortality improvement using Adjusted Scale MP-2021 as provided in the regulation.

Interest Rates Segment rates determined with four-month lookback, as constrained in accordance with applicable regulations as follows:

	2024 Plan Year		2023 Plan Year	
	Unconstrained	Constrained	Unconstrained	Constrained
First Segment Rate	3.62%	4.75%	1.41%	4.75%
Second Segment Rate	4.46%	4.87%	3.09%	5.00%
Third Segment Rate	4.52%	5.59%	3.58%	5.74%
Effective Interest Rate	4.40%	5.04%	3.13%	5.17%

Compensation Increases None assumed, plan is frozen for benefit accrual.

Administrative Expenses The normal cost includes a load for administrative expenses, based on the actual administrative expenses paid in the prior year and, for 2024, adjusted for the difference in the current year versus prior year PBGC premium (\$603,000 for 2024 and \$414,000 for 2023).

Withdrawal None assumed.

Retirement 100% at Normal Retirement Age and no early retirement rates.

Disability None assumed.

Forms of Payment All participants not in receipt of benefits are assumed to elect a single life annuity upon commencement.

Spouses 80% of participants are assumed to be married with the husband three years older his wife.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

ACTUARIAL METHODS

Actuarial Cost Method

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

Asset Method

Valuation assets are determined using a method that spreads asset gains/(losses) over two years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary, but required by PPA to be no greater than the applicable third segment rate. The resulting value is further constrained to be within a corridor of 90% to 110% of the market value. The discounted value of accrued contributions, if any, is included in the Valuation Assets. The expected return on plan assets is 7.69% per annum, limited to the applicable third segment rate as follows:
2023 measurement period: 5.74%
2022 measurement period: 5.92%

JUSTIFICATION FOR ASSUMPTIONS/METHODS

The assumptions, other than those mandated by law, were selected by the actuary. The assumptions selected are believed to be reasonable given the plan provisions and the size of the plan. These assumptions will be monitored going forward, but the plan's experience is likely to be too small to provide fully credible experience data. The asset method was selected by the plan sponsor and is an acceptable method under current law.

CHANGES SINCE THE PRIOR VALUATION

The valuation reflects the required updates of the segment interest rates and the updated mortality assumption in accordance with PPA. In addition, we reflected a change in the assumed expenses from \$414,000 for 2023 to \$603,000 for 2024.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.																				
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.																				
Credited Service	<p>Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Hours of Service in Plan Year</u></th> <th style="text-align: left;"><u>Credited Service</u></th> <th style="text-align: left;"><u>Hours of Service in Plan Year</u></th> <th style="text-align: left;"><u>Credited Service</u></th> </tr> </thead> <tbody> <tr> <td>1,900 or more</td> <td>1 year</td> <td>1,300 – 1,449</td> <td>8/12 of year</td> </tr> <tr> <td>1,750 – 1,899</td> <td>11/12 of year</td> <td>1,150 – 1,299</td> <td>7/12 of year</td> </tr> <tr> <td>1,600 – 1,749</td> <td>10/12 of year</td> <td>1,000 – 1,149</td> <td>6/12 of year</td> </tr> <tr> <td>1,450 – 1,599</td> <td>9/12 of year</td> <td>Less than 1,000</td> <td>None</td> </tr> </tbody> </table> <p>No Participant shall accrue any additional years of Credited Service after June 30, 2003.</p>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	1,900 or more	1 year	1,300 – 1,449	8/12 of year	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year	1,450 – 1,599	9/12 of year	Less than 1,000	None
<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>																		
1,900 or more	1 year	1,300 – 1,449	8/12 of year																		
1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year																		
1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year																		
1,450 – 1,599	9/12 of year	Less than 1,000	None																		
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.																				
Annual Compensation	<p>Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.</p> <p>Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.</p>																				
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.																				
Accrued Benefit	<p>For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.</p> <p>In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.</p> <p>Benefits are frozen as of June 30, 2003.</p>																				

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Normal Retirement

Eligibility Normal Retirement Date: The first day of the month following the attainment of age 65.

Benefit Amount Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility 25 years of Vesting Service.

Monthly Benefit Accrued Benefit as of retirement date, payable at age 62.

In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility Age 55 and 15 years of Vesting Service.

Benefit Amount Accrued Benefit as of Early Retirement Date, payable at age 65.

In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.

Monthly Benefit Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.

Optional Forms of Payment Actuarial equivalent of Normal Form of Payment as:

Life annuity with period certain of five, ten, or 15 years;

Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2023 valuation, administrative expenses were assumed to be \$414,000. For the 2024 valuation, administrative expenses were assumed to be \$603,000. Administrative expenses are calculated based on the prior year's actual expenses and projected expenses for the current year. They are updated annually to better reflect actual expenses expected to be paid by the Plan.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 26a - Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp	Avg No. Comp
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	1	0	0	0	0	0	0	0	0
45 to 49	0	3	4	0	0	0	0	0	0	0
50 to 54	0	4	8	4	0	0	0	0	0	0
55 to 59	3	6	3	10	3	0	0	0	0	0
60 to 64	0	7	2	6	9	5	0	0	0	0
65 to 69	0	3	1	0	1	4	0	0	0	0
70 & up	0	0	0	0	1	1	0	0	0	0

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	170,059	614,078	4,275,568	5,059,705
2025	210,355	678,714	4,169,472	5,058,541
2026	226,503	749,433	4,052,330	5,028,266
2027	252,134	788,405	3,932,766	4,973,305
2028	296,076	829,217	3,801,208	4,926,501
2029	304,247	853,535	3,661,205	4,818,987
2030	329,399	877,184	3,522,094	4,728,677
2031	334,471	907,960	3,377,681	4,620,112
2032	344,095	964,501	3,227,868	4,536,464
2033	377,836	1,001,558	3,056,259	4,435,653
2034	375,047	1,005,146	2,895,300	4,275,493
2035	401,380	1,022,604	2,735,487	4,159,471
2036	398,844	1,032,607	2,568,196	3,999,647
2037	396,438	1,032,214	2,398,933	3,827,585
2038	387,909	1,019,475	2,231,141	3,638,525
2039	377,544	997,286	2,062,723	3,437,553
2040	369,284	974,421	1,899,864	3,243,569
2041	358,250	948,993	1,739,264	3,046,507
2042	349,298	921,791	1,581,853	2,852,942
2043	334,816	889,016	1,428,527	2,652,359
2044	320,490	855,998	1,280,156	2,456,644
2045	305,209	819,255	1,137,592	2,262,056
2046	289,632	780,990	1,001,674	2,072,296
2047	274,284	741,181	873,230	1,888,695
2048	258,290	699,691	753,089	1,711,070
2049	242,175	656,797	642,004	1,540,976
2050	226,001	612,746	540,617	1,379,364
2051	209,839	568,129	449,375	1,227,343
2052	193,769	523,319	368,469	1,085,557
2053	177,880	478,732	297,853	954,465
2054	162,270	434,800	237,211	834,281
2055	147,044	391,945	186,007	724,996
2056	132,298	350,561	143,520	626,379
2057	118,130	311,014	108,897	538,041
2058	104,624	273,625	81,205	459,454
2059	91,866	238,661	59,485	390,012

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2060	79,935	206,322	42,789	329,046
2061	68,893	176,741	30,219	275,853
2062	58,795	149,996	20,954	229,745
2063	49,667	126,098	14,267	190,032
2064	41,517	104,994	9,543	156,054
2065	34,332	86,575	6,272	127,179
2066	28,077	70,684	4,053	102,814
2067	22,704	57,134	2,577	82,415
2068	18,148	45,716	1,612	65,476
2069	14,334	36,208	993	51,535
2070	11,185	28,382	602	40,169
2071	8,620	22,016	360	30,996
2072	6,560	16,897	212	23,669
2073	4,929	12,831	123	17,883

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type of Base	Initial Amount	Remaining Installments	Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2023	Shortfall	\$ 6,056,887	14	\$ 554,694	\$ 5,811,797
January 1, 2024	Surplus	\$ (3,058,683)	15	\$ (278,280)	\$ (3,058,683)
Total				\$ 276,414	\$ 2,753,114

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	80.5815	1.0000	80.5815	5,237.7984
66	1.0000	1.0000	1.0000	66.0000
67	1.0000	1.0000	1.0000	67.0000
68	2.0000	1.0000	2.0000	136.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			87.5815	5,719.7984
Average				65.31

The assumed rate of retirement is 100% at age 65.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

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**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

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**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Part V – Summary of Plan Provisions

Effective Date	January 1, 1972. Plan was amended and restated as of January 1, 2020.																				
Coverage and Participation	Covered employees become participants upon the attainment of age 19 and the completion of one year of service. As of June 30, 2003, participation in the Plan was Frozen. No new employees are eligible to enter the Plan after June 30, 2003.																				
Credited Service	<p>Prior to January 1, 1976, service is credited based on years and completed months worked. After December 31, 1975, service is credited based on hours in accordance with the following schedule:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Hours of Service in Plan Year</u></th> <th style="text-align: center;"><u>Credited Service</u></th> <th style="text-align: center;"><u>Hours of Service in Plan Year</u></th> <th style="text-align: center;"><u>Credited Service</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1,900 or more</td> <td style="text-align: center;">1 year</td> <td style="text-align: center;">1,300 – 1,449</td> <td style="text-align: center;">8/12 of year</td> </tr> <tr> <td style="text-align: center;">1,750 – 1,899</td> <td style="text-align: center;">11/12 of year</td> <td style="text-align: center;">1,150 – 1,299</td> <td style="text-align: center;">7/12 of year</td> </tr> <tr> <td style="text-align: center;">1,600 – 1,749</td> <td style="text-align: center;">10/12 of year</td> <td style="text-align: center;">1,000 – 1,149</td> <td style="text-align: center;">6/12 of year</td> </tr> <tr> <td style="text-align: center;">1,450 – 1,599</td> <td style="text-align: center;">9/12 of year</td> <td style="text-align: center;">Less than 1,000</td> <td style="text-align: center;">None</td> </tr> </tbody> </table> <p>No Participant shall accrue any additional years of Credited Service after June 30, 2003.</p>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	1,900 or more	1 year	1,300 – 1,449	8/12 of year	1,750 – 1,899	11/12 of year	1,150 – 1,299	7/12 of year	1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year	1,450 – 1,599	9/12 of year	Less than 1,000	None
<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>	<u>Hours of Service in Plan Year</u>	<u>Credited Service</u>																		
1,900 or more	1 year	1,300 – 1,449	8/12 of year																		
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1,600 – 1,749	10/12 of year	1,000 – 1,149	6/12 of year																		
1,450 – 1,599	9/12 of year	Less than 1,000	None																		
Vesting Service	Prior to January 1, 1976, all unbroken service calculated to years and completed months. After December 31, 1975, one year for each plan year in which 1,000 hours are worked. No Participant shall accrue any additional years of Vesting Service after June 30, 2003.																				
Annual Compensation	<p>Compensation reportable as wages on Federal Form W-2 up to a maximum of \$100,000. Compensation includes amount contributed to an IRC 403(b) annuity on behalf of the Participant. For certain disabled employees, compensation means pay rate as in effect at date of disability.</p> <p>Compensation for any computation period or partial computation period with less than 1,900 hours is annualized by multiplying the actual pay by the ratio of 1,900 hours to actual hours for the period.</p>																				
Average Monthly Compensation	Compensation averaged on a monthly basis over the highest consecutive 60 months of the final 120 months as of the determination date. For minimum benefit calculations, compensation after 1981 is assumed to be equal to 1981 compensation.																				
Accrued Benefit	<p>For all Participants, the monthly Normal Retirement Benefit shall be equal to (1) 1.25% of Average Monthly Compensation times Credited Service not in excess of 35 years, plus (2) 1.35% of Average Monthly Compensation times Credited Service in excess of 35 years.</p> <p>In no event shall the benefit be less than the Participant's accrued benefit as of December 31, 1988.</p> <p>Benefits are frozen as of June 30, 2003.</p>																				

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Normal Retirement

Eligibility Normal Retirement Date: The first day of the month following the attainment of age 65.

Benefit Amount Accrued Benefit as of normal retirement date, payable immediately.

Subsidized Early Retirement

Eligibility 25 years of Vesting Service.

Monthly Benefit Accrued Benefit as of retirement date, payable at age 62.

In lieu of the deferred benefit, a Participant may elect an immediate benefit payable as early as age 55 equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's age at commencement is less than age 62.

Early Retirement

Eligibility Age 55 and 15 years of Vesting Service.

Benefit Amount Accrued Benefit as of Early Retirement Date, payable at age 65.

In lieu of the deferred benefit, a Participant may elect an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Deferred Vested Retirement

Eligibility Completion of five years of Vesting Service at termination of employment. All Participants are vested upon termination of employment after June 30, 2003.

Monthly Benefit Accrued Benefit as of date of termination, payable as of Normal Retirement Date. If the Participant has fifteen years of Vesting Service, in lieu of the deferred benefit, an immediate benefit equal to the accrued benefit, reduced by 1/180 for each of the first 60 months and 1/360 for each additional month that the Participant's Early Retirement Date precedes his Normal Retirement Date.

Normal Form of Payment Life Annuity if single or an actuarially equivalent 50% Joint and Survivor Annuity if married.

Optional Forms of Payment Actuarial equivalent of Normal Form of Payment as:

Life annuity with period certain of five, ten, or 15 years;

Joint and survivor annuity with 50%, 66-2/3%, 75% or 100% continuing to surviving spouse.

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

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

Preretirement Death Benefits	Monthly benefit is payable to the spouse of vested Participants who die after August 23, 1984, with payments commencing on the Participant's Early Retirement Date. The spouse's benefit is equal to 50% of the Participant's vested accrued benefit, reduced for the 50% Qualified Joint & Survivor form of payment and reduced for payment commencing at Early Retirement Date.
Lump Sum Death Benefit	A \$2,000 lump sum death benefit is payable to the Beneficiary of any retired participant who dies and was receiving early, normal or disability benefits under the Plan.
Maximum Benefits	All benefits are subject to the limitations under Internal Revenue Code Section 415, as indexed.
Contributions	The company is responsible for all contributions required under the Plan.
Changes Since the Prior Valuation	None.

**Pottstown Memorial Medical Center
Retirement Income Plan**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

PLAN EIN: 26-2874737
PLAN NUMBER: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	First American Treasury Obligations Fund Class Z	Money Market Fund	\$ 385,000	\$ 385,000
*	Vanguard Extended Duration Treasury Index Fund Institutional Shares	Mutual Fund	1,700,396	1,163,464
*	Vanguard Long-Term Investment Grade Fund Admiral Shares	Mutual Fund	21,355,569	16,799,635
*	Vanguard Total Stock Market Index Fund Institutional Shares	Mutual Fund	3,355,717	7,903,874
*	Vanguard Long-Term Treasury Index Fund Institutional Shares	Mutual Fund	7,837,109	5,992,308
*	Vanguard FTSE All-World Ex-US Index Fund Institutional Shares	Mutual Fund	4,800,707	5,582,637
*	Vanguard Global Minimum Volatility Fund	Mutual Fund	2,078,996	2,419,899
	Glenmede Private Equity Fund III, LLC	Private Equity Fund	382,272	182,140
			<u>\$ 41,895,766</u>	<u>\$ 40,428,957</u>

* Party-in-interest transaction

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type of Base	Initial Amount	Remaining Installments	Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2023	Shortfall	\$ 6,056,887	14	\$ 554,694	\$ 5,811,797
January 1, 2024	Surplus	\$ (3,058,683)	15	\$ (278,280)	\$ (3,058,683)
Total				\$ 276,414	\$ 2,753,114

**POTTSTOWN MEMORIAL MEDICAL CENTER
RETIREMENT INCOME PLAN
EIN: 26-2874737 / PN: 001**

Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected administrative expenses are added to the Target Normal Cost. For the 2023 valuation, administrative expenses were assumed to be \$414,000. For the 2024 valuation, administrative expenses were assumed to be \$603,000. Administrative expenses are calculated based on the prior year's actual expenses and projected expenses for the current year. They are updated annually to better reflect actual expenses expected to be paid by the Plan.