

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension [X] the DFVC program... 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: PENSION PLAN FOR EMPLOYEES OF MOUNT NITTANY MEDICAL CENTER
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): MOUNT NITTANY MEDICAL CENTER
2b Employer Identification Number (EIN): 24-0795682
2c Plan Sponsor's telephone number: 814-234-6118
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1910
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1104
	<b>6a(2)</b>	1047
	<b>6b</b>	101
	<b>6c</b>	755
	<b>6d</b>	1903
	<b>6e</b>	14
	<b>6f</b>	1917
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		2
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 3H

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF MOUNT NITTANY MEDICAL CENTER</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOUNT NITTANY MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>24-0795682</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>179055149</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>195649863</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>55</u>	<u>7446393</u>
	<b>b</b> For terminated vested participants .....	<u>751</u>	<u>36390606</u>
	<b>c</b> For active participants .....	<u>1104</u>	<u>96606931</u>
	<b>d</b> Total .....	<u>1910</u>	<u>140443930</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.38 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>8786880</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>913300</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>9700180</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>DAVID S. BOOMERSHINE</u> Type or print name of actuary  <u>BOOMERSHINE CONSULTING GROUP L.L.C</u> Firm name  <u>3300 N. RIDGE RD. SUITE 300</u> <u>ELLCOTT CITY, MD 21043</u>  Address of the firm	<u>10/03/2025</u> Date  <u>23-04446</u> Most recent enrollment number  <u>410-418-5525</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	35894697
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	3498799
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	32395898
<b>10</b>	Interest on line 9 using prior year's actual return of <u>19.70</u> % .....	0	6381992
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	38777890

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	106.25 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	118.69 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	102.40 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
11/12/2024	130658	0					
02/19/2025	126236	0					
05/13/2025	128393	0					
09/05/2025	132453	0					
			<b>Totals ▶</b>	<b>18(b)</b>	517740	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	484713
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 0
<b>22</b> Weighted average retirement age .....			<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b> 9700180
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b> 9234054
<b>32</b> Amortization installments:	Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....	0		0
<b>b</b> Waiver amortization installment.....	0		0
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....			<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b> 466126
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b> 466126
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b> 484713
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b> 18587
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b> 0

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

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

<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF MOUNT NITTANY MEDICAL CENTER</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MOUNT NITTANY MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>24-0795682</b>	

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

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

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

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

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

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

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

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**(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)

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(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?
13	NONE	802289	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.

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR EMPLOYEES OF MOUNT NITTANY MEDICAL CENTER</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MOUNT NITTANY MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>24-0795682</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	364955	387082
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	11949664	10486782
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	6585532	2756937
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	19025178	14070376
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	57762388	62906179
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	30707970	36462746
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	34774098	29862848
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	17719748	30895880
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	2440093	299466

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	181329626	188128296
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	2267357	35203
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2267357	35203
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	179062269	188093093

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	517740	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		517740
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	11051	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		11051
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	498484	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		10029875
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		11057150

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1224037	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1224037
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	774926	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	27363	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		802289
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2026326

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9030824
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562833.

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

<b>A</b> Name of plan <u>PENSION PLAN FOR EMPLOYEES OF MOUNT NITTANY MEDICAL CENTER</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MOUNT NITTANY MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>24-0795682</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**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): 13-5160382 13-3689044

**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		1
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 55.9 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 43.5 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 0.6 % Other: \_\_\_\_\_ %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

# **Pension Plan for Employees of Mount Nittany Medical Center**

Financial Statements and  
Supplementary Information

December 31, 2024 and 2023

# Pension Plan for Employees of Mount Nittany Medical Center

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December 31, 2024 and 2023

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## Independent Auditors' Report

To the Participants and Plan Administrator of  
Pension Plan for Employees of Mount Nittany Medical Center

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

We have performed audits of the financial statements of the Pension Plan for Employees of Mount Nittany Medical Center (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 9 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 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the 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 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 GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

#### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transaction, as of or 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

*Baker Tilly US, LLP*

Williamsport, Pennsylvania  
October 16, 2025

## Pension Plan for Employees of Mount Nittany Medical Center

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments at fair value	\$ 177,254,432	\$ 169,015,007
Receivables:		
Pending investment trades receivable	9,408,721	10,948,042
Accrued interest receivable	1,078,061	1,001,622
Employer contribution receivable	387,082	364,955
Total receivables	<u>10,873,864</u>	<u>12,314,619</u>
Total assets	188,128,296	181,329,626
<b>Liabilities</b>		
Pending investment trades payable	<u>35,203</u>	<u>2,267,357</u>
Net assets available for benefits	<u>\$ 188,093,093</u>	<u>\$ 179,062,269</u>

See notes to financial statements

## Pension Plan for Employees of Mount Nittany Medical Center

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

	<u>2024</u>	<u>2023</u>
<b>Additions</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 4,888,245	\$ 31,920,549
Interest	5,651,165	5,610,907
	<u>10,539,410</u>	<u>37,531,456</u>
Employer contributions	517,740	471,342
	<u>11,057,150</u>	<u>38,002,798</u>
<b>Deductions</b>		
Purchase of annuity contracts	-	119,826,516
Benefits paid to participants	1,224,037	6,130,789
Administrative expenses	802,289	913,268
	<u>2,026,326</u>	<u>126,870,573</u>
Net increase (decrease)	9,030,824	(88,867,775)
<b>Net Assets Available for Benefits</b>		
Beginning of year	<u>179,062,269</u>	<u>267,930,044</u>
End of year	<u>\$ 188,093,093</u>	<u>\$ 179,062,269</u>

See notes to financial statements

# Pension Plan for Employees of Mount Nittany Medical Center

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Notes to Financial Statements

December 31, 2024 and 2023

## 1. Description of the Plan

The following description of the Pension Plan for Employees of Mount Nittany Medical Center (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

### General and Eligibility

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Mount Nittany Medical Center (the Hospital) who have completed one year of eligible service and are an eligible class employee, as defined in the plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Board of Directors of the Hospital (the Board). The Board has overall responsibility for the operation and administration of the Plan. The Board determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective January 1, 2014, any nonbargaining unit employee hired after December 31, 2014 will not be eligible to become a participant in the Plan. Any nonbargaining unit employee rehired after December 31, 2014 will not be eligible to accrue any additional benefit under the Plan. Effective January 1, 2021, any bargaining unit employee hired or rehired after December 31, 2020 will not be eligible to become a participant in the Plan. Any bargaining employee rehired after December 31, 2020 will not be eligible to accrue any additional benefit under the Plan.

### Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2024 and 2023.

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

### Pension Benefits

Participants with five or more years of credited service are entitled to annual pension benefits beginning at normal retirement age (65) computed in accordance with the Plan's basic formula. The basic formula provides that the monthly benefit will, in general, be computed based on a participant's final five-year average annual compensation and years of credited service.

The Plan permits early retirement at ages 55 to 64 for participants with five or more years of credited service for nonbargaining employees. Participants generally elect to receive the value of their accumulated plan benefits in the form of a life annuity (if single) or 100% qualified joint and survivor annuity (if married) upon retirement or termination. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution only if the value of vested accrued benefits is less than \$7,000. If employees terminate before rendering five years of service, they forfeit the right to receive benefits under the Plan.

### Death and Disability Benefits

If an active employee dies, a death benefit equal to the value of the employee's accumulated pension benefits shall be paid to the employee's beneficiary. Active employees who become totally disabled shall receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they became disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

# Pension Plan for Employees of Mount Nittany Medical Center

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Notes to Financial Statements

December 31, 2024 and 2023

## 2. Summary of Significant Accounting Policies

### Basis of Accounting

The financial statements of the Plan 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 and 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.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

### Administrative Expenses

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

### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board determines the Plan's valuation policies utilizing information provided by the investment trustees. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Purchases and sales of certain investments made on December 31, 2024 that were not settled until January 2, 2025 are recorded as pending investment trades payable and receivable, respectively, in the accompanying Statements of Net Assets Available for Benefits and totaled \$35,203 and \$9,408,721. Purchases and sales of certain investments made on December 31, 2023 that were not settled until January 2, 2024 are recorded as pending investment trades payable and receivable, respectively, in the accompanying Statements of Net Assets Available for Benefits and totaled \$2,267,357 and \$10,948,042. Interest income is recorded on the accrual basis. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

### Actuarial Present Value of Accumulated Plan Benefits

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

## Pension Plan for Employees of Mount Nittany Medical Center

Notes to Financial Statements

December 31, 2024 and 2023

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

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

Vested benefits:	
Active participants	\$ 7,092,184
Participants and beneficiaries currently receiving benefits	<u>123,702,170</u>
Total vested benefits	130,794,354
Nonvested benefits	<u>5,616,784</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 136,411,138</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2023 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 238,274,195
Increase (decrease) during the year attributable to:	
Benefits accumulated	14,573,070
Increase for interest due to decrease in discount period	9,521,178
Annuity purchases for participants in pay status	(119,826,516)
Benefits paid	<u>(6,130,789)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 136,411,138</u>

Significant assumptions underlying the actuarial computations are as follows:

Interest rate	6.00%, compound annually
Mortality	Pri-2012 Mortality Table using Scale MP-2021
Retirement age	Age 65

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

On May 9, 2023, the governing body of the Plan adopted a resolution to purchase annuity contracts to cover retirees and beneficiaries receiving monthly benefit payments prior to March 1, 2023. On July 1, 2023, the Plan purchased an annuity contract from Nationwide Life and Annuity Insurance Company (an insurance company with current ratings of A+ from A.M. Best and AA- from Standard & Poor's) totaling \$119,826,516 which satisfied the remaining outstanding obligation on those annuities. As a result, the accumulated plan benefit obligation on those annuities was fully satisfied as of July 1, 2023.

# Pension Plan for Employees of Mount Nittany Medical Center

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Notes to Financial Statements  
December 31, 2024 and 2023

## Recent Regulatory Update

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act of 2022 did not have a material effect on the Plan's financial statements.

## Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 16, 2025, the date the financial statements were available to be issued.

## 3. Fair Value Measurement

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 under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The 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.

Money market funds are valued at the quoted net asset value (NAV) of shares held by the Plan at year-end.

Common stocks and certain United States government securities are valued at the closing price reported in the active market on which the individual securities are traded.

## Pension Plan for Employees of Mount Nittany Medical Center

Notes to Financial Statements

December 31, 2024 and 2023

Corporate bonds and notes and other government obligations are valued using pricing models maximizing the use of observable inputs of similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Limited partnerships represent investments in various private investment companies, which are considered funds of funds. The Plan measures the fair value of these investments based on NAV, as calculated on the reporting entity's measurement date, as a practical expedient for fair value since these investments do not have readily determinable fair values. The Plan measures the fair value of an investment that does not have a readily determinable fair value, based on the NAV of the investment as a practical expedient, without further adjustment, unless it is probable that the investment will be sold at a value significantly different than the NAV. If the practical expedient NAV is not as of the reporting entity's measurement date, then the NAV is adjusted to reflect any significant events that would materially affect the value of the security and the NAV of the Plan as of the valuation date. In using the NAV as a practical expedient, certain attributes of the investment, that may impact the fair value of the investment, are not considered in measuring fair value. Attributes of those investments include the investment strategies of the investees and may also include, but are not limited to, restrictions on the investor's ability to redeem its investments at the measurement date at NAV as well as any unfunded commitments.

Futures contracts are considered derivative financial instruments and are valued based on observable market transactions or prices and classified as Level 2.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 2,756,937	\$ -	\$ -	\$ 2,756,937
Common stocks	36,462,746	-	-	36,462,746
Corporate bonds	-	62,906,179	-	62,906,179
Mutual funds	30,895,880	-	-	30,895,880
U.S. government securities	14,070,376	-	-	14,070,376
Other government obligations	-	1,231,820	-	1,231,820
Futures contracts	-	(932,354)	-	(932,354)
<b>Total assets in the fair value hierarchy</b>	<b>\$ 84,185,939</b>	<b>\$ 63,205,645</b>	<b>\$ -</b>	<b>147,391,584</b>
Investments measured at NAV(a)				<u>29,862,848</u>
<b>Total investments at fair value</b>				<u><b>\$ 177,254,432</b></u>

## Pension Plan for Employees of Mount Nittany Medical Center

Notes to Financial Statements  
December 31, 2024 and 2023

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,585,532	\$ -	\$ -	\$ 6,585,532
Common stocks	30,707,970	-	-	30,707,970
Corporate bonds	-	57,762,388	-	57,762,388
Mutual funds	17,719,748	-	-	17,719,748
U.S. government securities	19,025,178	-	-	19,025,178
Other government obligations	-	1,268,667	-	1,268,667
Futures contracts	-	1,171,426	-	1,171,426
Total assets in the fair value hierarchy	<u>\$ 74,038,428</u>	<u>\$ 60,202,481</u>	<u>\$ -</u>	134,240,909
Investments measured at NAV(a)				<u>34,774,098</u>
Total investments at fair value				<u>\$ 169,015,007</u>

- a) Certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

Limited Partnerships	Fair Value at December 31, 2024	Fair Value at December 31, 2023	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Aikya Emerging Markets LP	\$ 2,043,695	\$ 858,761	N/A	Monthly	30 days
Sheridan Square Fund II LP	7,131,647	6,378,458	N/A	Monthly	30 days
WindAcre Domestic Partnership LP	13,262,768	12,985,151	N/A	Annual	45 days
Tensile Capital Partners LP	7,424,738	11,898,680	N/A	Quarterly	1-year hard lock; 1-year soft lock; 90 days' notice with 25% gate
Redwheel Emerging Markets Equity Fund Ltd	-	2,653,048	N/A	Monthly	30 days
Total	<u>\$ 29,862,848</u>	<u>\$ 34,774,098</u>			

## Pension Plan for Employees of Mount Nittany Medical Center

Notes to Financial Statements

December 31, 2024 and 2023

### 4. Futures Contracts

As part of the Plan's liability driven investing approach for derisking the pension plan. The Plan may purchase futures contracts.

Futures contracts represent commitments for future delivery of cash based upon the level of a specified index of fixed income or equity securities or currency at a specified price at a given date. The Plan may use futures contracts to manage its exposure to the equity and currency markets. Buying futures increases the Plan's exposure to the underlying instrument. Selling futures decreases the Plan's exposure to the underlying instrument.

Upon purchase of a futures contract, the Plan is required to deposit with its custodian, in a segregated account in the name of the futures broker, an amount of cash or U.S. government obligations in accordance with the initial margin requirements of the broker or exchange. Futures contracts are marked to market daily and the net change in the market value is the variation margin. Gains or losses are recognized as variation margin settles throughout the term of the contract.

Futures contracts involve, to varying degrees, risk of loss in excess of the variation margin. Losses may arise from the change in the value of the underlying instrument, if there is an illiquid secondary market for the contracts or if counterparties do not perform under the contract terms. Futures contracts are valued at the settlement prices established each day by the board of trade or exchange on which they are traded.

A summary of open futures contracts as of December 31, 2024 is presented below:

	<u>Notional Value</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
MSCI EMGMKT Future (NYF) Exp Mar 25	\$ 2,684,500	\$ (248)	\$ (248)
S&P 500 EMINI Future (CME) Exp Mar 25	6,232,538	(269)	(269)
US 10YR ULTRA Future (CBT) Exp Mar 25	18,366,563	(257,980)	(257,980)
US 5YR Treasury Note Future (CBT) Exp Mar 25	(52,709,656)	28,354	28,354
US Treasury Bond Future (CBT) Exp Mar 25	(6,271,977)	1,209,339	1,209,339
US ULTRA Bond (CBT) Exp Mar 25	59,572,031	(1,911,550)	(1,911,550)
Total	<u>\$ 27,873,999</u>	<u>\$ (932,354)</u>	<u>\$ (932,354)</u>

A summary of open futures contracts as of December 31, 2023 is presented below:

	<u>Notional Value</u>	<u>Fair Value</u>	<u>Unrealized Gain (Loss)</u>
MSCI EAFE Future (NYF) Mar 24	\$ 3,941,700	\$ (875)	\$ (875)
MSCI EMGMKT Future (NYF) Exp Mar 24	982,015	(185)	(185)
S&P 500 EMINI Future (CME) Exp Mar 24	10,363,000	78,569	78,569
US 10YR ULTRA Future (CBT) Exp Mar 24	21,596,859	817,801	817,801
US 5YR Note Future (CBT) Exp Mar 24	(8,810,648)	(165,547)	(165,547)
US Long Bond Future (CBT) Exp Mar 24	(64,467,750)	(4,523,063)	(4,523,063)
US ULTRA Bond (CBT) Exp Mar 24	62,388,281	4,964,726	4,964,726
Total	<u>\$ 25,993,457</u>	<u>\$ 1,171,426</u>	<u>\$ 1,171,426</u>

## Pension Plan for Employees of Mount Nittany Medical Center

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Notes to Financial Statements

December 31, 2024 and 2023

### 5. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

### 6. Related-Party and Party in Interest Transactions

The Plan's investments are administered under contracts with The Bank of New York Mellon and TransAmerica (as agent for State Street Bank and Trust Company), the trustees of the Plan (the Trustees). Contributions are held and managed by the Trustees, who invest cash received, interest and dividend income and make distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

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

### 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated February 28, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **Pension Plan for Employees of Mount Nittany Medical Center**

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Notes to Financial Statements  
December 31, 2024 and 2023

### **8. Risks and Uncertainties**

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

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

There were no investment concentrations as of December 31, 2024 and 2023.

### **9. Information Certified by Trustees**

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of New York Mellon and State Street Bank and Trust Company, the trustees of the Plan, have certified to the completeness and accuracy of certain investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024 and 2023, the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and 2023, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the years ended December 31, 2024 and 2023. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

## Pension Plan for Employees of Mount Nittany Medical Center

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<b>Money Market Funds</b>			
*		DREYFUS \TREASURY SECURITIES	\$ 2,354,709	\$ 2,354,709
		VANGUARD TREASURY MONEY MARKET FUND	402,228	402,228
		Total money market funds	2,756,937	2,756,937
	<b>Limited Partnerships</b>			
		AIKYA EMERGING MARKETS LP	2,000,000	2,043,695
		SHERIDAN SQUARE FUND LP	7,322,424	7,131,647
		WINDACRE DOMESTIC PARTNERSHIP	10,896,237	13,262,768
		TENSILE CAPITAL PARTNERS LP	3,783,104	7,424,738
		Total limited partnerships	24,001,765	29,862,848
	<b>Common Stock</b>			
		ALIBABA GROUP HOLDING LTD ADR	121,405	132,442
		ALPHABET INC	854,872	1,102,648
		AMAZON.COM INC	479,128	574,802
		ELEVANCE HEALTH INC	324,828	254,541
		APPLE INC	570,273	738,739
		ASTRAZENECA PLC ADR	192,419	187,191
		BANK OF AMERICA CORP	149,217	171,405
		BOOKING HOLDINGS INC	163,172	228,547
		CIGNA GROUP/THE	386,236	355,668
		CITIGROUP INC	93,364	127,758
		DELTA AIR LINES INC	201,411	285,137
		META PLATFORMS INC	693,762	1,147,600
		FISERV INC	127,963	156,119
		GENERAL DYNAMICS CORP	228,250	231,608
		HCA HEALTHCARE INC	499,134	553,477
		HALLIBURTON CO	150,211	113,654
		HUMANA INC	92,478	51,249
		JPMORGAN CHASE & CO	229,693	321,451
		MASTERCARD INC	106,182	105,314
		MICROSOFT CORP	827,288	927,300
		NORTHROP GRUMMAN CORP	133,888	134,217
		PEPSICO INC	148,257	133,205
		PDD HOLDINGS INC ADR	105,890	104,458
		PROCTER & GAMBLE CO/THE	197,450	222,975
		RTX CORP	136,074	182,838
		SCHLUMBERGER LTD	72,769	53,906
		SHINHAN FINANCIAL GROUP CO LTD ADR	67,100	71,678
		TAIWAN SEMICONDUCTOR MANUFACTU ADR	745,992	1,416,596
		TRIP.COM GROUP LTD ADR	93,476	126,540
		UNITED AIRLINES HOLDINGS INC	134,598	237,312
		UNITEDHEALTH GROUP INC	420,806	405,194
		VISA INC	104,848	104,293
		SIEMENS AG	155,980	162,256
		BAYERISCHE MOTOREN WERKE AG	300,025	220,407
		DAIMLER TRUCK HOLDING AG	202,369	206,436
		AIRBUS SE	159,047	167,808
		PUBLICIS GROUPE SA	86,574	99,511
		PERNOD RICARD SA	153,476	100,228
		ESSILORLUXOTTICA SA	70,008	81,728
		BNP PARIBAS SA	426,594	378,359
		LEGRAND SA	87,845	75,955
		HEINEKEN NV	200,076	140,144
		ING GROEP NV	401,627	421,132
		NOVARTIS AG	165,374	160,516
		ROCHE HOLDING AG	427,036	414,439
		NESTLE SA	240,251	175,663
		SONOVA HOLDING AG	35,347	36,292
		BAE SYSTEMS PLC	40,998	41,656
		HSBC HOLDINGS PLC	142,584	173,098
		LLOYDS BANKING GROUP PLC	157,019	160,230
		UNILEVER PLC	235,914	277,391
		COMPASS GROUP PLC	221,682	270,045
		NATWEST GROUP PLC	107,460	194,245
		KASIKORNBANK PCL	69,611	80,270
		SCB X PCL	65,838	73,061
		KUAISHOU TECHNOLOGY HK/01024	87,140	78,250

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		KOMATSU LTD	\$ 680	\$ 720
		SUMITOMO MITSUI FINANCIAL GROU	147,721	217,491
		DBS GROUP HOLDINGS LTD	155,151	206,422
		UNITED OVERSEAS BANK LTD	158,542	194,406
		SEAGATE TECHNOLOGY HOLDINGS PL	179,505	178,058
		SAMSUNG ELECTRONICS CO LTD GDR	659,120	397,514
		SUNCOR ENERGY INC NEW	145,513	161,258
		AIR CANADA VTG AND VAR VTG	37,547	41,790
		DEMANT A/S	42,253	33,018
		ALPHABET INC	607,408	820,796
		AMAZON.COM INC	674,462	973,872
		CBRE GROUP INC	500,463	714,480
		CARLYLE GROUP INC/THE	543,740	674,698
		COSTAR GROUP INC	923,194	818,703
		MASTERCARD INC	521,622	643,995
		MICROSOFT CORP	1,067,315	1,149,009
		SALESFORCE INC	430,216	570,033
		SKYWORKS SOLUTIONS INC	1,055,140	904,625
		TRANSDIGM GROUP INC	492,543	589,285
		VISA INC	527,990	640,929
		EVEREST GROUP LTD	745,979	714,771
		LVMH MOET HENNESSY LOUIS VUITT	477,680	439,332
		AFLAC INC	24,750	31,032
		AGCO CORP	48,564	37,392
		AT&T INC	65,442	88,803
		AFFILIATED MANAGERS GROUP INC	30,284	36,984
		ALBERTSONS COS INC	50,600	43,208
		ALLY FINANCIAL INC	34,920	36,010
		ALTRIA GROUP INC	36,306	47,061
		AMERICAN INTERNATIONAL GROUP I	67,750	72,800
		AMERIPRISE FINANCIAL INC	37,983	53,243
		AMKOR TECHNOLOGY INC	39,924	30,828
		APA CORP	28,704	18,472
		APPLE HOSPITALITY REIT INC	28,237	26,095
		APPLIED MATERIALS INC	48,621	48,789
		ARCBEST CORP	24,042	18,664
		ARMADA HOFFLER PROPERTIES INC	21,029	17,391
		ARROW ELECTRONICS INC	36,675	33,936
		ASSOCIATED BANC-CORP	27,807	31,070
		AUTONATION INC	30,036	33,968
		BANK OF AMERICA CORP	30,303	39,555
	*	BANK OF NEW YORK MELLON CORP/T	69,917	99,879
		BANK OZK	39,864	35,624
		BANKUNITED INC	32,430	38,170
		BAXTER INTERNATIONAL INC	51,013	43,740
		BERRY GLOBAL GROUP INC	30,958	32,335
		BEST BUY CO INC	31,312	34,320
		H&R BLOCK INC	38,696	42,272
		BLOOMIN' BRANDS INC	25,335	10,989
		BRINK'S CO/THE	51,484	46,385
		BRISTOL-MYERS SQUIBB CO	66,703	73,528
		BUILDERS FIRSTSOURCE INC	33,388	28,586
		CIGNA GROUP/THE	41,923	38,660
		CNA FINANCIAL CORP	25,386	29,022
		CNO FINANCIAL GROUP INC	27,900	37,210
		CVS HEALTH CORP	94,752	53,868
		THE CAMPBELL'S COMPANY	53,936	50,256
		CARDINAL HEALTH INC	40,320	47,308
		CARTER'S INC	29,956	21,676
		CATHAY GENERAL BANCORP	31,199	33,327
		CENTENE CORP	59,368	48,464
		CHEVRON CORP	27,595	26,795
		CIRRUS LOGIC INC	20,897	19,617
		CISCO SYSTEMS INC	75,780	88,800
		CITIGROUP INC	42,931	42,234
		CITIZENS FINANCIAL GROUP INC	33,140	43,760
		COMCAST CORP	109,625	93,825
		CONAGRA BRANDS INC	20,062	19,425
		CONOCOPHILLIPS	26,529	27,768
		CRANE NXT CO	28,435	29,110
		CUMMINS INC	47,914	69,720

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		DELL TECHNOLOGIES INC	\$ 45,900	\$ 69,144
		DELTA AIR LINES INC	32,184	48,400
		DEVON ENERGY CORP	22,650	16,365
		DICK'S SPORTING GOODS INC	29,390	45,768
		EASTMAN CHEMICAL CO	26,946	27,396
		EXELIXIS INC	44,448	63,270
		EXXON MOBIL CORP	79,984	86,056
		FS KKR CAPITAL CORP	27,958	30,408
		FEDEX CORP	58,183	64,706
		FIRST FINANCIAL CORP/IN	25,818	27,714
		FIRST HORIZON CORP	53,808	76,532
		FORD MOTOR CO	35,351	28,710
		FOX CORP	46,183	72,870
		GENERAL MILLS INC	42,613	41,451
		GENERAL MOTORS CO	66,301	90,559
		GILEAD SCIENCES INC	64,808	73,896
		GLOBAL NET LEASE INC	25,999	19,075
		GOLDMAN SACHS GROUP INC/THE	50,150	74,441
		GOODYEAR TIRE & RUBBER CO/THE	32,936	20,700
		GRAPHIC PACKAGING HOLDING CO	49,300	54,320
		GREENBRIER COS INC/THE	27,597	24,396
		GUESS? INC	27,672	16,872
		HF SINCLAIR CORP	38,899	24,535
		HCA HEALTHCARE INC	48,722	54,027
		HP INC	57,171	61,997
		HALLIBURTON CO	51,894	48,942
		HARLEY-DAVIDSON INC	25,788	21,091
		HARTFORD INSURANCE GROUP INC/T	48,228	65,640
		HEIDRICK & STRUGGLES INTERNATI	23,624	35,448
		HEWLETT PACKARD ENTERPRISE CO	35,658	44,835
		HILLENBRAND INC	19,140	12,312
		HOST HOTELS & RESORTS INC	51,349	43,800
		INCYTE CORP	57,532	55,256
		INGREDION INC	21,706	27,512
		INTEL CORP	30,150	12,030
		INTERNATIONAL BUSINESS MACHINE	32,710	43,966
		IRONWOOD PHARMACEUTICALS INC	22,880	8,860
		JABIL INC	63,700	71,950
		JOHNSON & JOHNSON	92,026	86,772
		KOHL'S CORP	28,680	14,040
		KRAFT HEINZ CO/THE	44,376	36,852
		KROGER CO/THE	36,568	48,920
		LKQ CORP	23,895	18,375
		LENNAR CORP	29,808	27,274
		LINCOLN NATIONAL CORP	26,970	31,710
		LOCKHEED MARTIN CORP	45,324	48,594
		MGIC INVESTMENT CORP	40,509	49,791
		MGM RESORTS INTERNATIONAL	54,276	51,975
		MACY'S INC	34,204	28,781
		MAGNERA CORP	2,734	2,507
		MANPOWERGROUP INC	31,788	23,088
		MATADOR RESOURCES CO	29,859	29,930
		MATTEL INC	26,478	24,822
		MCKESSON CORP	32,409	39,894
		MERCK & CO INC	87,216	79,584
		METLIFE INC	46,291	57,316
		MOLSON COORS BEVERAGE CO	48,968	45,856
		MUELLER INDUSTRIES INC	23,575	39,680
		MURPHY OIL CORP	52,483	45,390
		NRG ENERGY INC	51,700	90,220
		NATIONAL FUEL GAS CO	25,085	30,340
		RITHM CAPITAL CORP	35,244	35,739
		NEXSTAR MEDIA GROUP INC	25,080	25,275
		OFG BANCORP	33,732	38,088
		OAKTREE SPECIALTY LENDING CORP	24,504	18,336
		OLD REPUBLIC INTERNATIONAL COR	30,521	28,952
		ONEMAIN HOLDINGS INC	34,440	36,491
		OSHKOSH CORP	54,205	47,535
		OWENS CORNING	44,469	51,096
		PVH CORP	36,636	31,725
		PAYPAL HOLDINGS INC	42,987	59,745

## Pension Plan for Employees of Mount Nittany Medical Center

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		PERDOCEO EDUCATION CORP	\$ 32,696	\$ 31,764
		PFIZER INC	91,265	87,549
		PHILLIPS 66	39,942	34,179
		PHOTRONICS INC	43,918	32,984
		QUALCOMM INC	57,891	61,448
		RADIAN GROUP INC	37,115	41,236
		REGIONS FINANCIAL CORP	31,008	37,632
		UPBOUND GROUP INC	23,779	20,419
		RYDER SYSTEM INC	34,518	47,058
		SS&C TECHNOLOGIES HOLDINGS INC	30,555	37,890
		SANMINA CORP	25,685	37,835
		SIXTH STREET SPECIALTY LENDING	25,920	25,560
		SKYWORKS SOLUTIONS INC	22,484	17,736
		J M SMUCKER CO/THE	32,707	31,274
		SNAP-ON INC	28,884	33,948
		STATE STREET CORP	74,410	98,150
		STIFEL FINANCIAL CORP	17,979	27,581
		TD SYNEX CORP	51,753	50,430
		TRI POINTE HOMES INC	31,860	32,634
		TEGNA INC	35,692	45,725
		TEXTRON INC	64,565	61,192
		TRAVEL + LEISURE CO	44,398	40,360
		UNITED THERAPEUTICS CORP	21,989	35,284
		UNITI GROUP INC	17,918	17,050
		UNIVERSAL HEALTH SERVICES INC	30,488	35,884
		VERIZON COMMUNICATIONS INC	71,630	75,981
		VISTRA CORP	3,852	13,787
		WABASH NATIONAL CORP	23,058	15,417
		WELLS FARGO & CO	83,674	119,408
		WHIRLPOOL CORP	24,354	22,896
		ZIONS BANCORP NA	48,257	59,675
		EVEREST GROUP LTD	35,358	36,246
		FIDELIS INSURANCE HOLDINGS LTD	56,573	52,577
		HERBALIFE LTD	22,890	10,035
		JAZZ PHARMACEUTICALS PLC	36,900	36,945
		BUNGE GLOBAL SA	49,445	38,880
		INMODE LTD	22,240	16,700
		LYONDELLBASELL INDUSTRIES NV	28,524	22,281
		FLEX LTD	29,280	49,907
		SCORPIO TANKERS INC	48,637	29,814
		AFFILIATED MANAGERS GROUP INC	211,988	258,888
		AVANTOR INC	163,198	153,811
		BROWN & BROWN INC	81,777	117,323
		CH ROBINSON WORLDWIDE INC	125,266	149,814
		CABLE ONE INC	140,258	99,583
		ENERGIZER HOLDINGS INC	157,150	174,450
		ENVISTA HOLDINGS CORP	91,747	86,805
		GFL ENVIRONMENTAL INC	168,535	218,246
		HILLENBRAND INC	196,404	132,354
		LKQ CORP	96,402	95,550
		LPL FINANCIAL HOLDINGS INC	165,025	236,720
		LAMB WESTON HOLDINGS INC	163,529	157,051
		LESLIE'S INC	146,802	52,405
		MIDDLEBY CORP/THE	92,367	88,043
		MOLSON COORS BEVERAGE CO	194,771	183,424
		NEOGEN CORP	47,435	48,281
		POST HOLDINGS INC	224,553	291,873
		HENRY SCHEIN INC	113,506	110,720
		SYSCO CORP	106,039	110,867
		US FOODS HOLDING CORP	154,394	229,364
		JOHN WILEY & SONS INC	107,218	147,652
		CLARIVATE PLC	464,482	286,101
		WILLIS TOWERS WATSON PLC	72,360	93,966
		Total common stock	33,048,485	36,462,746
	<b>Corporate Bonds</b>	AEP TRANSMISSION CO LLC 2.750% 08/15/2051 DD 08/04/21	362,048	339,066
		ABBVIE INC 4.050% 11/21/2039 DD 05/21/20	511,868	484,961
		ABBVIE INC 5.400% 03/15/2054 DD 02/26/24	610,014	585,437
		ABU DHABI CRUDE OIL PIPEL 144A 4.600% 11/02/2047 DD 11/02/17	122,834	117,793

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		ADNOC MURBAN RSC LTD 144A 5.125% 09/11/2054 DD	\$ 316,021	\$ 289,574
		ALABAMA POWER CO 4.150% 08/15/2044 DD 08/26/14	220,897	215,542
		ALABAMA POWER CO 3.450% 10/01/2049 DD 09/17/19	92,681	89,797
		AMAZON.COM INC 3.950% 04/13/2052 DD 04/13/22	188,524	172,189
		AMAZON.COM INC 4.100% 04/13/2062 DD 04/13/22	104,010	92,530
		AMEREN ILLINOIS CO 4.150% 03/15/2046 DD 12/14/15	134,510	129,739
		ANALOG DEVICES INC 5.300% 04/01/2054 DD 04/03/24	440,908	422,724
		ANHEUSER-BUSCH COS LLC / ANHEU 4.900% 02/01/2046 DD 02/01/19	350,163	325,830
		ANHEUSER-BUSCH INBEV WORLDWIDE 5.550% 01/23/2049 DD	322,674	302,196
		ANHEUSER-BUSCH INBEV WORLDWIDE 5.800% 01/23/2059 DD	209,747	197,659
		ELEVANCE HEALTH INC 5.700% 02/15/2055 DD 10/31/24	468,355	453,592
		APACHE CORP 5.100% 09/01/2040 DD 08/20/10	280,380	284,047
		APPLE INC 3.850% 08/04/2046 DD 08/04/16	627,052	583,663
		APPLE INC 2.650% 05/11/2050 DD 05/11/20	549,007	494,980
		APPLIED MATERIALS INC 2.750% 06/01/2050 DD 05/29/20	183,470	179,286
		ASTRAZENECA PLC 6.450% 09/15/2037 DD 09/12/07	155,333	147,033
		BAT CAPITAL CORP 5.282% 04/02/2050 DD 04/02/20	127,113	129,932
		BANK OF AMERICA CORP VAR RT 04/23/2040 DD 04/23/19	685,631	672,148
		BANK OF AMERICA CORP VAR RT 06/19/2041 DD 06/19/20	155,213	150,191
		BANNER HEALTH 2.907% 01/01/2042 DD 11/04/21	183,446	176,246
		BERKSHIRE HATHAWAY FINANCE COR 3.850% 03/15/2052 DD	342,579	319,004
		BRISTOL-MYERS SQUIBB CO 4.550% 02/20/2048 DD 02/20/20	316,586	297,990
		BRISTOL-MYERS SQUIBB CO 5.550% 02/22/2054 DD 02/22/24	206,149	199,898
		BURLINGTON NORTHERN SANTA FE L 3.300% 09/15/2051 DD	265,274	241,049
		BURLINGTON NORTHERN SANTA FE L 5.200% 04/15/2054 DD	391,920	353,689
		CK HUTCHISON INTERNATIONAL 144A 3.125% 04/15/2041 DD	62,058	58,812
		CHUBB INA HOLDINGS LLC 3.050% 12/15/2061 DD 11/18/21	68,621	66,944
		CISCO SYSTEMS INC 5.300% 02/26/2054 DD 02/26/24	328,207	314,205
		CITIGROUP INC 4.650% 07/30/2045 DD 07/30/15	135,937	130,181
		COCA-COLA CO/THE 5.200% 01/14/2055 DD 08/14/24	611,645	553,459
		COMCAST CORP 4.650% 07/15/2042 DD 07/02/12	39,004	38,610
		COMCAST CORP 5.650% 06/01/2054 DD 05/22/24	93,819	90,010
		COMMONSPIRIT HEALTH 4.187% 10/01/2049 DD 08/21/19	54,152	50,159
		CONOCOPHILLIPS 6.500% 02/01/2039 DD 02/03/09	74,122	69,980
		CONOCOPHILLIPS CO 5.500% 01/15/2055 DD 12/05/24	166,447	158,837
		CONOCOPHILLIPS CO 5.650% 01/15/2065 DD 12/05/24	137,942	130,516
		CONSOLIDATED EDISON CO OF NEW 5.700% 06/15/2040 DD	157,190	153,843
		CONSOLIDATED EDISON CO OF NEW 4.200% 03/15/2042 DD	71,086	68,430
		CONSOLIDATED EDISON CO OF NEW 3.700% 11/15/2059 DD	304,007	284,878
		CONSOLIDATED EDISON CO OF NEW 5.500% 03/15/2055 DD	48,495	47,128
		COTTAGE HEALTH OBLIGATED GROUP 3.304% 11/01/2049 DD	117,231	108,333
		CUMMINS INC 5.450% 02/20/2054 DD 02/20/24	184,416	180,308
		DELL INTERNATIONAL LLC / EMC C 3.375% 12/15/2041 DD	280,793	275,387
		WALT DISNEY CO/THE 6.400% 12/15/2035 DD 06/15/19	314,339	305,547
		TWDC ENTERPRISES 18 CORP 4.375% 08/16/2041 DD 08/22/11	200,487	200,464
		DUKE ENERGY CAROLINAS LLC 3.750% 06/01/2045 DD	118,211	113,304
		DUKE ENERGY PROGRESS LLC 4.150% 12/01/2044 DD	309,766	299,718
		DUKE ENERGY FLORIDA LLC 6.200% 11/15/2053 DD 11/09/23	404,189	374,663
		ENI SPA 144A 5.950% 05/15/2054 DD 05/15/24	244,853	233,878
		ERAC USA FINANCE LLC 144A 5.400% 05/01/2053 DD 05/01/23	123,687	114,029
		ENTERPRISE PRODUCTS OPERATING 5.100% 02/15/2045 DD	259,985	243,551
		EXXON MOBIL CORP 4.227% 03/19/2040 DD 03/19/20	215,976	204,604
		META PLATFORMS INC 5.750% 05/15/2063 DD 05/03/23	128,020	118,344
		META PLATFORMS INC 5.400% 08/15/2054 DD 08/09/24	319,534	304,275
		META PLATFORMS INC 5.550% 08/15/2064 DD 08/09/24	256,769	242,797
		FLORIDA POWER & LIGHT CO 5.600% 06/15/2054 DD 06/03/24	264,584	265,955
		GEORGIA POWER CO 4.750% 09/01/2040 DD 08/31/10	252,212	250,074
		GEORGIA POWER CO 4.300% 03/15/2042 DD 03/06/12	158,240	158,308
		GILEAD SCIENCES INC 2.600% 10/01/2040 DD 09/30/20	329,422	307,393
		GLENCORE FUNDING LLC 144A 3.375% 09/23/2051 DD 09/23/21	74,887	69,394
		GOLDMAN SACHS GROUP INC/THE VAR RT 11/19/2045 DD	313,000	302,552
		GOLDMAN SACHS GROUP INC/THE VAR RT 02/24/2043 DD	634,998	604,851
		HOAG MEMORIAL HOSPITAL PRESBYT 3.803% 07/15/2052 DD	129,409	119,204
		HOME DEPOT INC/THE 3.625% 04/15/2052 DD 03/28/22	344,102	309,870
		HOME DEPOT INC/THE 5.300% 06/25/2054 DD 06/25/24	527,610	510,289
		IBM INTERNATIONAL CAPITAL PTE 5.250% 02/05/2044 DD	263,061	251,302
		IBM INTERNATIONAL CAPITAL PTE 5.300% 02/05/2054 DD	106,720	99,800
		JPMORGAN CHASE & CO VAR RT 11/15/2048 DD 11/10/17	426,283	404,568
		JPMORGAN CHASE & CO VAR RT 10/22/2035 DD 10/22/24	123,000	118,488
		JOHNSON & JOHNSON 3.400% 01/15/2038 DD 11/10/17	173,250	163,131
		JOHNSON & JOHNSON 5.250% 06/01/2054 DD 05/20/24	394,875	383,596

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		JPMORGAN CHASE & CO 5.400% 01/06/2042 DD 12/22/11	\$ 206,789	\$ 196,544
		KAISER FOUNDATION HOSPITALS 2.810% 06/01/2041 DD	130,544	122,558
		KAISER FOUNDATION HOSPITALS 3.002% 06/01/2051 DD	120,212	109,271
		KENVUE INC 5.200% 03/22/2063 DD 09/22/23	317,424	286,029
		ELI LILLY & CO 5.000% 02/09/2054 DD 02/09/24	171,573	159,094
		ELI LILLY & CO 5.050% 08/14/2054 DD 08/14/24	264,756	250,544
		LOCKHEED MARTIN CORP 5.200% 02/15/2055 DD 05/25/23	260,642	247,883
		LOWE'S COS INC 4.250% 04/01/2052 DD 03/24/22	306,396	282,288
		MARSH & MCLENNAN COS INC 5.400% 03/15/2055 DD 11/08/24	487,803	464,509
		MASSACHUSETTS INSTITUTE OF TEC 3.067% 04/01/2052 DD	180,412	160,653
		MASTERCARD INC 3.850% 03/26/2050 DD 03/26/20	317,688	305,342
		MERCK & CO INC 3.700% 02/10/2045 DD 02/10/15	398,332	362,042
		MERCK & CO INC 2.350% 06/24/2040 DD 06/24/20	188,473	174,823
		MERCK & CO INC 5.000% 05/17/2053 DD 05/17/23	164,952	154,044
		BANK OF AMERICA CORP 6.110% 01/29/2037 DD 01/29/07	232,135	226,127
		METLIFE INC VAR RT 12/15/2044 DD 09/15/14	83,339	77,770
		MICROSOFT CORP 2.525% 06/01/2050 DD 06/01/20	623,750	571,583
		MICROSOFT CORP 2.921% 03/17/2052 DD 03/17/21	166,241	150,478
		MIDAMERICAN ENERGY CO 5.850% 09/15/2054 DD 09/07/23	183,219	168,057
		MORGAN STANLEY VAR RT 01/25/2052 DD 01/25/21	114,944	104,616
		MORGAN STANLEY 4.375% 01/22/2047 DD 01/20/17	122,008	112,865
		MORGAN STANLEY VAR RT 11/19/2055 DD 11/20/24	439,657	424,004
		MORGAN STANLEY VAR RT 04/22/2042 DD 04/22/21	94,045	90,392
		NORTHERN STATES POWER CO/MN 4.500% 06/01/2052 DD	174,712	158,881
		NORTHERN STATES POWER CO/MN 5.100% 05/15/2053 DD	392,908	365,999
		NOVARTIS CAPITAL CORP 4.700% 09/18/2054 DD 09/18/24	297,809	263,438
		ONCOR ELECTRIC DELIVERY CO LLC 2.700% 11/15/2051 DD	79,583	70,865
		PACIFICORP 4.125% 01/15/2049 DD 07/13/18	176,364	169,395
		PEPSICO INC 3.500% 03/19/2040 DD 03/19/20	249,484	236,237
		PFIZER INVESTMENT ENTERPRISES 5.110% 05/19/2043 DD	252,886	237,840
		PFIZER INVESTMENT ENTERPRISES 5.300% 05/19/2053 DD	533,983	488,594
		PFIZER INC 4.300% 06/15/2043 DD 06/03/13	140,863	130,466
		PHILIP MORRIS INTERNATIONAL IN 3.875% 08/21/2042 DD	182,608	189,212
		PHILIP MORRIS INTERNATIONAL IN 4.250% 11/10/2044 DD	70,862	68,834
		PROGRESSIVE CORP/THE 3.700% 03/15/2052 DD 03/09/22	256,826	233,862
		PUBLIC SERVICE ELECTRIC AND GA 5.450% 03/01/2054 DD	255,219	248,351
		QATARENERGY 144A 3.125% 07/12/2041 DD 07/12/21	74,450	71,623
		QUALCOMM INC 6.000% 05/20/2053 DD 11/09/22	256,544	234,342
		RIO TINTO FINANCE USA LTD 2.750% 11/02/2051 DD 11/02/21	115,335	102,645
		ROCHE HOLDINGS INC 144A 2.607% 12/13/2051 DD 12/13/21	255,257	226,488
		ROCKEFELLER FOUNDATION/THE 2.492% 10/01/2050 DD	73,926	67,843
		SALESFORCE INC 2.900% 07/15/2051 DD 07/12/21	152,270	146,620
		SAN DIEGO GAS & ELECTRIC CO 3.750% 06/01/2047 DD	97,917	90,777
		SAN DIEGO GAS & ELECTRIC CO 3.320% 04/15/2050 DD	65,754	62,224
		SAUDI ARABIAN OIL CO 144A 5.750% 07/17/2054 DD 07/17/24	45,253	43,021
		SAUDI ARABIAN OIL CO 144A 5.875% 07/17/2064 DD 07/17/24	96,349	91,393
		SHELL INTERNATIONAL FINANCE BV 6.375% 12/15/2038 DD	484,385	456,186
		SHELL INTERNATIONAL FINANCE BV 2.875% 11/26/2041 DD	275,443	258,952
		SOUTHERN CALIFORNIA EDISON CO 6.050% 03/15/2039 DD	275,181	273,148
		SOUTHERN CALIFORNIA EDISON CO 4.050% 03/15/2042 DD	274,259	262,259
		SOUTHERN CALIFORNIA EDISON CO 4.000% 04/01/2047 DD 03/24/17	118,028	115,569
		STANFORD HEALTH CARE 3.027% 08/15/2051 DD 04/30/21	96,402	91,001
		EQUINOR ASA 3.950% 05/15/2043 DD 05/15/13	193,410	179,560
		SUMITOMO MITSUI FINANCIAL GROU 5.836% 07/09/2044 DD 07/09/24	391,000	395,019
		THERMO FISHER SCIENTIFIC INC 2.800% 10/15/2041 DD	278,858	268,266
		TOTALENERGIES CAPITAL SA 5.488% 04/05/2054 DD 04/05/24	262,692	253,461
		TRAVELERS COS INC/THE 4.000% 05/30/2047 DD 05/22/17	88,889	83,096
		TRAVELERS COS INC/THE 3.050% 06/08/2051 DD 06/08/21	108,473	95,998
		UNION ELECTRIC CO 3.900% 04/01/2052 DD 04/01/22	99,287	92,035
		UNION PACIFIC CORP 2.950% 03/10/2052 DD 09/10/21	177,145	161,305
		UNION PACIFIC CORP 3.375% 02/14/2042 DD 02/14/22	290,958	270,254
		UNITED PARCEL SERVICE INC 5.500% 05/22/2054 DD 05/22/24	346,441	338,790
		UNITEDHEALTH GROUP INC 3.500% 08/15/2039 DD 07/25/19	196,763	185,141
		UNITEDHEALTH GROUP INC 3.050% 05/15/2041 DD 05/19/21	158,448	148,322
		UNITEDHEALTH GROUP INC 5.375% 04/15/2054 DD 03/21/24	311,873	299,551
		UNITEDHEALTH GROUP INC 5.625% 07/15/2054 DD 07/25/24	789,927	761,483
		UNIVERSITY OF SOUTHERN CALIFOR 3.226% 10/01/2120 DD 02/04/20	63,950	59,272
		VERIZON COMMUNICATIONS INC 4.862% 08/21/2046 DD	134,990	129,562
		WASTE MANAGEMENT INC 5.350% 10/15/2054 DD 11/04/24	366,120	350,212
		WELLS FARGO & CO 4.750% 12/07/2046 DD 12/08/16	215,492	205,425
		WELLS FARGO & CO VAR RT 04/30/2041 DD 04/30/20	494,148	468,458

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		AT&T INC 4.750% 05/15/2046 DD 05/04/15	\$ 398,012	\$ 382,166
		AT&T INC 5.150% 11/15/2046 DD 11/15/18	174,078	169,032
		AT&T INC 3.500% 09/15/2053 DD 03/15/21	890,005	836,760
		AERCAP IRELAND CAPITAL DAC / A 3.850% 10/29/2041 DD 10/29/21	217,336	210,874
		AETNA INC 6.750% 12/15/2037 DD 12/04/07	114,703	108,767
		ALTRIA GROUP INC 4.450% 05/06/2050 DD 05/06/20	104,343	101,727
		AMAZON.COM INC 3.875% 08/22/2037 DD 02/22/18	363,335	347,208
		AMERICA MOVIL SAB DE CV 6.125% 03/30/2040 DD 03/30/10	359,900	337,735
		AMERICAN INTERNATIONAL GROUP I 4.500% 07/16/2044 DD 07/16/14	249,840	243,530
		AMGEN INC 3.150% 02/21/2040 DD 02/21/20	414,318	396,089
		AMGEN INC 5.600% 03/02/2043 DD 03/02/23	510,233	482,991
		ANGLO AMERICAN CAPITAL PL 144A 6.000% 04/05/2054 DD 04/05/24	26,600	27,671
		AON NORTH AMERICA INC 5.750% 03/01/2054 DD 03/01/24	101,380	99,797
		ARCELORMITTAL SA 6.350% 06/17/2054 DD 06/17/24	143,847	141,430
		ATHENE HOLDING LTD 6.250% 04/01/2054 DD 03/22/24	203,468	204,902
		ATMOS ENERGY CORP 5.500% 06/15/2041 DD 06/10/11	167,700	156,747
		BAT CAPITAL CORP 4.540% 08/15/2047 DD 08/15/18	231,750	231,383
		BAT CAPITAL CORP 4.758% 09/06/2049 DD 09/06/19	90,524	85,931
		BARCLAYS PLC VAR RT 03/12/2055 DD 03/12/24	133,392	130,176
		BELL TELEPHONE CO OF CANADA OR 4.464% 04/01/2048 DD	136,664	131,163
		BERKSHIRE HATHAWAY ENERGY CO 4.250% 10/15/2050 DD	184,492	185,807
		BLUE OWL FINANCE LLC 6.250% 04/18/2034 DD 10/18/24	157,628	163,425
		BOEING CO/THE 5.805% 05/01/2050 DD 05/04/20	92,534	82,614
		BOEING CO/THE 6.858% 05/01/2054 DD 11/01/24	482,823	494,123
		BOEING CO/THE 7.008% 05/01/2064 DD 11/01/24	119,000	126,496
		BP CAPITAL MARKETS AMERICA INC 5.227% 11/17/2034 DD	232,066	229,682
		BROOKLYN UNION GAS CO/THE 144A 4.487% 03/04/2049 DD	223,033	216,156
		CIGNA GROUP/THE 3.200% 03/15/2040 DD 03/16/20	207,034	193,678
		CSX CORP 4.500% 11/15/2052 DD 07/28/22	402,659	364,897
		CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	276,090	264,632
		CVS HEALTH CORP 5.050% 03/25/2048 DD 03/09/18	314,705	280,401
		CVS HEALTH CORP 6.000% 06/01/2044 DD 05/09/24	125,982	120,188
		THE CAMPBELL'S COMPANY 3.125% 04/24/2050 DD 04/24/20	111,991	114,117
		CANADIAN NATURAL RESOURCES LTD 6.250% 03/15/2038 DD	118,877	116,501
		CANADIAN NATURAL RESOURCE 144A 5.400% 12/15/2034 DD	311,803	303,467
		CARRIER GLOBAL CORP 6.200% 03/15/2054 DD 11/30/23	319,389	301,647
		CATERPILLAR INC 3.250% 04/09/2050 DD 04/09/20	221,024	209,026
		CHARTER COMMUNICATIONS OPERATI 5.375% 05/01/2047 DD	311,811	306,483
		CHARTER COMMUNICATIONS OPERATI 5.750% 04/01/2048 DD	222,645	213,908
		CHARTER COMMUNICATIONS OPERATI 4.800% 03/01/2050 DD	112,202	109,150
		CHARTER COMMUNICATIONS OPERATI 3.900% 06/01/2052 DD	74,180	69,447
		COMCAST CORP 2.887% 11/01/2051 DD 05/01/22	653,064	580,906
		COMCAST CORP 2.937% 11/01/2056 DD 05/01/22	345,874	312,520
		COMISION FEDERAL DE ELECT 144A 6.450% 01/24/2035 DD	113,494	108,585
		DEVON ENERGY CORP 5.600% 07/15/2041 DD 07/12/11	271,591	260,220
		DEVON ENERGY CORP 4.750% 05/15/2042 DD 05/14/12	71,509	68,239
		DIAMONDBACK ENERGY INC 5.900% 04/18/2064 DD 04/18/24	234,220	219,731
		DOMINION ENERGY INC 3.300% 04/15/2041 DD 04/05/21	263,985	257,241
		DUKE ENERGY CORP 5.800% 06/15/2054 DD 06/07/24	214,925	210,602
		OVINTIV INC 6.500% 02/01/2038 DD 12/04/07	74,401	71,309
		ENBRIDGE ENERGY PARTNERS LP 7.375% 10/15/2045 DD	311,425	302,105
		ENERGY TRANSFER LP 7.500% 07/01/2038 DD 03/28/08	96,523	96,240
		ENERGY TRANSFER LP 6.125% 12/15/2045 DD 06/23/15	315,604	312,240
		ENERGY TRANSFER LP 5.950% 05/15/2054 DD 01/25/24	23,553	23,202
		ENERGY TRANSFER LP 6.050% 09/01/2054 DD 06/21/24	58,714	57,743
		ENEL FINANCE INTERNATIONA 144A 7.750% 10/14/2052 DD	40,163	38,924
		ENERGY TRANSFER LP 5.000% 05/15/2050 DD 01/22/20	253,548	240,423
		ENEL FINANCE AMERICA LLC 144A 2.875% 07/12/2041 DD	256,807	242,881
		ENLINK MIDSTREAM LLC 144A 6.500% 09/01/2030 DD 08/31/22	243,819	247,153
		ENTERPRISE PRODUCTS OPERATING 5.950% 02/01/2041 DD	377,438	374,112
		CONSTELLATION ENERGY GENERATIO 5.600% 06/15/2042 DD	228,894	229,782
		EXELON CORP 5.600% 03/15/2053 DD 02/21/23	228,024	216,884
		FEDEX CORP 4.550% 04/01/2046 DD 03/24/16	249,777	231,844
		FIRSTENERGY TRANSMISSION 144A 5.450% 07/15/2044 DD	166,699	164,834
		FIRSTENERGY CORP 3.400% 03/01/2050 DD 02/20/20	77,471	78,090
		GENERAL MOTORS CO 6.250% 10/02/2043 DD 04/02/14	401,611	389,891
		GLENCORE FUNDING LLC 144A 5.893% 04/04/2054 DD 04/04/24	91,450	89,403
		HCA INC 4.375% 03/15/2042 DD 03/15/23	249,900	242,625
		HCA INC 5.950% 09/15/2054 DD 08/12/24	179,883	171,470
		HSBC HOLDINGS PLC 6.500% 09/15/2037 DD 09/15/22	208,852	203,217
		HEWLETT PACKARD ENTERPRISE CO 5.600% 10/15/2054 DD	112,817	107,511

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		INTEL CORP 3.250% 11/15/2049 DD 11/21/19	\$ 131,419	\$ 105,225
		INTEL CORP 4.900% 08/05/2052 DD 08/05/22	333,557	305,222
		INTEL CORP 5.600% 02/21/2054 DD 02/21/24	111,677	101,034
		JBS USA HOLDING LUX SARL/ JBS 7.250% 11/15/2053 DD	222,649	220,362
		KINDER MORGAN ENERGY PARTNERS 5.000% 03/01/2043 DD	118,815	114,282
		KINDER MORGAN INC 5.550% 06/01/2045 DD 11/26/14	423,656	427,003
		KINDER MORGAN INC 3.250% 08/01/2050 DD 08/05/20	69,961	65,971
		KROGER CO/THE 5.500% 09/15/2054 DD 08/27/24	202,269	191,441
		KROGER CO/THE 5.650% 09/15/2064 DD 08/27/24	260,571	247,717
		LOWE'S COS INC 2.800% 09/15/2041 DD 09/20/21	227,029	214,962
		WARNERMEDIA HOLDINGS INC 5.050% 03/15/2042 DD 03/15/23	271,644	253,726
		WARNERMEDIA HOLDINGS INC 5.141% 03/15/2052 DD 03/15/23	254,152	247,105
		MCDONALD'S CORP 4.200% 04/01/2050 DD 03/27/20	534,021	494,444
		MOODY'S CORP 2.750% 08/19/2041 DD 08/19/21	231,594	219,161
		NISOURCE INC 5.950% 06/15/2041 DD 06/10/11	188,019	182,102
		NORFOLK SOUTHERN CORP 3.050% 05/15/2050 DD 05/11/20	194,357	177,429
		NORFOLK SOUTHERN CORP 5.350% 08/01/2054 DD 08/02/23	130,655	119,179
		NORTHROP GRUMMAN CORP 5.200% 06/01/2054 DD 01/31/24	371,343	355,325
		OCCIDENTAL PETROLEUM CORP 6.200% 03/15/2040 DD	291,671	281,899
		OGLETHORPE POWER CORP 6.200% 12/01/2053 DD 12/05/23	356,671	350,690
		ONEOK INC 5.700% 11/01/2054 DD 09/24/24	167,783	163,802
		ORACLE CORP 3.600% 04/01/2040 DD 04/01/20	146,216	143,287
		ORACLE CORP 3.600% 04/01/2050 DD 04/01/20	640,782	611,464
		ORACLE CORP 3.650% 03/25/2041 DD 03/24/21	379,060	370,771
		ORACLE CORP 5.500% 09/27/2064 DD 09/27/24	78,468	72,416
		OVINTIV INC 7.100% 07/15/2053 DD 05/31/23	202,679	194,564
		FREEMPT INDONESIA PT 144A 6.200% 04/14/2052 DD	70,307	70,120
		PACIFIC GAS AND ELECTRIC CO 4.000% 12/01/2046 DD	148,986	152,997
		PACIFIC GAS AND ELECTRIC CO 4.500% 07/01/2040 DD	464,550	475,250
		PACIFICORP 5.800% 01/15/2055 DD 01/05/24	193,330	190,841
		*RWE FINANCE US LLC 144A 5.875% 04/16/2034 DD 04/16/24	219,102	213,794
		RWE FINANCE US LLC 144A 6.250% 04/16/2054 DD 04/16/24	122,594	120,637
		RTX CORP 2.820% 09/01/2051 DD 08/10/21	79,741	72,908
		RTX CORP 3.030% 03/15/2052 DD 11/16/21	149,043	141,935
		RTX CORP 6.400% 03/15/2054 DD 11/08/23	349,160	327,903
		*SEATTLE CHILDREN'S HOSPITAL 2.719% 10/01/2050 DD	114,926	107,243
		SEMPRA 6.000% 10/15/2039 DD 10/08/09	495,314	486,421
		SOUTH BOW USA INFRASTRUCT 144A 6.176% 10/01/2054 DD	208,000	201,602
		STARBUCKS CORP 4.450% 08/15/2049 DD 05/13/19	254,713	236,076
		T-MOBILE USA INC 4.500% 04/15/2050 DD 04/15/21	410,842	382,623
		T-MOBILE USA INC 3.000% 02/15/2041 DD 02/15/21	206,542	196,386
		TELEFONICA EMISIONES SA 5.213% 03/08/2047 DD 03/08/17	125,990	121,116
		TIME WARNER CABLE LLC 7.300% 07/01/2038 DD 06/19/08	51,677	50,931
		TIME WARNER CABLE LLC 5.500% 09/01/2041 DD 09/12/11	153,548	150,485
		UNION ELECTRIC CO 5.125% 03/15/2055 DD 10/07/24	138,835	127,553
		VALE OVERSEAS LTD 6.125% 06/12/2033 DD 06/12/23	163,325	163,027
		VALE OVERSEAS LTD 6.400% 06/28/2054 DD 06/28/24	106,540	104,225
		VALE SA 5.625% 09/11/2042 DD 09/11/12	49,661	48,954
		VERIZON COMMUNICATIONS INC 3.850% 11/01/2042 DD	193,974	183,536
		VERIZON COMMUNICATIONS INC 4.272% 01/15/2036 DD	560,683	534,380
		VERIZON COMMUNICATIONS INC 2.650% 11/20/2040 DD	508,440	486,722
		VERIZON COMMUNICATIONS INC 3.400% 03/22/2041 DD	199,772	190,037
		PARAMOUNT GLOBAL 4.375% 03/15/2043 DD 03/15/13	76,335	78,696
		PARAMOUNT GLOBAL 5.850% 09/01/2043 DD 08/19/13	96,883	95,670
		VIATRIS INC 4.000% 06/22/2050 DD 06/22/21	57,905	55,954
		VISTRA OPERATIONS CO LLC 144A 6.000% 04/15/2034 DD 04/12/24	162,551	163,146
		VISTRA OPERATIONS CO LLC 144A 5.700% 12/30/2034 DD	305,443	301,825
		VODAFONE GROUP PLC 4.250% 09/17/2050 DD 09/17/19	139,071	129,873
		VODAFONE GROUP PLC 5.875% 06/28/2064 DD 06/28/24	226,071	222,045
		ELEVANCE HEALTH INC 4.650% 01/15/2043 DD 09/10/12	135,002	127,734
		WELLS FARGO & CO 4.900% 11/17/2045 DD 11/17/15	295,507	281,135
		WESTERN MIDSTREAM OPERATING LP 5.450% 04/01/2044 DD 03/20/14	221,662	214,562
		WESTERN MIDSTREAM OPERATING LP 5.300% 03/01/2048 DD	127,111	120,747
		WILLIAMS COS INC/THE 6.300% 04/15/2040 DD 02/09/10	199,664	200,111
		Total corporate bonds	66,029,055	62,906,179
	<b>Mutual Funds</b>			
		ARTISAN INTL VAL-INST	9,984,362	10,367,198
		INDPNDNT FRN PRT US EQTY	10,016,855	9,168,029
		NEW MOUNTAIN FINANCE CORP	22,012	20,268

**Pension Plan for Employees of Mount Nittany Medical Center**

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

EIN: 24-0795682 Plan Number: 001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		VANGUARD S&P 500 ETF	\$ 11,277,817	\$ 11,308,005
		VANGUARD FTSE ALL-WORLD EX-U	34,202	32,380
		Total mutual funds	<u>31,335,248</u>	<u>30,895,880</u>
	<b>U.S. Government Securities</b>			
		U S TREASURY BILL 0.000% 03/20/2025 DD 03/21/24	1,565,494	1,565,891
		U S TREASURY BILL 0.000% 02/06/2025 DD 08/08/24	2,553,675	2,554,484
		U S TREASURY BILL 0.000% 01/21/2025 DD 09/24/24	2,234,498	2,234,982
		U S TREASURY BD PRIN STRIP 0.000% 08/15/2051 DD 08/16/21	3,067,485	2,577,420
		U S TREASURY BD PRIN STRIP 0.000% 11/15/2051 DD 11/15/21	3,711,038	3,102,863
		U S TREASURY BOND 1.875% 11/15/2051 DD 11/15/21	917,214	797,373
		U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	1,045,260	911,010
		U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	100,367	98,803
		U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	115,182	112,593
		U S TREASURY NOTE 4.250% 11/15/2034 DD 11/15/24	117,388	114,957
		Total U.S. government securities	<u>15,427,601</u>	<u>14,070,376</u>
	<b>Other Government Obligations</b>			
		BANK GOSPODARSTWA KRAJOWE 144A 6.250% 07/09/2054 DD 07/09/24	62,544	61,758
		CALIFORNIA ST 7.300% 10/01/2039 DD 10/15/09	163,214	153,712
		CHILE GOVERNMENT INTERNATIONAL 4.340% 03/07/2042 DD 03/07/22	122,319	114,674
		COLOMBIA GOVERNMENT INTERNATIO 8.375% 11/07/2054 DD	54,258	53,276
		NEW YORK NY 5.094% 10/01/2049 DD 10/16/24	50,000	47,406
		NEW YORK NY 5.114% 10/01/2054 DD 10/16/24	40,000	37,848
		PANAMA GOVERNMENT INTERNATIONA 4.500% 01/19/2063 DD 01/19/22	34,493	31,587
		SAUDI GOVERNMENT INTERNAT 144A 5.750% 01/16/2054 DD	96,814	92,428
		TEXAS NATURAL GAS SECURITIZTN 5.169% 04/01/2041 DD	670,124	639,131
		Total other government obligations	<u>1,293,766</u>	<u>1,231,820</u>
	<b>Future Contracts</b>			
		MSCI EMGMKT FUTURE (NYF) EXP Mar 25	-	(248)
		S&P500 EMINI FUTURE (CME) EXP MAR 25	-	(269)
		US 10YR ULTRA FUTURE (CBT) EXP Mar 25	-	(257,980)
		US TREAS BD FUTURE (CBT) EXP MAR 25	-	1,209,339
		US 5YR TREAS NTS FUTURE (CBT) EXP MAR 25	-	28,354
		US ULTRA BOND (CBT) EXP MAR 25	-	(1,911,550)
		Total future contracts	<u>-</u>	<u>(932,354)</u>
		Total investments	<u>\$ 173,892,857</u>	<u>\$ 177,254,432</u>

\* A party in interest as defined by ERISA

**Pension Plan for Employees of Mount Nittany Medical Center**

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 24-0795682 Plan Number: 001

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
<b>Series Transactions</b>								
*	DREYFUS \TREASURY SECURITIES	\$ 101,558,776	\$ -	\$ -	\$ -	\$ 101,558,776	\$ 101,558,776	\$ -
*	DREYFUS \TREASURY SECURITIES	-	105,354,384	-	-	105,354,384	105,354,384	-
	U S TREASURY BOND 4.75% 11/15/2053	11,888,152	-	-	-	11,888,152	11,888,152	-
	U S TREASURY BOND 4.75% 11/15/2053	-	11,869,768	-	-	11,888,152	11,869,768	(18,384)
	VANGUARD S&P 500 ETF	11,277,817	-	-	-	11,277,817	11,277,817	-
	U S TREASURY BOND 4.625% 5/15/2054	9,940,231	-	-	-	9,940,231	9,940,231	-
	U S TREASURY BOND 4.625% 5/15/2054	-	9,924,067	-	-	9,940,231	9,924,067	(16,164)
	U S TREASURY BOND 4.25% 2/15/54	9,897,658	-	-	-	9,897,658	9,897,658	-
	U S TREASURY BOND 4.25% 2/15/54	-	9,890,907	-	-	9,897,658	9,890,907	(6,751)
	U S TREASURY NOTE 4.00% 2/15/.34	5,611,449	-	-	-	5,611,449	5,611,449	-
	U S TREASURY NOTE 4.00% 2/15/.34	-	5,591,042	-	-	5,611,449	5,591,042	(20,407)
	U S TREASURY BOND 4.50% 2/15/.44	5,045,165	-	-	-	5,045,165	5,045,165	-
	U S TREASURY BOND 4.50% 2/15/.44	-	5,011,402	-	-	5,045,165	5,011,402	(33,763)
	U S TREASURY BOND 4.25% 8/15/2054	4,609,072	-	-	-	4,609,072	4,609,072	-
	U S TREASURY BOND 4.25% 8/15/2054	-	4,498,862	-	-	4,508,704	4,498,862	(9,842)
	U S TREASURY BOND 4.125% 8/15/2053	4,170,823	-	-	-	4,170,823	4,170,823	-
	U S TREASURY BOND 4.125% 8/15/2053	-	4,936,030	-	-	4,979,714	4,936,030	(43,684)
<b>SingleTransaction</b>								
	VANGUARD S&P 500 ETF	11,277,817	-	-	-	11,277,817	11,277,817	-

\* A party in interest as defined by ERISA.

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center

EIN: 24-0795682

Plan No.: 001

2024 Schedule SB, Line 26(a)

Schedule SB, Line 26(a) -- Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
Attained Age	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	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25	0		8		2		0		0		0		0		0		0		0	
25 to 29	2		40	47,605	43	66,349	2		0		0		0		0		0		0	
30 to 34	2		29	43,382	69	69,016	47	63,015	4		0		0		0		0		0	
35 to 39	1		13		40	68,078	81	75,268	48	78,141	0		0		0		0		0	
40 to 44	2		7		25	61,232	49	88,284	47	88,329	23	86,096	0		0		0		0	
45 to 49	0		7		23	64,782	27	82,556	29	78,054	26	101,131	8		0		0		0	
50 to 54	1		10		14		25	90,678	36	72,530	25	96,879	22	86,350	22	80,077	1		0	
55 to 59	0		4		19		22	83,307	25	78,726	9		15		12		14		4	
60 to 64	0		2		11		22	119,746	14		4		14		7		12		5	
65 to 69	0		3		2		8		4		5		0		0		2		1	
70 & up	0		1		1		1		0		0		0		1		0		0	

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
 EIN: 24-0795682  
 Plan No.: 001  
 2024 Schedule SB, Part V

**SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**

**1. Actuarial Assumptions:**

(a) Interest Rates	<u>1/1/2024</u>	<u>1/1/2023</u>
1st segment rate - ARPA	4.75%	4.75%
2nd segment rate - ARPA	4.96%	5.00%
3rd segment rate - ARPA	5.59%	5.74%
Plan's Effective Interest Rate - ARPA	5.38%	5.39%
PBGC (PPA) 4010 funding - 1st segment*	4.37%	2.13%
PBGC (PPA) 4010 funding - 2nd segment*	4.96%	3.62%
PBGC (PPA) 4010 funding - 3rd segment*	4.95%	3.93%
PBGC (PPA) 4010 funding - Effective Interest Rate	4.94%	3.77%
PBGC Standard Variable-Rate Premium Method - 1st segment	5.01%	4.84%
PBGC Standard Variable-Rate Premium Method - 2nd segment	5.13%	5.15%
PBGC Standard Variable-Rate Premium Method - 3rd segment	5.15%	4.85%
PBGC Standard Variable-Rate Premium Method - Effective Interest Rate	5.14%	4.96%
FAS 35	6.00%	6.00%

(b) Mortality Before and After Retirement:

Funding and PBGC variable premium and 4010 funding:

2024 Valuation: IRS 2024 Annuitant/Nonannuitant Mortality Tables for Males and Females, based on IRS adjusted Private Retirement Plan - 2012 ("Pri-2012") base tables with the IRS adjusted MP-2021 mortality improvement scale.

2023 Valuation: IRS 2023 Annuitant/Nonannuitant Tables for Males and Females, based on RP-2014 at 2006 with MP-2020 mortality improvement scale.

ASC960 (FAS 35):

2024 Valuation: Private Retirement Plan - 2012 ("Pri-2012") White Collar Employee and Retiree Tables for Males and Females with generational projection of the MP-2021 mortality improvement scale. For disabled retirees, the Pri-2012 Total Disabled Retiree Tables for Males and Females with generational projection of the MP-2021 mortality improvement scale.

2023 Valuation: Private Retirement Plan - 2012 ("Pri-2012") White Collar Employee and Retiree Tables for Males and Females with generational projection of the MP-2021 mortality improvement scale. For disabled retirees, the Pri-2012 Total Disabled Retiree Tables for Males and Females with generational projection of the MP-2021 mortality improvement scale.

(c) Salary Scale - Funding:

<u>Union</u>		<u>Non-Union</u>	
<u>Service</u>	<u>Rate</u>	<u>Service</u>	<u>Rate</u>
<10	4.75%	<10	5.25%
10 < 30	3.25%	10 < 15	4.25%
30+	2.75%	15 < 25	2.75%
		25+	2.25%

(d) Increase in the maximum compensation and maximum benefit limits: No future increase assumed.

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
 EIN: 24-0795682  
 Plan No.: 001  
 2024 Schedule SB, Part V

**SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS  
 (continued)**

(e) Withdrawal Before Retirement:

<u>Age</u>	<u>Service</u>			
	<u>1 - 4</u>	<u>5 - 9</u>	<u>10 - 24</u>	<u>25+</u>
20 - 24	15.0%	11.3%	0.0%	0.0%
25 - 29	12.0%	9.0%	6.8%	0.0%
30 - 34	9.6%	7.2%	5.4%	0.0%
35 - 39	7.7%	5.8%	4.4%	0.0%
40 - 44	6.2%	4.7%	3.5%	2.6%
45 - 49	5.0%	3.8%	2.9%	2.2%
50 - 54	4.0%	3.0%	2.3%	1.7%
55 - 59	3.2%	2.4%	1.8%	1.4%
60 - 64	2.6%	2.0%	1.5%	1.1%
65 - 69	2.1%	1.6%	1.2%	0.9%
70+	0.0%	0.0%	0.0%	0.0%

(f) Retirement - Rates of retirement in active service

<u>Age</u>	<u>Rate</u>
55	0.5%
56	0.5%
57	1.0%
58	1.0%
59	1.0%
60	5.0%
61	5.0%
62	15.0%
63	10.0%
64	10.0%
65	25.0%
66	20.0%
67	20.0%
68	100.0%

(g) Disability:

Rates of disability are based on 25% of the 11th RRB disability rates. Sample rates are:

<u>Age</u>	<u>Rate</u>
25	0.000150
40	0.000300
55	0.002675
60	0.008375

Union participants are assumed to take an immediate benefit. Non-union participants are assumed to defer disability benefits to normal retirement.

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
EIN: 24-0795682  
Plan No.: 001  
2024 Schedule SB, Part V

**SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS**  
**(continued)**

- (h) Marriage and Age of Spouse: 75% of employees are assumed to be married. Wives are assumed to be three years younger than their husbands.
- (i) All participants are included in plan costs.
- (j) Plan Value of Assets: Beginning January 1, 2009, the Plan Value of Assets is equal to a two-year smoothed average of the fair market value of assets in accordance with IRS Notice 2009-22. The average plan value cannot exceed 110% nor be less than 90% of the market value.
- (k) Expenses: Plan-related expenses are estimated to be equal to the plan-related expenses for the prior Plan Year, rounded to the nearest \$100.
- (l) All participants are assumed to elect the Life Annuity option and that other optional forms of benefit will be actuarially equivalent to the Life Annuity option.

**Changes in Actuarial Assumptions:**

As shown on page 20, the IRS mandated changes in mortality tables and segment rates have been used for Plan funding for the January 1, 2024 valuation.

**2. Actuarial Cost Method:**

The actuarial cost method used in the funding valuation is the Unit Credit method. The actuarial present value of the benefits accruing during the year is the Target Normal Cost for the participant. The Plan's Target Normal Cost is the sum of each participant's Target Normal Cost. The actuarial present value of the benefits accrued in prior years is the Funding Target of the participant. The Plan's Funding Target is the sum of each participant's Funding Target.

Funding Target (FT) is defined as the present value of all benefits that have been accrued as of January 1, 2024.

Target Normal Cost (TNC) is defined as the present value of all benefits that have accrued or are expected to be accrued during the plan year January 1, 2024 - December 31, 2024. Beginning with the 2009 Plan Year, Target Normal Cost also includes the plan-related expenses estimated to be paid from Plan assets during the Plan Year.

Funding Shortfall is the excess (if any) of the Plan's Funding Target over the Plan's Asset Value, reduced by the Prefunding Balance and the Carryover Balance. Any experience gains or losses resulting from actual Plan experience, either more or less favorable than anticipated on the basis of actuarial assumptions and asset valuation method, will result in a decrease or increase in the Funding Shortfall.

The Carryover Balance (COB) is initially equal to the remaining funding standard account credit balance at PPA inception. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status. This must be used before reductions in the Prefunding Balance.

The Prefunding Balance may be increased annually by contributions made above the Minimum Required Contribution. It is increased with interest (actual return on assets) and reduced if used to satisfy the Minimum Required Contribution or to increase the Plan's funding status.

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Mount Nittany Medical Center

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center

Plan Year: January 1, 2024 to December 31, 2024

EIN: 24-0795682

Plan No.: 001

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**Item 4i- Schedule of Assets Held at End of Year**

Pages 15-23 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 24 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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

<b>A</b> Name of plan Pension Plan for Employees of Mount Nittany Medical Center	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mount Nittany Medical Center	<b>D</b> Employer Identification Number (EIN)  24-0795682	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

<b>Part I Basic Information</b>			
<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	179,055,149
	<b>b</b> Actuarial value .....	<b>2b</b>	195,649,863
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	55	7,446,393
	<b>b</b> For terminated vested participants.....	751	36,390,606
	<b>c</b> For active participants .....	1,104	96,606,931
	<b>d</b> Total.....	1,910	140,443,930
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.38 %
<b>6</b>	Target normal cost.....		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	8,786,880
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	913,300
	<b>c</b> Target normal cost .....	<b>6c</b>	9,700,180

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

<b>SIGN HERE</b>	Signature of actuary	<u>10/3/2025</u> Date
	David S. Boomershine Type or print name of actuary	23-04446 Most recent enrollment number
	Boomershine Consulting Group L.L.C Firm name	(410) 418-5525 Telephone number (including area code)
	3300 N. Ridge Rd. Suite 300 Ellicott City MD 21043 Address of the firm	

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

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

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
 EIN: 24-0795682  
 Plan No.: 001  
 2024 Schedule SB, Line 22

**SCHEDULE SB, LINE 22 - DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE**

<u>Age</u> <u>(Input)</u>	<u>Rate</u> <u>(Input)</u>	<u>Retiring</u> <u>(Calc)</u>	<u>Remaining</u> <u>(Calc)</u>	<u>Weighted</u> <u>(Calc)</u>	
55	0.50%	0.005000	0.995000	0.275000	
56	0.50%	0.004975	0.990025	0.278600	
57	1.00%	0.009900	0.980125	0.564314	
58	1.00%	0.009801	0.970324	0.568472	
59	1.00%	0.009703	0.960620	0.572491	
60	5.00%	0.048031	0.912589	2.881861	
61	5.00%	0.045629	0.866960	2.783397	
62	15.00%	0.130044	0.736916	8.062726	
63	10.00%	0.073692	0.663224	4.642570	
64	10.00%	0.066322	0.596902	4.244635	
65	25.00%	0.149225	0.447676	9.699655	
66	20.00%	0.089535	0.358141	5.909328	
67	20.00%	0.071628	0.286513	4.799091	
68	100.00%	0.286513	0.000000	19.482875	Sum = 64.765015 = weighted average retirement age

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
 EIN: 24-0795682  
 Plan NO: 001  
 2024 Schedule SB, Line 26(b)

**SCHEDULE SB, LINE 26(b) - PROJECTION OF EXPECTED BENEFIT PAYMENTS**

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries</u>	<u>Total</u>
			<u>Receiving Payments</u>	
2024	\$356,316	\$268,923	\$562,633	\$1,187,872
2025	\$810,352	\$418,023	\$558,137	\$1,786,512
2026	\$1,302,524	\$580,753	\$555,153	\$2,438,430
2027	\$1,802,637	\$828,436	\$550,074	\$3,181,147
2028	\$2,400,509	\$987,147	\$558,487	\$3,946,143
2029	\$2,963,331	\$1,117,155	\$552,118	\$4,632,604
2030	\$3,513,455	\$1,316,952	\$545,823	\$5,376,230
2031	\$4,038,040	\$1,571,350	\$516,540	\$6,125,930
2032	\$4,618,788	\$1,677,234	\$509,209	\$6,805,231
2033	\$5,079,722	\$1,878,402	\$501,254	\$7,459,378
2034	\$5,601,116	\$2,107,345	\$492,596	\$8,201,057
2035	\$6,027,052	\$2,289,513	\$483,155	\$8,799,720
2036	\$6,495,370	\$2,426,712	\$472,851	\$9,394,933
2037	\$6,975,367	\$2,592,065	\$461,608	\$10,029,040
2038	\$7,392,088	\$2,782,345	\$448,936	\$10,623,369
2039	\$7,757,528	\$2,850,079	\$435,581	\$11,043,188
2040	\$8,098,776	\$2,857,530	\$421,130	\$11,377,436
2041	\$8,431,720	\$2,937,188	\$405,551	\$11,774,459
2042	\$8,656,253	\$2,982,554	\$388,823	\$12,027,630
2043	\$8,910,635	\$3,020,043	\$370,933	\$12,301,611
2044	\$9,137,245	\$3,031,935	\$350,971	\$12,520,151
2045	\$9,349,500	\$3,098,747	\$330,825	\$12,779,072
2046	\$9,564,440	\$3,151,829	\$309,580	\$13,025,849
2047	\$9,808,228	\$3,236,756	\$287,330	\$13,332,314
2048	\$9,983,299	\$3,255,852	\$264,237	\$13,503,388
2049	\$10,135,319	\$3,289,286	\$240,556	\$13,665,161
2050	\$10,228,917	\$3,289,033	\$216,614	\$13,734,564
2051	\$10,295,426	\$3,316,814	\$192,779	\$13,805,019
2052	\$10,391,065	\$3,348,276	\$169,439	\$13,908,780
2053	\$10,371,977	\$3,397,063	\$146,992	\$13,916,032
2054	\$10,300,544	\$3,361,359	\$125,812	\$13,787,715
2055	\$10,197,479	\$3,311,633	\$106,211	\$13,615,323
2056	\$10,002,538	\$3,234,151	\$88,421	\$13,325,110
2057	\$9,725,446	\$3,126,178	\$72,577	\$12,924,201
2058	\$9,460,560	\$3,005,182	\$58,737	\$12,524,479
2059	\$9,146,218	\$2,880,220	\$46,878	\$12,073,316
2060	\$8,793,348	\$2,750,197	\$36,905	\$11,580,450
2061	\$8,423,066	\$2,608,742	\$28,669	\$11,060,477
2062	\$8,028,585	\$2,461,789	\$21,984	\$10,512,358
2063	\$7,613,191	\$2,317,478	\$16,645	\$9,947,314
2064	\$7,190,050	\$2,180,845	\$12,448	\$9,383,343
2065	\$6,776,235	\$2,043,497	\$9,201	\$8,828,933
2066	\$6,359,741	\$1,910,270	\$6,724	\$8,276,735
2067	\$5,950,155	\$1,781,421	\$4,858	\$7,736,434
2068	\$5,551,182	\$1,657,083	\$3,472	\$7,211,737
2069	\$5,162,493	\$1,537,273	\$2,453	\$6,702,219
2070	\$4,785,141	\$1,421,921	\$1,714	\$6,208,776
2071	\$4,419,620	\$1,310,905	\$1,184	\$5,731,709
2072	\$4,066,238	\$1,204,111	\$807	\$5,271,156
2073	\$3,725,374	\$1,101,452	\$543	\$4,827,369

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
EIN: 24-0795682  
Plan No.: 001  
2024 Schedule SB, Part V

### **SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS**

EFFECTIVE DATE: The original effective date of the Plan is January 1, 1968.

VALUATION DATE: January 1.

PLAN YEAR: January 1 through December 31.

ELIGIBILITY: An Employee is eligible to participate in the Plan on the first day of the month coincident with or next following completion of a Year of Eligibility Service in which the Employee has at least 1,000 hours of service.

Effective January 1, 2014 a non-bargaining unit employee hired or rehired after December 31, 2013 will not be eligible to become a participant in the Plan on or after January 1, 2014. A non-bargaining unit employee rehired after December 31, 2013 will not accrue any additional benefit under the Plan based on service or Compensation after December 31, 2013.

Effective January 1, 2021 a bargaining unit employee hired or rehired after December 31, 2020 will not be eligible to become a participant in the Plan on or after January 1, 2021. A bargaining unit employee rehired after December 31, 2020 will not accrue any additional benefit under the Plan based on service or Compensation after December 31, 2020.

BENEFIT SERVICE:

- (a) Prior to January 1, 1976: Continuous service to the nearest quarter.
- (b) Beginning January 1, 1976: One year of Benefit Service is credited for each Plan Year in which the Employee has at least 1,000 hours of service. In the year of retirement or disability, if the participant has less than 1,000 hours but is working at the rate of 20 hours per week, partial Benefit Service is credited equal to hours divided by 1,000.

VESTING SERVICE: A year of Vesting Service is given for each Plan Year in which the Employee has at least 1,000 hours.

COMPENSATION: Compensation is an Employee's W-2 earnings plus any amounts deferred under a salary reduction agreement to a qualified cash or deferred arrangement. Severance payments including severance bonuses for long-term employees are not included. Compensation is subject to the IRS maximum compensation limits.

Compensation is averaged during the five highest consecutive years of Benefit Service out of the last 10 years of employment. For termination due to retirement or disability, Compensation in the final year will be annualized if it provides a higher average and if the Employee was working at a rate of 20 hours per week.

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
EIN: 24-0795682  
Plan No.: 001  
2024 Schedule SB, Part V

**SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS  
(Continued)**

RETIREMENT DATES:

- (a) Normal Retirement: A participant's Normal Retirement Date is the first day of the month coincident with or next following the later of age 65 and the fifth anniversary of Plan participation.
- (b) Early Retirement: A participant may elect early retirement after attaining age 55.
- (c) Disability Retirement: A participant will be eligible for disability retirement after becoming Totally Disabled and completing at least 10 years of Vesting Service.
- (d) Deferred Retirement: A participant may continue to work beyond Normal Retirement Date.

AMOUNT OF RETIREMENT BENEFIT:

- (a) Normal Retirement: A participant's normal retirement benefit is equal to 1.45% of final average compensation multiplied by Benefit Service.
- (b) Early Retirement: The early retirement benefit is calculated in the same way as a normal retirement benefit. If payments begin prior to Normal Retirement Date, the amount of benefit will be reduced. The reduction is equal to 1/2% for each month payments precede the earlier of (1) Normal Retirement Date and (2) the later of (i) age 60 and (ii) the date the participant's age plus Vesting Service would have equaled 90 if the participant had continued to work in a full-time position. If the participant is at least age 60 at the time of early retirement and age plus Vesting Service is at least 90, the benefit will not be reduced.
- (c) Disability Retirement: The disability retirement benefit payable at Normal Retirement Date is calculated assuming that the participant continues to earn Benefit Service to normal retirement and his compensation continues at the current rate.

Alternatively, a disabled participant may elect to receive his accrued benefit at disability retirement date without reduction for early commencement of payments.

- (d) Deferred Retirement: The retirement benefit payable when a participant actually retires will be based on Benefit Service and final average compensation at that time. The benefit is subject to the suspension of benefit regulations.

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center  
EIN: 24-0795682  
Plan No.: 001  
2024 Schedule SB, Part V

**SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS  
(Continued)**

**OPTIONAL FORMS OF BENEFIT PAYMENT:**

- (a) Life Annuity: Monthly payments will be made to the retired participant during his lifetime. After his death, no further payments are made.
- (b) 5, 10, or 15 Years Certain and Continuous: Reduced monthly payments will be made to the retired participant during his lifetime. If the participant dies before the period certain ends, payments of the same amount will be made to his designated beneficiary for the balance of the period certain.
- (c) Joint and Contingent: Reduced monthly payments will be made to the retired participant during his lifetime. After his death, payments of 100%, 75%, or 50% of the participant's payment will be continued to the designated beneficiary for the beneficiary's lifetime.
- (d) Lump Sum: In lieu of receiving monthly payments, a single payment of the present value of the benefit will be made. This option is only available if the present value is below a certain limit.

**PRE-RETIREMENT DEATH BENEFITS:** If a married participant who is vested dies prior to his benefit commencement date, his surviving spouse will be entitled to a monthly death benefit. If the participant dies prior to becoming eligible for early retirement, the death benefit is equal to the amount the spouse would have received if the participant had terminated employment on his date of death, survived to early retirement, selected the Joint and 50% option, and died the next day. If the participant dies after become eligible for early retirement, the death benefit is equal to the amount the spouse would have received if the participant had retired the day before his death and selected the Joint and 50% option. The Plan does not provide a pre-retirement death benefit for non-married participants.

**VESTING:** A participant is 100% vested in his accrued benefit after the earliest of: (1) completing five years of Vesting Service, (2) attaining early retirement date, and (3) attaining normal retirement age.

**CONTRIBUTIONS:** The Employer pays the entire cost of the Plan.

**ANNUITY PURCHASES:** Effective as of July 1, 2023, the Plan purchased a group annuity contract from Nationwide with respect to certain Annuitized Individuals under the terms of the Plan.

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500  
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: Mount Nittany Medical Center

Plan Name: Pension Plan for Employees of Mount Nittany Medical Center

Plan Year: January 1, 2024 to December 31, 2024

EIN: 24-0795682

Plan No.: 001

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**Item 4i- Schedule of Assets Held at End of Year**

Pages 15-23 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 24 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.