

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WINDBER HOSPITAL, INC. 600 SOMERSET AVENUE WINDBER, PA 15963	2b Employer Identification Number (EIN) 25-1244202 2c Plan Sponsor's telephone number 814-467-3754 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.			
SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2026	GREG LEIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	346
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....			
		6a(1)	65
		6a(2)	56
		6b	187
		6c	75
		6d	318
		6e	18
		6f	336
		6g(1)	
		6g(2)	
		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

1A 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) 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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WINDBER HOSPITAL, INC.	D Employer Identification Number (EIN) 25-1244202
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	11694776	
b	Actuarial value	2b	11267669	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	200	8091808	8091808
b	For terminated vested participants	81	2200936	2200936
c	For active participants	65	1823937	1828687
d	Total	346	12116681	12121431
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.21 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	46000	
c	Target normal cost	6c	46000	

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

SIGN HERE	Signature of actuary DAVID WEAVER Type or print name of actuary ACRISURE Firm name FOUR GATEWAY CENTER, SUITE 605 PITTSBURGH, PA 15222 Address of the firm	03/27/2026 Date 23-07592 Most recent enrollment number 412-394-9992 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>9.05</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		101
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		5
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		106
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.95 %
15 Adjusted funding target attainment percentage	15	92.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2024	28345	0			
01/14/2025	28345	0			
04/11/2025	28345	0			
07/14/2025	28345	0			
10/14/2025	34679	0			
Totals ►			18(b)	148059	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	142132

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.12 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....

Yes



No

26 Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...

Yes



No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)**31a**

46000

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

853762

92713

b Waiver amortization installment**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

138713

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

138713

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

142132

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

3419

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WINDBER HOSPITAL, INC.	D Employer Identification Number (EIN) 25-1244202	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

SOMERSET TRUST COMPANY

25-0807970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	21331	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

1ST SUMMIT BANK

25-1631323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	13362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRISURE

92-3652116

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	10800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 WINDBER HOSPITAL, INC.	D Employer Identification Number (EIN) 25-1244202	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	52791	1145
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	34330	63024
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	73671
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1038494	1004535
(2) U.S. Government securities	1c(2)	650448	786236
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	145131	2358203
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	5208990
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9112661	1773892
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	661501	647312

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11695356	11917008
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11695356	11917008

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	148059	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		148059
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	72683	
(B) U.S. Government securities.....	2b(1)(B)	37700	
(C) Corporate debt instruments.....	2b(1)(C)	14977	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	110465	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		235825
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	53969	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	87194	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		141163
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	493066	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	178417	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1196530

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	929385	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		929385
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	34693	
(7) Actuarial fees	2i(7)	10800	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		45493
j Total expenses. Add all expense amounts in column (b) and enter total	2j		974878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		221652
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WESSEL & COMPANY**

(2) EIN: **25-1390233**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 569753.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WINDBER HOSPITAL, INC.		D Employer Identification Number (EIN) 25-1244202
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1631323 25-0807970		
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 4
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.	
a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No	
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:	
☐ Yes.	
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.	
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.	
☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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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 <u>08 / 31 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q705464A</u> .	

WINDBER MEDICAL CENTER RETIREMENT PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

JUNE 30, 2025 AND 2024

WINDBER MEDICAL CENTER RETIREMENT PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

JUNE 30, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Windber Medical Center Retirement Plan
Windber, Pennsylvania

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

We have performed audits of the financial statements of Windber Medical Center Retirement 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 June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended June 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Windber Medical Center Retirement 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of June 30, 2025 and 2024, and for the year ended June 30, 2025, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Windber Medical Center Retirement Plan and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103 (a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Windber Medical Center Retirement 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 Windber Medical Center Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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



WESSEL & COMPANY
Certified Public Accountants

April 13, 2026

WINDBER MEDICAL CENTER RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Non-interest bearing cash	\$ 1,145	\$ 52,791
Investments, at fair value		
Interest bearing cash	1,004,535	1,038,494
U.S. Government securities	786,236	650,448
Corporate debt instruments	2,358,203	145,131
Registered investment companies	1,773,892	9,112,661
Common stock	5,208,990	-
Other securities	647,312	661,501
Total Investments	<u>11,779,168</u>	<u>11,608,235</u>
Receivables		
Employer contributions receivable	63,024	34,330
Investment income receivable	73,671	-
Total Receivables	<u>136,695</u>	<u>34,330</u>
Total Assets	<u>11,917,008</u>	<u>11,695,356</u>
Net Assets Available For Benefits	<u>\$ 11,917,008</u>	<u>\$ 11,695,356</u>

See Independent Auditor's Report and
Accompanying Notes to Financial Statements

WINDBER MEDICAL CENTER RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED JUNE 30, 2025

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 671,483
Interest and dividends	<u>376,988</u>
Net investment income	1,048,471
Employer contributions	<u>148,059</u>
Total additions	<u>1,196,530</u>
Deductions	
Benefits paid to participants	929,385
Administrative expenses	<u>45,493</u>
Total deductions	<u>974,878</u>
Net increase in net assets	221,652
Net assets available for benefits	
Beginning of year	<u>11,695,356</u>
End of year	<u><u>\$ 11,917,008</u></u>

See Independent Auditor's Report and
Accompanying Notes to Financial Statements

WINDBER MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2025 AND 2024

NOTE 1 PLAN DESCRIPTION

The following description of Windber Medical Center Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Chan Soon-Shiong Medical Center at Windber and affiliates and Windber Research Institute d/b/a Chan Soon-Shiong Institute of Molecular Medicine (collectively the "Organization"), who were employed prior to June 22, 2003. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Plan management is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Accrued benefits under the Plan were frozen as of June 22, 2003, at which time all participants ceased to accrue additional benefits.

During the plan year ended June 30, 2025, the Plan transferred all of its assets from 1st Summit Bank to Somerset Trust Company, both qualified institutions. The transfer was completed in December 2024 and included cash and securities totaling \$11,836,214. The transfer is included as a reportable transaction in the supplemental schedule to Schedule H, Line 4(j).

Eligibility for Participation

Prior to the date the Plan was frozen, employees became eligible to participate in the Plan upon attainment of age twenty-one (21) and completion of one (1) year of credited service, as defined by the Plan. Employees hired after the date the Plan was frozen are not eligible to participate in the Plan.

Vesting

Eligible participants are fully vested upon completion of five (5) years of vesting service or attaining normal retirement age while still employed by the Organization. Participants earn one year of vesting service for each year in which they are credited with at least nine hundred seventy-five (975) hours of service.

Funding Policy

The Plan's funding policy is for the Organization 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 the years ended June 30, 2025 and 2024.

Although it has not expressed any intention to do so, the Organization 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 (5) or more years of credited service are generally entitled to annual pension benefits beginning at normal retirement age sixty-five (65) equal to the greater of the following: (a) 75 percent (75%) of the first \$4,800 of average compensation plus 1.25 percent (1.25%) of average compensation in excess of \$4,800 multiplied by total years of benefit service prior to the date the Plan was frozen (up to a maximum of forty-five (45) years); or (b) \$42 multiplied by the number of years of benefit service prior to the date the Plan was frozen. The Plan permits early retirement from age fifty-five (55) to sixty-four (64).

Death and Disability Benefits

Upon the death of a vested married participant, the surviving spouse will receive a death benefit equal to fifty percent (50%) of the joint and survivor annuity, commencing at what would have been the normal retirement date. If the participant was eligible to immediately receive a benefit, the spouse's benefit is payable immediately; otherwise, it is payable when the participant could have elected immediate benefits.

If a participant dies after completing five (5) years of service, the surviving spouse or eligible dependent is eligible for a death benefit equal to the lump sum that would have been payable to the participant if employment had been terminated on the date of the participant's death.

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

Investment Valuation and Income Recognition

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. See Note 3 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

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 the employee's compensation in the five (5) highest consecutive calendar year periods within the last ten (10) years of employment preceding the date that the Plan was frozen. 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 date the Plan was frozen.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary 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 June 30, is as follows:

	2025	2024
Vested benefits:		
Retired participants and beneficiaries	\$ 7,586,569	\$ 7,186,239
Other participants	<u>2,753,007</u>	<u>3,357,827</u>
Total vested benefits	10,339,576	10,544,066
Nonvested benefits	<u>3,690</u>	<u>4,186</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 10,343,266</u>	<u>\$ 10,548,252</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended June 30, 2025, are summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 10,548,252</u>
Increase/(decrease) during the year attributable to:	
Benefits accumulated and plan experience	17,825
Interest due to decrease in discount period	706,403
Benefits paid	(929,385)
Change in actuarial assumptions	<u>171</u>
Net decrease	<u>(204,986)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 10,343,266</u>

Significant actuarial assumptions underlying the actuarial computations are as follows:

Discount rate	7.00 percent for 2025 and 2024
Mortality	Society of Actuaries (SOA) amount weighted Pri-2012, total dataset, sex distinct, with separate rates for pre-commencement and post-commencement for 2025 and 2024.
Retirement age	Age 65 for 2025 and 2024

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.

NOTE 3 FAIR VALUE MEASUREMENTS

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

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 June 30, 2025 and 2024.

Interest bearing cash is valued at the quoted net asset value ("NAV") of shares held by the Plan at year-end.

U.S. Government securities and other securities are valued at the closing price reported in the active market in which the individual securities are traded, if available, or estimated using quoted market prices for similar assets.

Corporate debt instruments are valued using pricing models based on yields currently available on comparable securities of issuers with similar credit ratings, maturities, and other relevant characteristics. When quoted market prices for identical or similar securities are not available, these investments are valued using a discounted cash flow approach that maximizes the use of observable inputs, including current market yields and credit spreads for comparable instruments. These valuations may incorporate limited adjustments for factors such as credit and liquidity risk that are not directly observable.

Registered investment companies are valued at the NAV of shares held by the plan at year-end, which is based on quoted market prices in active markets.

Common stock is valued at the quoted market price per share on the active market on which the security is traded as of the measurement date.

Other securities includes the Plan's investments in taxable municipal bonds, which are valued using pricing models based on observable market inputs, including yields currently available on comparable securities of issuers with similar credit ratings and maturities.

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

Assets at Fair Value				
As of June 30, 2025	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,004,535	\$ ---	\$ ---	\$ 1,004,535
U.S. Government securities	786,236	---	---	786,236
Corporate debt instruments	---	2,358,203	---	2,358,203
Registered investment companies	1,773,892	---	---	1,773,892
Common stock	5,208,990	---	---	5,208,990
Other securities	---	647,312	---	647,312
Total assets at fair value	<u>\$ 8,773,653</u>	<u>\$ 3,005,515</u>	<u>\$ ---</u>	<u>\$ 11,779,168</u>

Assets at Fair Value				
As of June 30, 2024	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 1,038,494	\$ ---	\$ ---	\$ 1,038,494
U.S. Government securities	650,448	---	---	650,448
Corporate debt instruments	---	145,131	---	145,131
Common stock	---	---	---	---
Registered investment companies	9,112,661	---	---	9,112,661
Other securities	---	661,501	---	661,501
Total assets at fair value	<u>\$ 10,801,603</u>	<u>\$ 806,632</u>	<u>\$ ---</u>	<u>\$ 11,608,235</u>

NOTE 4 PLAN TERMINATION

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

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three (3) years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five (5) years preceding plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- c) All other vested benefits (that is, vested benefits not insured by 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. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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 Organization and the level of benefits guaranteed by the PBGC.

NOTE 5 RELATED PARTY TRANSACTIONS

The Plan's investments are administered under contracts with Somerset Trust Company and 1st Summit Bank and, the custodians of the Plan. Contributions are held and managed by the custodians, who invest cash received, interest, and dividend income, and make distributions to participants. These transactions qualify as party-in-interest transactions.

Administrative expenses of Somerset Trust Company and 1st Summit Bank are paid by the Plan. Certain other administrative expenses of the Plan are paid by the Organization. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan.

NOTE 6 TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Organization by a letter dated August 31, 2023, 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.

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

NOTE 7 CERTIFIED INVESTMENT INFORMATION

The Plan administrator has elected the method of annual reporting compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Somerset Trust Company and 1st Summit Bank, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Benefits as of June 30, 2025 and 2024 .
- Investment income as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended June 30, 2025.
- Investment information included in the Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended June 30, 2025 as shown on the ERISA required supplemental schedules.

NOTE 8 RISK 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. 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 Statement of Net Assets Available for Benefits.

NOTE 9 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events for recognition or disclosure through April 13, 2026, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

(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
*	Non-interest Bearing Cash	Somerset Trust Company - Non-interest bearing cash	\$ 1,145	\$ 1,145
	Interest Bearing Cash			
	Capital One N.A. (VA)	4.80% CD, due 2025 (par \$200,000)	200,000	200,295
	Discover Bank	4.90% CD, due 2027 (par \$200,000)	200,000	203,990
	Morgan Stanley Bank, N.A.	4.60% CD, due 2027 (par \$100,000)	100,000	101,068
*	Somerset Trust Co. Money Market Fund – Income	Money market fund (cash equivalent), no maturity (par \$139,347)	139,347	139,347
*	Somerset Trust Co. Money Market Fund – Principal	Money market fund (cash equivalent), no maturity (par \$359,835)	359,835	359,835
	Total Interest Bearing Cash		999,182	1,004,535
	U.S. Government securities			
	Federal Farm Credit Banks (FFCB)	5.00% Consolidated Bond, due 11/14/2031 (par \$150,000)	149,625	149,509
	U.S. Treasury	5.50% Treasury Note, due 08/15/2028 (par \$200,000)	207,761	210,805
	U.S. Treasury	5.25% Treasury Bond, due 02/15/2029 (par \$200,000)	206,585	210,820
	U.S. Treasury	5.375% Treasury Bond, due 02/15/2031 (par \$200,000)	212,048	215,102
	Total U.S. Government Securities		776,019	786,236
	Corporate Debt Instruments			
	Amazon.com, Inc.	4.70% Senior Global Note, due 2032 (par \$150,000)	149,175	152,755
	American Honda Finance Corp.	4.45% Medium-Term Note (FR), due 10/22/2027 (par \$150,000)	148,909	150,417
	Bank of America Corp.	5.70% Note (FR), due 01/23/2045 (par \$150,000)	150,000	150,670
	Comcast Corp. (New)	5.10% Senior Note, due 06/01/2029 (par \$150,000)	151,902	154,761
	Connecticut Light & Power Co.	4.95% Global Bond (Series A), due 2030 (par \$150,000)	150,594	153,514
	ConocoPhillips Co.	4.85% Senior Global Note, due 2032 (par \$150,000)	146,622	151,537
	Express Scripts Holding Co.	4.50% Senior Global Note, due 2026 (par \$90,000)	89,850	89,802
	Federal Home Loan Banks (Cons. Bond)	5.00% Consolidated Bond, due 2029 (par \$45,000)	45,000	45,098
	John Deere Capital Corp.	4.90% Note, due 03/03/2028 (par \$150,000)	151,880	153,204
	Manufacturers & Traders Trust Co.	5.40% Senior Note, due 11/21/2025 (par \$250,000)	250,739	250,488
	Marathon Oil Corp.	4.40% Senior Global Note, due 2027 (par \$150,000)	148,976	149,000
	Morgan Stanley Finance LLC	5.15% Note (FR), due 02/21/2035 (par \$150,000)	150,000	151,423
	National Rural Utilities Coop Finance	4.95% Note (FR), due 02/07/2030 (par \$150,000)	150,765	153,410
	Northrop Grumman Corp.	4.60% Senior Global Note, due 02/01/2029 (par \$150,000)	149,328	151,886
	Schlumberger Investment SA	5.00% Sr. Global Bond, due 2034 (par \$150,000)	148,936	148,310
	UnitedHealth Group Inc.	4.95% Senior Global Note, due 11/15/2032 (par \$150,000)	148,027	151,928
	Total Corporate Debt Instruments		2,330,703	2,358,203
	Common Stock			
	Abbott Laboratories	856 shares common stock	99,367	116,425
	AbbVie Inc.	377 shares common stock	67,041	69,979
	Accenture PLC	184 shares ordinary stock	67,491	54,996
	ACCO Brands Corp.	1,507 shares common stock	8,065	5,395
	Adobe Inc.	83 shares common stock	36,477	32,111
	Aflac Inc.	589 shares common stock	61,105	62,116
	Air Products & Chemicals Inc.	232 shares common stock	70,371	65,438
	Altria Group Inc.	927 shares common stock	49,201	54,350
	American Tower Corp.	191 shares common stock	35,616	42,215
	Ameriprise Financial Inc.	155 shares common stock	83,283	82,728
	Amgen Inc.	366 shares common stock	99,200	102,191
	Analog Devices Inc.	367 shares common stock	78,272	87,353
	AppFolio, Inc. (Class A)	158 shares common stock	39,220	36,384
	Apple Inc.	512 shares common stock	124,230	105,047
	Applied Materials Inc.	313 shares common stock	54,430	57,301
	AT&T Inc.	1,640 shares common stock	37,438	47,462
	Automatic Data Processing Inc.	265 shares common stock	78,852	81,726
	Bath & Body Works Inc.	849 shares common stock	32,019	25,436
	Becton Dickinson and Co.	394 shares common stock	91,338	67,867
	BlackRock Inc.	111 shares common stock	113,040	116,467
	Block Inc. (Square)	284 shares common stock	24,777	19,292
	Broadcom Inc.	250 shares common stock	52,124	68,913
	Chevron Corp.	250 shares common stock	37,294	35,798
	Chubb Limited	203 shares common stock	55,375	58,813
	Cintas Corp.	131 shares common stock	29,086	29,196
	Cisco Systems Inc.	1,285 shares common stock	76,857	89,153
	Clorox Company	413 shares common stock	66,471	49,589
	Colgate-Palmolive Co.	522 shares common stock	47,248	47,450
	Comcast Corp. (Class A)	2,664 shares common stock	98,824	95,078
	Constellation Energy Corp.	152 shares common stock	30,480	49,060
	CSG Systems International Inc.	925 shares common stock	49,713	60,412
	CSX Corp.	908 shares common stock	29,399	29,628
	CTO Realty Growth Inc.	1,401 shares common stock	27,690	24,181
	D.R. Horton Inc.	489 shares common stock	68,482	63,042
	Deckers Outdoor Corp.	320 shares common stock	64,218	32,982
	Dominion Energy Inc.	576 shares common stock	31,311	32,556
	Emerson Electric Co.	357 shares common stock	44,559	47,599
	EQT Corp.	1,344 shares common stock	63,908	78,382
	Eversource Energy	1,230 shares common stock	71,089	78,253
	FactSet Research Systems Inc.	137 shares common stock	65,078	61,277
	General Dynamics Corp.	225 shares common stock	59,599	65,624
	Hanover Insurance Group	185 shares common stock	29,121	31,426
	Illinois Tool Works Inc.	331 shares common stock	85,625	81,840
	Iron Mountain Inc.	697 shares common stock	74,236	71,491
	Johnson & Johnson	837 shares common stock	122,628	127,852
	JPMorgan Chase & Co.	290 shares common stock	71,690	84,074
	L3Harris Technologies Inc.	433 shares common stock	92,845	108,614
	Labcorp (Laboratory Corp. of America)	102 shares common stock	24,205	26,776
	Lam Research Corp.	519 shares common stock	39,611	50,519

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

(Continued)

(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
	Linde plc	142 shares ordinary stock	61,267	66,624
	Lowe's Companies Inc.	596 shares common stock	150,548	132,235
	McDonald's Corp.	254 shares common stock	74,370	74,211
	Medtronic plc	1,038 shares ordinary stock	87,564	90,482
	Merck & Co., Inc.	447 shares common stock	43,265	35,385
	Meta Platforms Inc.	102 shares common stock	51,037	75,285
	Microchip Technology Inc.	456 shares common stock	25,518	32,089
	Micron Technology Inc.	503 shares common stock	50,275	61,995
	Microsoft Corp.	563 shares common stock	242,643	280,042
	Morgan Stanley	275 shares common stock	35,494	38,737
	NextEra Energy Inc.	1,703 shares common stock	121,407	118,222
	Nike, Inc. (Class B)	711 shares common stock	52,695	50,509
	Norfolk Southern Corp.	308 shares common stock	73,933	78,839
	NVIDIA Corp.	442 shares common stock	59,523	69,832
	Patterson-UTI Energy Inc.	4,460 shares common stock	36,976	26,448
	Paychex Inc.	433 shares common stock	61,974	62,984
	PepsiCo Inc.	526 shares common stock	78,777	69,453
	Phillips 66	380 shares common stock	43,724	45,334
	Procter & Gamble Co.	467 shares common stock	77,837	74,402
	RTX Corporation (Raytheon)	686 shares common stock	81,715	100,170
	Salesforce, Inc.	120 shares common stock	40,102	32,723
	Shopify Inc. (Class A)	446 shares common stock	48,764	51,446
	Starbucks Corp.	333 shares common stock	31,046	30,513
	Symbotic Inc. (Class A)	904 shares common stock	23,742	35,120
	Target Corp.	411 shares common stock	54,097	40,545
	TE Connectivity Ltd.	269 shares ordinary stock	39,142	45,372
	The Hershey Company	192 shares common stock	31,169	31,862
	U.S. Bancorp (New)	707 shares common stock	33,908	31,992
	UnitedHealth Group Inc.	181 shares common stock	92,156	56,467
	Verizon Communications Inc.	617 shares common stock	24,554	26,698
	Vulcan Materials Company	183 shares common stock	48,801	47,730
	Walmart Inc.	990 shares common stock	92,926	96,802
	WEC Energy Group Inc.	831 shares common stock	80,242	86,585
	Total Common Stock		5,110,790	5,208,990
	Registered Investment Companies			
	American Funds EuroPacific Growth Fund (F2 class)	International equity mutual fund	60,000	64,903
	Federated International Leaders Fund (Inst. Class)	International equity mutual fund	60,000	71,400
	Federated MDT Large Cap Growth Fund (Inst. Class)	Large-cap growth stock mutual fund	141,427	149,300
	Federated MDT Mid-Cap Growth Fund (#656)	Mid-cap growth stock mutual fund	289,893	308,012
	Federated Total Return Ultra-Short Bond Fund (Inst.)	Fixed income mutual fund (ultra-short duration)	150,000	150,324
	Fenimore Asset Mgmt. FAM Small Cap Fund (Inst.)	Small-cap stock mutual fund	159,929	149,122
	Global X MLP & Energy Infrastructure ETF (MLPX)	Energy infrastructure MLP ETF	42,779	43,047
	Invesco Oppenheimer Int'l Small/Mid Co. Fund (Y)	International small/mid-cap fund	30,000	34,599
	Invesco Oppenheimer Sr. Floating Rate Fund (Class Y)	Fixed income mutual fund (floating-rate loans)	100,000	98,179
	JP Morgan Mid-Cap Value Fund (Inst. Class)	Mid-cap value stock mutual fund	289,893	287,386
	JPMorgan Equity Premium Income ETF (JEPI)	U.S. large-cap equity income ETF	69,590	67,822
	SPDR S&P Aerospace & Defense ETF (XAR)	Aerospace & defense sector ETF	36,697	45,563
	Vanguard 500 Index Fund (Admiral Shares)	S&P 500 index fund	61,617	63,722
	Wasatch Core Growth Fund (Inst. Class)	Small/mid-cap growth stock fund	259,929	240,513
	Total Registered Investment Companies		1,751,754	1,773,892
	Other Securities			
	Alameda County, CA Taxable GO Bonds (2022 Series B)	3.649% Taxable GO Bonds, due 2030 (par \$75,000)	70,807	73,592
	Arlington County, VA Industrial Dev. Auth. (Series 2020B)	1.24% Taxable Refunding Bonds, due 2026 (par \$60,000)	57,617	58,196
	Cuyahoga County, OH Sales Tax Revenue Bonds (Series B)	3.376% Taxable Revenue Bonds, due 2030 (par \$90,000)	83,101	87,177
	Florida State Board of Governors (Universities) (2023 Series A)	5.00% Taxable Bonds, due 2027 (par \$75,000)	75,120	76,451
	Indiana Housing & Comm. Dev. Authority (Mortgage Bonds, 2022 Series D)	4.30% Taxable Mortgage Bonds, due 2028 (par \$100,000)	97,773	100,150
	Maryland State Comm. Dev. Administration (Residential Rev. Bonds, 2023 Series D)	5.042% Taxable Revenue Bonds, due 2026 (par \$45,000)	44,994	45,389
	Massachusetts State (Spl. Obligation Revenue Bonds, Series 2022A)	3.68% Taxable Revenue Bonds, due 2026 (par \$100,000)	98,081	99,633
	Middlesex County, NJ Improvement Authority (2023 Series D)	4.60% Taxable GO Bonds, due 2029 (par \$50,000)	49,604	50,896
	Schertz-Cibolo-Universal City, TX (Unlimited Tax Ref. Bonds, 2021 Series B)	5.00% Taxable Refunding Bonds, due 2027 (par \$55,000)	55,202	55,828
	Total Other Securities		632,299	647,312
	Total		\$ 11,601,892	\$ 11,780,313

This schedule was derived from data certified by Somerset Trust Company

*Party-In-Interest

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H - LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
Series Transactions:								
Federated	Federated Government Obligations Fund	<u>\$ 841,544</u>	(A)			<u>\$ 841,544</u>	<u>\$ 841,544</u>	<u>\$ -</u>
Federated	Federated Government Obligations Fund		<u>\$ 1,003,705</u>	(B)		<u>\$ 1,003,705</u>		<u>\$ -</u>
Somerset Trust Company	Cash transfer from 1st Summit Bank to Somerset Trust Company		<u>\$ 9,574,775</u>			<u>\$ 9,574,775</u>	<u>\$ 9,574,775</u>	<u>\$ -</u>
Somerset Trust Company	Cash transfer from 1st Summit Bank to Somerset Trust Company		<u>\$ 275,256</u>			<u>\$ 275,256</u>	<u>\$ 275,256</u>	<u>\$ -</u>
Somerset Trust Company	Various bonds & CDs transferred in-kind to Somerset Trust Company		<u>\$ 1,986,183</u>			<u>\$ 1,986,183</u>	<u>1,986,183</u>	<u>\$ -</u>
Single Transactions:								
Fidelity	Short Term Treasury Bond Index		<u>\$ 1,368,694</u>			<u>\$ 1,350,000</u>	<u>\$ 1,368,694</u>	<u>\$ 18,694</u>
Vanguard Group	Scottsdale Funds - Instructional Treasury Portfolio - Admiral Shares		<u>\$ 885,643</u>			<u>\$ 900,000</u>	<u>\$ 885,643</u>	<u>\$ (14,357)</u>
T. Rowe Price	Institutional Large-Cap Growth Fund		<u>\$ 594,373</u>			<u>\$ 284,332</u>	<u>\$ 594,373</u>	<u>\$ 310,041</u>

(A) Consists of 47 purchase transactions

(B) Consists of 18 sale transactions

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB - line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service										
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 25	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	1	5	3	-	-	-	-	-	-	-	9
45-49	-	5	4	1	-	-	-	-	-	-	10
50-54	1	5	2	2	-	-	-	-	-	-	10
55-59	-	2	3	4	5	-	-	-	-	-	14
60-64	-	3	3	2	5	2	1	-	-	-	16
65-69	-	1	1	-	1	-	1	-	-	-	4
70+	-	1	-	1	-	-	-	-	-	-	2
Total	2	22	16	10	11	2	2	-	-	-	65

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB, Part V - Actuarial Methods and Assumptions

Actuarial Methods and Assumptions

As of July 1, 2024

Mortality:

- For minimum and maximum funding: IRS 2024 Static Mortality Table, in accordance with Regulation 1.430.
- For Present Value of Accumulated Benefits: Society of Actuaries (SOA) amount weighted Pri-2012, total dataset, sex distinct, with separate rates for pre-commencement and post-commencement.

Mortality Improvement for Present Value of Accumulated Benefits: SOA Scale MP-2021 from 2012 through 2018, then Social Security Administration intermediate improvement from the 2023 Social Security Trustees Report beginning in 2018 and continuing on a fully generational basis. *(Prior report improvement assumption was based on MP-2021 and 2022 SSA Intermediate ultimate improvement).*

Interest Rates

	Current Year		Prior Year	
	Minimum*	Maximum	Minimum*	Maximum
• IRS Prescribed Interest Rates for funding Target Liability:				
First Segment Rate	4.75%	4.64%	4.75%	2.50%
Second Segment Rate	4.87%	5.12%	5.00%	3.83%
Third Segment Rate	5.59%	5.10%	5.74%	4.06%
Lookback Month	March		March	
• Effective Interest Rate	5.21%		5.18%	
• Present Value of Accrued Benefits	7.00%		7.00%	

Termination Rates: 2003 SOA Pension Plan Turnover Basic Age Table

Age	Male	Female	Age	Male	Female
25	3.00%	3.00%	50	2.00%	2.00%
30	3.00%	3.00%	55	2.00%	2.00%
35	2.00%	2.00%	60	0.00%	0.00%
40	2.00%	2.00%	65	0.00%	0.00%
45	2.00%	2.00%			

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB, Part V - Actuarial Methods and Assumptions

Actuarial Methods and Assumptions *(Continued)*

Retirement Age: For active and terminated vested participants eligible for retirement, retirement will occur at the rates shown in the following table.

Rate Per		Rate Per	
<u>Age</u>	<u>Year</u>	<u>Age</u>	<u>Year</u>
55-60	5.0%	67	10.0%
61-63	10.0%	68+	100.0%
64	35.0%		
65-66	15.0%		

Payment Form Election:

Active Participants: 25% are assumed to elect a life and 5-year certain annuity, 40% are assumed to elect a life annuity, 25% are assumed to elect a Joint and 50% survivor annuity and 10% are assumed to elect a Joint and 100% survivor annuity.

Future and Current Terminated Vested: 100% are assumed to elect a life and 5-year certain annuity.

Expenses: Recognition of non-investment related administrative expenses is included in the target normal cost.

Marital Status: 85% of males and 65% of females married. Female spouse 3 years younger than male.

Asset Valuation Method: The smoothed value method provided in IRS Notice 2009-22 measured at the valuation date, and the two immediately preceding valuation dates.

Data: The valuation results are based upon participant census and financial data provided by the plan sponsor and trustee. The data was tested for reasonableness and consistency with the prior valuation.

Actuarial Cost Method: Unit Credit.

A method under which the projected benefits of each individual included in an actuarial valuation are allocated by a consistent formula to valuation years. The actuarial present value of benefits allocated to a valuation year is the normal cost. The actuarial present value of benefits allocated to all periods prior to a valuation year is called actuarial accrued liability. Under this method, the Actuarial Gains (losses), as they occur, generally reduce (increase) the unfunded Actuarial Accrued Liability.

Significant Benefits Not Recognized: None.

Actuarial Methods and Assumptions *(continued)*

Prescribed Assumption or Method Set by Law or Legally Binding Authority

- Assumptions and methods noted below, as used for funding calculations, are required by the Pension Protection Act of 2006 (PPA), including subsequent amendments to that Act and associated regulations.
 - Mortality for healthy lives*
 - Mortality improvement *
 - Interest rates for minimum funding (including lookback month)*
 - Interest rates maximum funding (including lookback month)*
 - Asset valuation method *
 - Assumed election of lump sum payment option, with annuity substitution method (recognition of lump sum availability required by PPA)*
 - Expenses (explicit assumption required by PPA)
 - Actuarial cost method (Unit Credit required by PPA)

*Indicates availability of certain alternatives upon implementation of PPA funding requirements, which were formally elected by the plan sponsor.

Prescribed Assumption or Method Set by Another Party

- The following assumptions and methods, used for financial reporting purposes, were selected by the plan sponsor.
 - Mortality and Mortality Improvement – ASC 960 (selected by plan sponsor)
 - Interest Rate – ASC 960 (selected by plan sponsor)
 - ARPA amortization election – to be effective 7/1/2020 (selected by plan sponsor)

Models Used

Acrisure uses a third-party actuarial software package for pension valuation work.

This software package is used worldwide by many actuarial and investment firms. The software models future benefit cash flows, present values, and attribution to various periods, based on deterministic or stochastic assumption sets and benefit parameters provided by the user. The model is highly flexible and also supports comparisons between periods, maintenance of plan specific participant databases, and preparation of reports under various accounting and regulatory structures.

In the absence of adequate review, the model's complexity and flexibility could lead to unintentional results. However, the model contains robust tools to test and verify the reasonableness of results. Our internal technical review utilizes these tools.

We have reviewed the model's documentation and have relied on the expertise of the software vendor for the underlying structure, methodology, and extensive supporting calculations. We have not performed a substantial audit of the model or its structure beyond typical use in preparing results, as this is typically not done by plan actuaries. However, we expect that the very deep market of qualified users for this same model ensures that no materially significant issues can or will persist.

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H - LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset On Transaction Date	(i) Net Gain or (Loss)
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Federated	Federated Government Obligations Fund		<u>\$ 1,003,705</u>	(B)		<u>\$ 1,003,705</u>		<u>\$ -</u>
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(A) Consists of 47 purchase transactions

(B) Consists of 18 sale 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
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan WINDBER MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Windber Hospital, Inc.	D Employer Identification Number (EIN) 25-1244202
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2024			
2 Assets:			
a Market value.....		2a	11,694,776
b Actuarial value.....		2b	11,267,669
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	200	8,091,808	8,091,808
b For terminated vested participants	81	2,200,936	2,200,936
c For active participants.....	65	1,823,937	1,828,687
d Total.....	346	12,116,681	12,121,431
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....	5		5.21%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	46,000
c Target normal cost.....		6c	46,000

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

SIGN HERE	David Weaver / DW	3/27/2026
Signature of actuary		Date
David Weaver		2307592
Type or print name of actuary		Most recent enrollment number
Acrisure		412-394-9992
Firm name		Telephone number (including area code)
Four Gateway Center, Suite 605		
Pittsburgh PA 15222		
Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.05%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		101
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18%</u>		5
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		106
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage.....	14	92.95 %
15	Adjusted funding target attainment percentage.....	15	92.95 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

Contributions made to the plan for the plan year by employer(s) and employee(s)					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2024	28,345	0			
01/14/2025	28,345	0			
04/11/2025	28,345	0			
07/14/2025	28,345	0			
10/14/2025	34,679	0			
			Totals ▶	18(b)	148,059 18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	142,132

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	46,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	853,762	92,713	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	138,713	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	138,713	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	142,132	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,419	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
--

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB - line 22 Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
55	18.2042	0.0497	0.9054	49.7946
56	20.1096	0.0497	0.9995	55.9718
57	20.8769	0.0497	1.0371	59.1150
58	21.5772	0.0497	1.0715	62.1494
59	22.2205	0.0496	1.1031	65.0841
60	27.8095	0.0496	1.3799	82.7963
61	30.0192	0.0992	2.9779	181.6513
62	28.5854	0.0991	2.8342	175.7224
63	28.2901	0.0991	2.8033	176.6083
64	27.9994	0.3466	9.7053	621.1363
65	21.8494	0.1484	3.2432	210.8057
66	20.1848	0.1483	2.9938	197.5900
67	17.7736	0.0988	1.7561	117.6566
68	16.6142	1	16.6142	1129.7624
69	0	1	0	0
70	0	1	0	0
71	1	1	1	71
72	1	1	1	72
73	0	1	0	0
74	0	1	0	0
75	0	1	0	0
76	0	1	0	0
77	1	1	1	77
Total			52.4244	3405.8442
Average				64.97

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB, Part V - Plan Provisions

Plan Provisions

The following is a summary of the major provisions of the plan as of July 1, 2024. Please refer to the plan document for a more complete description of the most recent plan provisions.

General Information

- Effective Date: January 1, 1966, as last amended effective March 2018.
- Plan Year: July 1 to June 30.

Participation

- Eligible Employees: Participants age 21 with 1 year of service prior to June 22, 2003. Benefits and participation were frozen as of that date.

Retirement Eligibility:

- Normal: Age 65.
- Early: Age 55 and 10 Years of Service.

Service

- Vesting Service: Participants are credited with a year of vesting service for each calendar year in which they work at least 975 hours.
- Credited service: Participants are credited with a full year of credited service for each calendar year in which they work at least 1950 hours. Participants with 975 or more hours but fewer than 1950 hours are credited with a partial year of service rounded to the nearest hundredth. Service accruals ceased as of June 22, 2003.

Terms Regarding Payment of Benefits

- Normal Retirement Date: First of month coincident with or next following age 65.
- Normal Retirement Benefit: The monthly annuity provided is equal to the greatest of (a) or (b).
 - a. 0.75% of Avg. Annual Compensation up to the integration level multiplied by Credited Service plus 1.25% of Avg. Annual Compensation above the integration level multiplied by Credited Service (not to Exceed 35).
 - b. \$3.50 per month per year of credited service earned prior to June 22, 2003.

Plan Provisions *(continued)*

Terms Regarding Payment of Benefits (continued)

- Early Retirement Date: First day of any month coincident with or next following attainment of age 55 and 10 Years of Service but prior to Normal Retirement Date.
- Early Retirement Benefit: The actuarial equivalent of the normal retirement benefit payable at the early retirement date.
- Deferred Retirement Benefit: The vested benefit earned at termination of employment for participants with 5 or more years of vesting service.
- Termination of Employment: If a Participant terminates his employment prior to his Early, Normal or Disability Retirement Date, he will be entitled to a benefit based on the vested portion of his Accrued Benefit. A participant is fully vested at all times.
- Disability Retirement Date: After 10 years of service, and upon total and permanent disability prior to attainment of early or normal retirement eligibility. Such retirement date is his Disability Retirement Date.
- Disability Benefit: The benefit accrued at Disability Retirement Date may be payable at Disability Retirement Date. The minimum disability benefit is \$100 per month prior to normal retirement.
- Pre-Retirement Survivor Annuity: In the case of any Participant who dies before distribution of his benefits under the Plan has commenced, a Preretirement Survivor Annuity shall be payable to the Surviving Spouse of the Participant. This benefit is the survivor's portion of a qualified joint and 50% survivor annuity payable at the earliest date the participant would have been eligible to retire if they had survived and earned no additional service. The benefit payable is actuarially reduced for form of payment and early retirement.

Forms of Benefit

Normal

- For Single Participants – The Normal Form of Benefit for single Participants is a life annuity with 5 years certain.
- For Married Participants – The Normal Form of benefit for married Participants is a level joint and 50% survivor or joint and 100% survivor annuity. This benefit is the Actuarial Equivalent of the Normal Form for single Participants.

Plan Provisions *(continued)*

Forms of Benefit *(continued)*

Optional Forms

- Level Single Life Annuity – Under this option, a Participant may elect to receive a level retirement income payable for his lifetime.
- Contingent Annuitant Options – Under this option, a Participant may elect to receive a level retirement income payable during their lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the Participant's death to their contingent annuitant for the contingent annuitant's lifetime.
- Life with term certain option – under this option, a participant may elect to receive a level income payable for their lifetime, with payments continuing at least until the certain period has expired in the event a participant becomes deceased.
- Lump Sum – for participants whose lump sum benefit value is less than \$25,000, a Participant may elect to receive the vested value of their Accrued Benefit paid as a lump sum.
- All optional forms shall be the actuarial equivalent of the Normal Form of Benefit.

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

(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
*	Non-interest Bearing Cash	Somerset Trust Company - Non-interest bearing cash	\$ 1,145	\$ 1,145
	Interest Bearing Cash			
	Capital One N.A. (VA)	4.80% CD, due 2025 (par \$200,000)	200,000	200,295
	Discover Bank	4.90% CD, due 2027 (par \$200,000)	200,000	203,990
	Morgan Stanley Bank, N.A.	4.60% CD, due 2027 (par \$100,000)	100,000	101,068
*	Somerset Trust Co. Money Market Fund – Income	Money market fund (cash equivalent), no maturity (par \$139,347)	139,347	139,347
*	Somerset Trust Co. Money Market Fund – Principal	Money market fund (cash equivalent), no maturity (par \$359,835)	359,835	359,835
	Total Interest Bearing Cash		999,182	1,004,535
	U.S. Government securities			
	Federal Farm Credit Banks (FFCB)	5.00% Consolidated Bond, due 11/14/2031 (par \$150,000)	149,625	149,509
	U.S. Treasury	5.50% Treasury Note, due 08/15/2028 (par \$200,000)	207,761	210,805
	U.S. Treasury	5.25% Treasury Bond, due 02/15/2029 (par \$200,000)	206,585	210,820
	U.S. Treasury	5.375% Treasury Bond, due 02/15/2031 (par \$200,000)	212,048	215,102
	Total U.S. Government Securities		776,019	786,236
	Corporate Debt Instruments			
	Amazon.com, Inc.	4.70% Senior Global Note, due 2032 (par \$150,000)	149,175	152,755
	American Honda Finance Corp.	4.45% Medium-Term Note (FR), due 10/22/2027 (par \$150,000)	148,909	150,417
	Bank of America Corp.	5.70% Note (FR), due 01/23/2045 (par \$150,000)	150,000	150,670
	Comcast Corp. (New)	5.10% Senior Note, due 06/01/2029 (par \$150,000)	151,902	154,761
	Connecticut Light & Power Co.	4.95% Global Bond (Series A), due 2030 (par \$150,000)	150,594	153,514
	ConocoPhillips Co.	4.85% Senior Global Note, due 2032 (par \$150,000)	146,622	151,537
	Express Scripts Holding Co.	4.50% Senior Global Note, due 2026 (par \$90,000)	89,850	89,802
	Federal Home Loan Banks (Cons. Bond)	5.00% Consolidated Bond, due 2029 (par \$45,000)	45,000	45,098
	John Deere Capital Corp.	4.90% Note, due 03/03/2028 (par \$150,000)	151,880	153,204
	Manufacturers & Traders Trust Co.	5.40% Senior Note, due 11/21/2025 (par \$250,000)	250,739	250,488
	Marathon Oil Corp.	4.40% Senior Global Note, due 2027 (par \$150,000)	148,976	149,000
	Morgan Stanley Finance LLC	5.15% Note (FR), due 02/21/2035 (par \$150,000)	150,000	151,423
	National Rural Utilities Coop Finance	4.95% Note (FR), due 02/07/2030 (par \$150,000)	150,765	153,410
	Northrop Grumman Corp.	4.60% Senior Global Note, due 02/01/2029 (par \$150,000)	149,328	151,886
	Schlumberger Investment SA	5.00% Sr. Global Bond, due 2034 (par \$150,000)	148,936	148,310
	UnitedHealth Group Inc.	4.95% Senior Global Note, due 11/15/2032 (par \$150,000)	148,027	151,928
	Total Corporate Debt Instruments		2,330,703	2,358,203
	Common Stock			
	Abbott Laboratories	856 shares common stock	99,367	116,425
	AbbVie Inc.	377 shares common stock	67,041	69,979
	Accenture PLC	184 shares ordinary stock	67,491	54,996
	ACCO Brands Corp.	1,507 shares common stock	8,065	5,395
	Adobe Inc.	83 shares common stock	36,477	32,111
	Aflac Inc.	589 shares common stock	61,105	62,116
	Air Products & Chemicals Inc.	232 shares common stock	70,371	65,438
	Altria Group Inc.	927 shares common stock	49,201	54,350
	American Tower Corp.	191 shares common stock	35,616	42,215
	Ameriprise Financial Inc.	155 shares common stock	83,283	82,728
	Amgen Inc.	366 shares common stock	99,200	102,191
	Analog Devices Inc.	367 shares common stock	78,272	87,353
	AppFolio, Inc. (Class A)	158 shares common stock	39,220	36,384
	Apple Inc.	512 shares common stock	124,230	105,047
	Applied Materials Inc.	313 shares common stock	54,430	57,301
	AT&T Inc.	1,640 shares common stock	37,438	47,462
	Automatic Data Processing Inc.	265 shares common stock	78,852	81,726
	Bath & Body Works Inc.	849 shares common stock	32,019	25,436
	Becton Dickinson and Co.	394 shares common stock	91,338	67,867
	BlackRock Inc.	111 shares common stock	113,040	116,467
	Block Inc. (Square)	284 shares common stock	24,777	19,292
	Broadcom Inc.	250 shares common stock	52,124	68,913
	Chevron Corp.	250 shares common stock	37,294	35,798
	Chubb Limited	203 shares common stock	55,375	58,813
	Cintas Corp.	131 shares common stock	29,086	29,196
	Cisco Systems Inc.	1,285 shares common stock	76,857	89,153
	Clorox Company	413 shares common stock	66,471	49,589
	Colgate-Palmolive Co.	522 shares common stock	47,248	47,450
	Comcast Corp. (Class A)	2,664 shares common stock	98,824	95,078
	Constellation Energy Corp.	152 shares common stock	30,480	49,060
	CSG Systems International Inc.	925 shares common stock	49,713	60,412
	CSX Corp.	908 shares common stock	29,399	29,628
	CTO Realty Growth Inc.	1,401 shares common stock	27,690	24,181
	D.R. Horton Inc.	489 shares common stock	68,482	63,042
	Deckers Outdoor Corp.	320 shares common stock	64,218	32,982
	Dominion Energy Inc.	576 shares common stock	31,311	32,556
	Emerson Electric Co.	357 shares common stock	44,559	47,599
	EQT Corp.	1,344 shares common stock	63,908	78,382
	Eversource Energy	1,230 shares common stock	71,089	78,253
	FactSet Research Systems Inc.	137 shares common stock	65,078	61,277
	General Dynamics Corp.	225 shares common stock	59,599	65,624
	Hanover Insurance Group	185 shares common stock	29,121	31,426
	Illinois Tool Works Inc.	331 shares common stock	85,625	81,840
	Iron Mountain Inc.	697 shares common stock	74,236	71,491
	Johnson & Johnson	837 shares common stock	122,628	127,852
	JPMorgan Chase & Co.	290 shares common stock	71,690	84,074
	L3Harris Technologies Inc.	433 shares common stock	92,845	108,614
	Labcorp (Laboratory Corp. of America)	102 shares common stock	24,205	26,776
	Lam Research Corp.	519 shares common stock	39,611	50,519

WINDBER MEDICAL CENTER RETIREMENT PLAN
EIN: 25-1244202
PLAN NUMBER: 001
SCHEDULE H LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2025

(Continued)

(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
	Linde plc	142 shares ordinary stock	61,267	66,624
	Lowe's Companies Inc.	596 shares common stock	150,548	132,235
	McDonald's Corp.	254 shares common stock	74,370	74,211
	Medtronic plc	1,038 shares ordinary stock	87,564	90,482
	Merck & Co., Inc.	447 shares common stock	43,265	35,385
	Meta Platforms Inc.	102 shares common stock	51,037	75,285
	Microchip Technology Inc.	456 shares common stock	25,518	32,089
	Micron Technology Inc.	503 shares common stock	50,275	61,995
	Microsoft Corp.	563 shares common stock	242,643	280,042
	Morgan Stanley	275 shares common stock	35,494	38,737
	NextEra Energy Inc.	1,703 shares common stock	121,407	118,222
	Nike, Inc. (Class B)	711 shares common stock	52,695	50,509
	Norfolk Southern Corp.	308 shares common stock	73,933	78,839
	NVIDIA Corp.	442 shares common stock	59,523	69,832
	Patterson-UTI Energy Inc.	4,460 shares common stock	36,976	26,448
	Paychex Inc.	433 shares common stock	61,974	62,984
	PepsiCo Inc.	526 shares common stock	78,777	69,453
	Phillips 66	380 shares common stock	43,724	45,334
	Procter & Gamble Co.	467 shares common stock	77,837	74,402
	RTX Corporation (Raytheon)	686 shares common stock	81,715	100,170
	Salesforce, Inc.	120 shares common stock	40,102	32,723
	Shopify Inc. (Class A)	446 shares common stock	48,764	51,446
	Starbucks Corp.	333 shares common stock	31,046	30,513
	Symbotic Inc. (Class A)	904 shares common stock	23,742	35,120
	Target Corp.	411 shares common stock	54,097	40,545
	TE Connectivity Ltd.	269 shares ordinary stock	39,142	45,372
	The Hershey Company	192 shares common stock	31,169	31,862
	U.S. Bancorp (New)	707 shares common stock	33,908	31,992
	UnitedHealth Group Inc.	181 shares common stock	92,156	56,467
	Verizon Communications Inc.	617 shares common stock	24,554	26,698
	Vulcan Materials Company	183 shares common stock	48,801	47,730
	Walmart Inc.	990 shares common stock	92,926	96,802
	WEC Energy Group Inc.	831 shares common stock	80,242	86,585
	Total Common Stock		5,110,790	5,208,990
	Registered Investment Companies			
	American Funds EuroPacific Growth Fund (F2 class)	International equity mutual fund	60,000	64,903
	Federated International Leaders Fund (Inst. Class)	International equity mutual fund	60,000	71,400
	Federated MDT Large Cap Growth Fund (Inst. Class)	Large-cap growth stock mutual fund	141,427	149,300
	Federated MDT Mid-Cap Growth Fund (#656)	Mid-cap growth stock mutual fund	289,893	308,012
	Federated Total Return Ultra-Short Bond Fund (Inst.)	Fixed income mutual fund (ultra-short duration)	150,000	150,324
	Fenimore Asset Mgmt. FAM Small Cap Fund (Inst.)	Small-cap stock mutual fund	159,929	149,122
	Global X MLP & Energy Infrastructure ETF (MLPX)	Energy infrastructure MLP ETF	42,779	43,047
	Invesco Oppenheimer Int'l Small/Mid Co. Fund (Y)	International small/mid-cap fund	30,000	34,599
	Invesco Oppenheimer Sr. Floating Rate Fund (Class Y)	Fixed income mutual fund (floating-rate loans)	100,000	98,179
	JP Morgan Mid-Cap Value Fund (Inst. Class)	Mid-cap value stock mutual fund	289,893	287,386
	JPMorgan Equity Premium Income ETF (JEPI)	U.S. large-cap equity income ETF	69,590	67,822
	SPDR S&P Aerospace & Defense ETF (XAR)	Aerospace & defense sector ETF	36,697	45,563
	Vanguard 500 Index Fund (Admiral Shares)	S&P 500 index fund	61,617	63,722
	Wasatch Core Growth Fund (Inst. Class)	Small/mid-cap growth stock fund	259,929	240,513
	Total Registered Investment Companies		1,751,754	1,773,892
	Other Securities			
	Alameda County, CA Taxable GO Bonds (2022 Series B)	3.649% Taxable GO Bonds, due 2030 (par \$75,000)	70,807	73,592
	Arlington County, VA Industrial Dev. Auth. (Series 2020B)	1.24% Taxable Refunding Bonds, due 2026 (par \$60,000)	57,617	58,196
	Cuyahoga County, OH Sales Tax Revenue Bonds (Series B)	3.376% Taxable Revenue Bonds, due 2030 (par \$90,000)	83,101	87,177
	Florida State Board of Governors (Universities) (2023 Series A)	5.00% Taxable Bonds, due 2027 (par \$75,000)	75,120	76,451
	Indiana Housing & Comm. Dev. Authority (Mortgage Bonds, 2022 Series D)	4.30% Taxable Mortgage Bonds, due 2028 (par \$100,000)	97,773	100,150
	Maryland State Comm. Dev. Administration (Residential Rev. Bonds, 2023 Series D)	5.042% Taxable Revenue Bonds, due 2026 (par \$45,000)	44,994	45,389
	Massachusetts State (Spl. Obligation Revenue Bonds, Series 2022A)	3.68% Taxable Revenue Bonds, due 2026 (par \$100,000)	98,081	99,633
	Middlesex County, NJ Improvement Authority (2023 Series D)	4.60% Taxable GO Bonds, due 2029 (par \$50,000)	49,604	50,896
	Schertz-Cibolo-Universal City, TX (Unlimited Tax Ref. Bonds, 2021 Series B)	5.00% Taxable Refunding Bonds, due 2027 (par \$55,000)	55,202	55,828
	Total Other Securities		632,299	647,312
	Total		\$ 11,601,892	\$ 11,780,313

This schedule was derived from data certified by Somerset Trust Company

*Party-In-Interest

Windber Medical Center Retirement Plan
EIN/PN: 25-1244202/001
Attachment to the 2024 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

No.	Type of Base	Present Value of Remaining Installments	Valuation Date Base Established	Years Remaining in Amortization Period	Amortization Installment
1	Shortfall	673,559	7/1/2020	11	77,354
2	Shortfall	(323,661)	7/1/2021	12	(34,859)
3	Shortfall	336,533	7/1/2022	13	34,221
4	Shortfall	131,156	7/1/2023	14	12,664
5	Shortfall	36,175	7/1/2024	15	3,333
Total		853,762			92,713