

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2022

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 02/01/1967
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) LANCASTER GENERAL HEALTH
C/O DIRECTOR OF EMPLOYEE BENEFITS 555 NORTH DUKE STREET, PO BOX 3555 LANCASTER, PA 17604-3555
2b Employer Identification Number (EIN) 23-2250941
2c Plan Sponsor's telephone number 717-544-4109
2d Business code (see instructions) 622000

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

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

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

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

Form 5500 (2022) v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year		5	6566
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		6a(1)	2879
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3F 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			

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

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

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

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan <u>LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LANCASTER GENERAL HEALTH</u>		
D Employer Identification Number (EIN) <u>23-2250941</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>809541967</u>	
b Actuarial value.....	2b	<u>767849100</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1856</u>	<u>363473711</u>	<u>363473711</u>
b For terminated vested participants.....	<u>1768</u>	<u>91961264</u>	<u>91961264</u>
c For active participants.....	<u>2879</u>	<u>245249954</u>	<u>24524961</u>
d Total.....	<u>6503</u>	<u>700684929</u>	<u>700859936</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			<u>5.45 %</u>
6 Target normal cost.....			
a Present value of current plan year accruals.....			<u>0</u>
b Expected plan-related expenses.....			<u>4446000</u>
c Total (line 6a + line 6b).....			<u>4446000</u>

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

SIGN HERE		
	Signature of actuary	<u>09/15/2023</u> Date
	<u>TIMOTHY WAITE</u> Type or print name of actuary	<u>23-06310</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>215-982-4600</u> Telephone number (including area code)
	<u>1717 ARCH STREET, SUITE 1100 PHILADELPHIA, PA 19103</u> Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	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>7.96</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).....		4575664
	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>5.63</u> %.....		257610
	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.....		4833274
	d Portion of (c) to be added to prefunding balance.....		4833274
12	Other reductions in balances due to elections or deemed elections.....	0	4833274
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	109.55 %
15	Adjusted funding target attainment percentage	15	109.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	103.39 %
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
Totals ▶			18(b)	0	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	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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	4446000
b Excess assets, if applicable, but not greater than line 31a	31b	4446000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANCASTER GENERAL HEALTH</u>	D Employer Identification Number (EIN) <u>23-2250941</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

BLACKSTONE PARTNERS

13-3304818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INV ADVISOR	307550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LANCASTER GENERAL HEALTH</u>	D Employer Identification Number (EIN) <u>23-2250941</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INTERMEDIATE DURATION</u>	b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>	
c EIN-PN <u>20-4659714-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LONG DURATION COMMINGLED POOL</u>	b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>	
c EIN-PN <u>20-4659714-053</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<p>SCHEDULE H (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p>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).</p> <p>► File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2022</p> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
<p>A Name of plan LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ► 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LANCASTER GENERAL HEALTH</p>	<p>D Employer Identification Number (EIN) 23-2250941</p>

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1) 5000000	0
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3) 1544794	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1) 7460262	0
(2) U.S. Government securities.....	1c(2) 45841673	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B) 131202216	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A) 344492	0
(B) Common.....	1c(4)(B) 29378628	0
(5) Partnership/joint venture interests.....	1c(5) 56861273	0
(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) 205324491	0
(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) 320344106	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15) 6578751	0

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	809880686	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	49840	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	49840	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	809830846	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	8437158	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8437158
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	3833	
(B) Common stock.....	2b(2)(B)	695931	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-163780161
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-154643239
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34425239	
(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)		34425239
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5149961	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5149961
j Total expenses. Add all expense amounts in column (b) and enter total	2j		39575200
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-194218439
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		615612407

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: **HORSEY, BUCKNER, & HEFFLER, LLP** (2) EIN: **82-1803066**

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
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.....	4n			

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)
RETIREMENT PLAN OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PRESBYTERIAN MEDICAL CENTER, AND THE PENNSYLVANIA HOSPITAL	23-1352685	006

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 480269.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LANCASTER GENERAL HEALTH</u>	D Employer Identification Number (EIN) <u>23-2250941</u>	

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

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

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

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 41-6257133

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	14
---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 44.0 % Investment-Grade Debt: 47.0 % High-Yield Debt: 1.0 % Real Estate: _____ % Other: 8.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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 _____

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN
Financial Statements and Supplementary Information
For the Years Ended December 31, 2022 and 2021
With Independent Auditor's Report

HORSEYBUCKNER & HEFFLER
Accountants & Advisors

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN
Financial Statements and Supplementary Information
For the Years Ended December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator,
Lancaster General Health Defined Benefit Plan:

Opinion

We have audited the financial statements of Lancaster General Health Defined Benefit Plan, (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 (in liquidation) and 2021 (ongoing), and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2022 (in liquidation), and the related statements of changes in accumulated plan benefits for the year then ended, and the related notes to financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Lancaster General Health Defined Benefit Plan as of December 31, 2022 (transfer of plan assets) and 2021, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year ended December 31, 2022 (in liquidation), in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Lancaster General Health Defined Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 8 to the financial statements, Plan management effective December 31, 2022 formally amended the Plan to terminate as of December 31, 2022. As Plan management has determined that liquidation of the Plan's assets will occur during the year ended December 31, 2022, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2021 financial statements to the liquidation basis used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

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 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

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 generally accepted auditing standards 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 Lancaster General Health Defined Benefit 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.

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.

Horsey, Buckner & Heffler, LLP

October 16, 2023

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Statements of Net Assets Available for Benefits

As of December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
<i>Investments, at fair value</i>		
Cash and cash equivalents	\$ -	\$ 7,460,262
Government securities	-	52,420,424
Fixed income	-	131,202,216
Common and preferred stocks	-	29,723,120
Mutual funds	-	320,344,106
Common collective trusts, fixed income funds	-	205,324,491
<i>Hedge funds</i>		
Absolute return	-	56,861,273
Total investments	<u>-</u>	<u>803,335,892</u>
<i>Receivables</i>		
Employer contribution	-	5,000,000
Other	-	122,154
dividends	-	75,100
Accrued income	-	1,347,540
Total receivables	<u>-</u>	<u>6,544,794</u>
LIABILITIES		
Due to brokers for securities purchased	-	49,840
Net assets available for benefits	<u>\$ -</u>	<u>\$ 809,830,846</u>

The notes to the financial statements are an integral part of this statement.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2022

<i>Investment income</i>	
Interest	\$ 9,136,922
Net realized and unrealized (depreciation) in fair value of investments	<u>(163,780,161)</u>
Total investment income	<u>(154,643,239)</u>
Total additions	<u>(154,643,239)</u>
Benefit paid directly to participants	<u>34,425,239</u>
Total benefits paid	34,425,239
Administrative expenses	<u>5,149,961</u>
Total deductions	<u>39,575,200</u>
Net decrease	(194,218,439)
Transfer of plan assets due to merger	<u>(615,612,407)</u>
<i>Net asset available for benefits</i>	
Beginning of year	<u>809,830,846</u>
End of year	<u><u>\$ -</u></u>

The notes to the financial statements are an integral part of this statement.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Statements of Accumulated Plan Benefits
For the Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
<i>Vested benefits</i>		
Participants currently receiving payments	\$ -	\$ 355,730,809
Other participants	-	343,442,233
Total actuarial present value of accumulated plan benefits	<u>\$ -</u>	<u>\$ 699,173,042</u>

The notes to the financial statements are an integral part of this statement.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Statement of Changes in Accumulated Plan Benefits

For the Year Ended December 31, 2022

Actuarial present value of accumulated plan benefits at the beginning of year	<u>\$ 699,173,042</u>
<i>Increase (decrease) during the year attributable to</i>	
Benefits accumulated and (gains) losses	1,443,274
Increase for interest due to decrease in discount period	37,429,341
Benefits paid	(34,411,503)
Changes in actuarial assumptions	(88,021,747)
Other changes (merger)	<u>(615,612,407)</u>
Net decrease	<u>(699,173,042)</u>
Actuarial present value of accumulated plan benefits at the end of year	<u><u>\$ -</u></u>

The notes to the financial statements are an integral part of this statement.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 1 DESCRIPTION OF PLAN

The following description of the Lancaster General Health Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering all eligible employees of Lancaster General Hospital (the Organization); Lancaster General Medical Group; Pennsylvania College of Health Sciences; Lancaster General Services, Inc.; Affilia Home Health; Lancaster General Health – Columbia Center and The MRI Group, LLP (collectively, the Plan Sponsor) who are age 21 and over and have completed one year of service (1,000 hours). The Plan is administered by the "committee." For periods before June 21, 2021, the committee was comprised of persons appointed by the Organization to administer the Plan. Effective as of June 21, 2021, the committee was dissolved and the UPHS Retirement Plans Committee assumed its responsibilities and comprised the committee. The committee has overall responsibility for the operation and administration of the Plan. Except as noted below, the committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan Sponsor's Board of Trustees voted on November 18, 2010, to approve freezing eligibility in the Plan, effective January 1, 2011. As amended, any employee who is first employed, or reemployed on or after January 1, 2011, will not be eligible to participate in the Plan, except for terminated vested participants who will continue to participate in the Plan, but will not accrue additional benefits.

On January 17, 2013, the Plan Sponsor's Board of Trustees adopted an amendment to freeze accrued benefits in the Plan, effective June 30, 2013, for all participants (accrued benefits were previously frozen June 30, 2012 for participants employed by Affilia Home Health). A participant will continue to vest in their accrued benefits based on the years of service with which they are credited under the terms of the Plan notwithstanding the benefit freeze, effective June 30, 2013, for all participants (June 30, 2012 for participants employed by Affilia Home Health).

The Plan was restated on January 1, 2020, to meet the restatement requirements issued by the Internal Revenue Service (IRS) for EGTRRA to PPA compliance.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 1 DESCRIPTION OF PLAN *(continued)*

General *(continued)*

The Plan was amended, effective November 19, 2020, to authorize the purchase of group annuity contracts for the benefit of approximately 950 annuitized participants of the Plan (as further defined in the Plan amendment). As a result, the Plan disbursed \$15,955,633 to Western-Southern Life Assurance Company (Western & Southern) on November 24, 2020, in exchange for Western & Southern assuming full responsibility for the pension liability associated with the Plan's annuitants, effective February 1, 2021. The annuitized participants are defined in the Plan amendment to include the participant, former participant or other (defined as beneficiary, spouse, joint annuitant, or other person entitled to a monthly payment as part of a qualified domestic relations order) to whom the Plan had commenced payment for their accrued benefit due under the Plan on or before August 1, 2020, and for which the monthly benefit payment being made does not exceed \$300.

Effective March 1, 2021, the plan administrator was transitioned from Prudential Retirement Insurance and Annuity Company to Fidelity Management Trust Company, commensurate with the University of Pennsylvania Health System (UPHS and the Plan Sponsor's parent company) and other entities transitioning outsourced administrative functions to one common record keeper. The defined benefit plan document was not restated as a result of this record-keeper transition.

Effective June 1, 2022, the Plan Sponsor agreed to transfer investment management responsibility of the Plan's assets to the University of Pennsylvania's Office of Investments (Penn OI). As of the effective date, Penn OI has the authority to oversee and manage the Plan's total investment portfolio. Commensurate with this transfer of assets, the Plan custodian also changed from Wells Fargo Bank, N.A (Principal) and became State Street Bank as of the effective date.

Effective December 31, 2022, the Plan merged with the Princeton HealthCare System Pension Plan and the Retirement Plan of the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center and Pennsylvania Hospital to create, a single, combined qualified defined benefit plan to be known as the University of Pennsylvania Health System Pension Plan. As a result, investments totaling \$615,612,407 were transferred from the Plan into the University of Pennsylvania Health System Pension Plan as of that date.

Each Participant who was participating in the LGH Plan or Princeton Plan as of December 31, 2022, shall be entitled to the benefit such Participant accrued under such plan as of December 31, 2022, in accordance with the terms of such plan. For periods on and after January 1, 2023, each Participant's benefit shall be administered in accordance with the general administrative terms of the University of Pennsylvania Health System Pension Plan.

Commensurate with the merger into the University of Pennsylvania Health System Pension plan, the Plan had a change in service providers (custodian), from Principal to State Street Bank and Trust Company.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 1 DESCRIPTION OF PLAN *(continued)*

Eligibility

Normal retirement is at age 65. Early retirement is permitted at age 55 with 15 years of credited service, with actuarially reduced payments. Employees of Affilia Home Health hired prior to July 1, 1998 are eligible for early retirement at age 55.

Retirement Benefits

Participants employed as of March 28, 2008 were given a choice of continuing in the existing Final Average Pay formula or electing a Career Average Pay formula for future accruals, which was effective June 28, 2008. Participants hired on March 29, 2008, or after will receive benefits under the Career Average Pay formula. Benefits under the Final Average Pay formula are based on employees' compensation during the highest compensated consecutive five-year period of employment out of the last 10 years of credited service, determined as of June 30, 2013. Benefits under the Career Average Pay formula are based on 0.75% of career pay. For participants electing the Career Average Pay formula, the average compensation used to determine the accrued benefit under the Final Average Pay formula was frozen as of June 27, 2008.

Participants can elect payments in the form of a single annuity, a life annuity with a 10-year certain provision or a qualified joint and survivor annuity. Participants who were employed by Affilia Home Health and Lancaster General Health – Columbia Center can also select from other options, including a life annuity with a five- or 15-year guaranteed payment.

The Plan states that if the equivalent actuarial value of the participant's vested accrued benefit is greater than \$1,000, but not greater than \$5,000, the participant may elect a distribution in a lump-sum payment. The Plan, as initially written, stated that only those participants terminated prior to eligibility for retirement were eligible for the lump-sum payment. However, the Plan was amended in 2017 through the Voluntary Correction Program with the IRS to correct the Plan wording to also incorporate those participants who terminated after attaining eligible retirement age.

Vesting

All participants with benefit accruals in the Plan prior to December 31, 2010 became vested after the completion of five years of service or age 65, whichever came first.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 1 DESCRIPTION OF PLAN *(continued)*

Death Benefits

In the case of a participant who dies after the date on which the participant attained his earliest retirement age, the spouse receives the benefits that would have been payable had the participant retired the day before his death and elected immediate retirement under the 50% joint and survivor option. In the case of a participant who dies prior to attainment of his earliest retirement age, the spouse receives the benefit that would have been payable had the participant terminated on the date of death, survived until early retirement and elected a 50% joint and survivor option.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting

The financial statements for the year ended December 31, 2022 are prepared using the liquidation basis of accounting based on the merger that took place on December 31, 2022 (Note 1) and the determination by the Plan that liquidation is imminent.

For the year ended December 31, 2021, the financial statements were 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 (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. All Plan assets were transferred to the University of Pennsylvania Health System Pension Plan before close of business on December 31, 2022.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)*

Investment Valuation and Income Recognition *(continued)*

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. Investments managed by Prudential Retirement Insurance and Annuity Company and State Street (the trustees) of the Plan. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian(s). See Note 6 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on the accrual basis. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

The Plan also invests in a variety of alternative investments, including hedge funds which are valued at their net asset value (NAV) per share. The investment managers calculate NAV, which is used as a practical expedient to estimate the fair value. These alternative investments are primarily in private equity funds, in which underlying investments are in marketable securities, currencies, limited partnerships, commodities and energy portfolios and forward and swap contracts.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. The Pension Benefit Guaranty Corporation (PBGC) premium payments are paid by the Plan. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments, and the Plan is reimbursed for these amounts by the Plan Sponsor.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services rendered by employees to the valuation date. 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 payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

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

The significant assumptions underlying the calculations are as follows:

	<u>December 31, 2022</u>	<u>December 31, 2021</u>
Investment return	-	5.00%
Mortality (healthy and disabled)	Not applicable.	Amount-weighted aggregate rates from PRI-2012 Mortality Study (projected generationally from 2012 with Scale MP- 2020)
Mortality (contingent survivor)	Not applicable.	Amount-weighted contingent survivor rates from PRI-2012 Mortality Study (projected generationally from 2012 with Scale MP-2020)
Normal retirement	Not applicable.	60 years old if 15 years vesting, otherwise age 65 for terminated vested; actives range from age 55 to 71

Effective June 30, 2013, no compensation that is paid after June 30, 2013 will be considered by the Plan for purposes of benefit accruals, no years of benefit service will be counted after June 30, 2013 and benefit accruals under the Plan shall be frozen.

The cost of the Plan is actuarially determined by the projected-unit credit cost method. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Due to the plan merger at December 31, 2022, actuarial assumptions and other factors were used in determining the actuarial present value of accumulated Plan benefits.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 4 RISKS AND UNCERTAINTIES

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

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

NOTE 5 INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

Except as undertaken by the Penn IO for periods after June 1, 2021, the committee determines the Plan's valuation policies utilizing information provided by its investment advisers and custodian(s). The plan administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C). Accordingly, as permitted under such election, the custodian, State Street Bank and Trust Company, have certified the completeness and accuracy of all investments and accrued interest receivable as of December 31, 2022 in the accompanying statement of net assets available for benefits and the related investment income activity for the year ended December 31, 2022 in the accompanying statement of changes in net assets available for benefits. No auditing procedures were performed by the independent auditors as permitted by ERISA Section 103(a)(3)(C) with respect to information certified as complete and accurate by the Custodians, except for comparing such information with the related information included in the financial statements. Based on information provided and certified by the custodians, there are no fixed-income obligations, leases or debt instruments in default or deemed uncollectible, as defined by ERISA, for the years ended December 31, 2022 and 2021. Investment information is summarized as follows and reflects investment information which has been certified, as well as investment information which has not been certified.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 5 INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

(continued)

The following is a schedule of investments at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
<i>Investments, at fair value</i>		
Cash and cash equivalents	\$ -	\$ 7,460,262
U.S. Government securities	-	52,420,424
Fixed income	-	131,202,216
Common and preferred stocks	-	29,723,120
Mutual funds	-	320,344,106
	<u>-</u>	<u>541,150,128</u>
Investments (certified by trustees)	-	541,150,128
Common collective trusts, fixed income funds	-	205,324,491
<i>Hedge funds</i>		
Real assets	-	-
Absolute return	-	56,861,273
	<u>-</u>	<u>56,861,273</u>
Investments (certified by trustees)	-	262,185,764
	<u>-</u>	<u>262,185,764</u>
Total investments, at fair value	<u>\$ -</u>	<u>\$ 803,335,892</u>

The Plan's investments (including investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value and earned interest and dividends for years ended December 31, 2022 and 2021 as follows:

	<u>2022</u>		<u>2021</u>	
	<u>Net Appreciation in Fair Value during Year</u>	<u>Interest and Dividends</u>	<u>Net Appreciation in Fair Value during Year</u>	<u>Interest and Dividends</u>
Certified by trustees	\$ -	\$ -	\$ 52,578,672	\$ 10,392,865
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 52,578,672</u>	<u>\$ 10,392,865</u>

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 6 FAIR VALUE MEASUREMENTS

The accounting guidance for fair value includes a fair value hierarchy that is intended to increase consistency and comparability in fair value measurements and related disclosures. The fair value hierarchy is based on inputs to valuation techniques that are used to measure fair value that are either observable or unobservable. Observable inputs reflect assumptions market participants would use in pricing an asset or liability based on market data obtained from independent sources while unobservable inputs reflect a reporting entity's pricing based upon their own market assumptions. The fair value hierarchy consists of the following three levels:

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

Level 2: Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable and market-corroborated inputs which are derived principally from or corroborated by observable market data.

Level 3: Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable. The Plan does not hold any Level 3 investments.

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

See Note 2 for a description of the valuation methodologies used for assets measured at fair value.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 6 FAIR VALUE MEASUREMENTS *(continued)*

Fair value measurements of investments in certain investments that calculate NAV per share as of December 31, 2022 and 2021 are as follows:

	<u>2022</u> <u>Fair Value</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice</u> <u>Period</u>	<u>Lockup</u> <u>Period</u>
Pooled separate account	\$ -	N/A	N/A	N/A
Common collective trusts, fixed income	-	N/A	N/A	N/A
<i>Hedge funds</i>				
Real asset diversified inflation fund	-	N/A	N/A	N/A
Absolute return diversified nontaxable offshore fund (a)	-	N/A	N/A	N/A
Real asset diversified inflation fund	-	N/A	N/A	N/A

	<u>2022</u> <u>Fair Value</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice</u> <u>Period</u>	<u>Lockup</u> <u>Period</u>
Pooled separate account	\$ -	N/A	N/A	N/A
Common collective trusts, fixed income	-	N/A	N/A	N/A
<i>Hedge funds</i>				
Real asset diversified inflation fund	-	Monthly	10 days	N/A
Absolute return diversified nontaxable offshore fund (a)	-	Semi-annually	95 days	N/A
Real asset diversified inflation fund	-	Rolling 30-day period	N/A	N/A

- (a) Absolute return diversified nontaxable offshore fund. Investments in this fund focus on multi-strategy investing including, but not limited to, a variety of investee funds with investment strategies in limited partnerships, private equity, commodity funds and managed foreign currency futures.

Because the alternative investments in common collective trusts and hedge funds are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for such investments existed. These instruments may contain elements of both credit risk and market risk. Such risks include, but are not limited to, limited liquidity, absence of regulatory oversight, dependence on key individuals, emphasis on speculative investments and nondisclosure of portfolio composition.

There were no unfunded commitments as of December 31, 2022 and 2021.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 7 FUNDING POLICY

The Plan Sponsor contributes such amounts as necessary to provide the Plan with assets sufficient to fully provide for all employee benefits by the time they retire. The Plan Sponsor's funding policy is to contribute not less than the actuarially determined minimum funding standard.

There was no contribution for the Plan year 2022. The contribution of \$5 million for the Plan year 2021 was paid in August 2022.

The Plan Sponsor's contributions for 2022 and 2021 satisfied the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

NOTE 8 PLAN TERMINATION

Effective December 31, 2022, the Plan was formally amended to terminate as of December 31, 2022 due to the merger with the Princeton HealthCare System Pension Plan and the Retirement Plan of the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center and Pennsylvania Hospital to create the University of Pennsylvania Health System Pension Plan. In accordance with the amendment, no employees were eligible to participate in the former Plan. All participants in the Plan became 100% vested. The Plan was required to transfer the vested participant account balances within a reasonable period of time. As of January 1, 2023, the Plan had distributed a total of \$615,612,407, representing transfers to the University of Pennsylvania Health System Pension Plan.

NOTE 9 TAX STATUS

The Plan has received a determination letter from the IRS dated October 14, 2020, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2022 and 2021 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements. Any penalties as a result of the examination would be the responsibility of the Plan Sponsor.

LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN

Notes to Financial Statements

For the Years Ended December 31, 2022 and 2021

NOTE 10 RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by State Street, trustee as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Fees paid by the Plan to the aforementioned custodians amounted to \$582,365 during the year ended December 31, 2022.

NOTE 11 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 16, 2023, the date the financial statements were available to be issued. Based on that evaluation, the Plan has determined no subsequent events have occurred that require adjustment to or disclosure in the financial statements, except as disclosed.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29				2							2
30–34		1	4	32	60						97
35–39		4	11	63	240	41					359
40–44		2	12	63	164	157	24				422
45–49		1	6	33	118	117	87	16			378
50–54			12	39	138	122	69	76	14		470
55–59		2	6	30	135	94	64	58	103	21	513
60–64			2	27	121	102	67	29	55	78	481
65–69			2	14	45	23	11	11	7	17	130
70 & up		1	2	15	6	2				1	27
Total		11	57	318	1,027	658	322	190	179	117	2,879
											9,957

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average annual accrued benefit. Average annual accrued benefit is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2022 funding valuation**

Discount rate sponsor elections		
Segment rates or full yield curve	Segment	
Look-back months	4	
	Stabilized	Nonstabilized
First 5 years	4.75%	1.07%
Next 15 years	5.18%	2.68%
Over 20 years	5.92%	3.36%
Mortality sponsor elections		
Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables.	
Other economic assumptions		
Expected investment return	4.80% per year for the 2022 plan year, 4.63% per year for 2021 and 5.00% for the 2020 plan year	
Expenses	\$4,446,000 added to current year normal cost	

Rationale for significant economic assumptions

- Discount rate: The discount rate assumption for funding purposes is prescribed by the IRS and elected by the plan sponsor.
- Mortality: The mortality rate for funding purposes is prescribed by the IRS and elected by the plan sponsor.
- Expected investment return – Based on the target asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment LLC’s Capital Markets Outlook, net of an adjustment of 7 basis points for investment expenses assumed to be paid from plan assets.
- Expenses – For target normal cost purposes, expenses are assumed to be actual administrative expenses for the most recent plan year, adjusted to reflect expected changes in PBGC premiums, rounded up to the next thousand dollars.

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

Demographic assumptions			
<ul style="list-style-type: none"> Withdrawal 	Attained age	WITHDRAWAL Rates	
	20	7.50%	
	25	7.50%	
	30	5.00%	
	35	5.00%	
	40	5.00%	
	45	3.50%	
	55	5.00%	
	60	10.00%	
	65	0.00%	
<ul style="list-style-type: none"> Retirement age 	Attained age	Retirement Rates	
	55	2.50%	
	56	2.50%	
	57	2.50%	
	58	2.50%	
	59	5.00%	
	60	5.00%	
	61	12.50%	
	62	12.50%	
	63	10.00%	
	64	30.00%	
	65	35.00%	
	66	30.00%	
	67	20.00%	
	68	20.00%	
	69	20.00%	
70	30.00%		
71+	100.00%		
<ul style="list-style-type: none"> Disability incidence 	See table below		
<ul style="list-style-type: none"> Benefit commencement age for <ul style="list-style-type: none"> – Future vested deferred – Current vested deferred 	Age 60 if 15 years of vesting service else 65		
<ul style="list-style-type: none"> Spouse assumptions 	Male participants	Female participants	
	– Percentage married	85%	85%
	– Spouse age difference	3 years younger	3 years older

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

Form of payment	Single Life	100% J&S
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Future deaths	100%	0%
• Current vested deferred	50%	50%
Unpredictable contingent event assumptions	Not applicable	

Table of disability rates

Attained age	Male	Female
25	0.04%	0.04%
30	0.04%	0.06%
35	0.05%	0.10%
40	0.11%	0.18%
45	0.22%	0.34%
50	0.46%	0.56%
55	0.96%	0.89%
60	1.61%	1.27%
65+	0.00%	0.00%

Rationale for significant demographic assumption

Withdrawal rates, retirement rates and form of payment, and vested deferred commencement age assumptions are based on Aon’s experience study report titled Lancaster General Health Defined Benefit Plan 2019 Assumption Review, issued August 2019 and the expectations that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. These assumptions have been used at Penn Medicine’s direction. We believe the assumptions are acceptable based on preliminary review along with our understanding of Aon’s qualifications to perform the experience study. Mercer will continue to reassess these assumptions as additional demographic experience becomes available

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

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ Round off amounts to nearest dollar.

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

A Name of plan LANCASTER GENERAL HEALTH DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LANCASTER GENERAL HEALTH	D Employer Identification Number (EIN) 23-2250941	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2022</u>		
2 Assets:			
a Market value		2a	809,541,967
b Actuarial value		2b	767,849,100
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	1,856	363,473,711	363,473,711
b For terminated vested participants	1,768	91,961,264	91,961,264
c For active participants	2,879	245,249,954	245,424,961
d Total	6,503	700,684,929	700,859,936
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b
5 Effective interest rate			5 5.45%
6 Target normal cost			
a Present value of current plan year accruals			6a 0
b Expected plan-related expenses			6b 4,446,000
c Total (line 6a + line 6b)			6c 4,446,000

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	<i>TIMOTHY WAITE TW</i>	9/15/2023	
	Signature of actuary	Date	
TIMOTHY WAITE		2306310	
	Type or print name of actuary	Most recent enrollment number	
MERCER		215-982-4600	
	Firm name	Telephone number (including area code)	
1717 ARCH STREET, SUITE 1100			
PHILADELPHIA PA 19103			
Address of the firm			

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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>7.96%</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)		4,575,664
	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>5.63%</u>		257,610
	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		4,833,274
	d Portion of (c) to be added to prefunding balance		4,833,274
12	Other reductions in balances due to elections or deemed elections	0	4,833,274
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	109.55%
15	Adjusted funding target attainment percentage	15	109.55%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.39%
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	
Totals ▶			18(b)	0	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	0
	b Contributions made to avoid restrictions adjusted to valuation date	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) 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	4,446,000
b Excess assets, if applicable, but not greater than line 31a	31b	4,446,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under 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 SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Rate of Retirement	(C) Number of Employees Remaining	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.50%	10,000	250	13,750
56	2.50%	9,750	244	13,650
57	2.50%	9,506	238	13,546
58	2.50%	9,269	232	13,439
59	5.00%	9,037	452	26,659
60	5.00%	8,585	429	25,755
61	12.50%	8,156	1,019	62,188
62	12.50%	7,136	892	55,306
63	10.00%	6,244	624	39,339
64	30.00%	5,620	1,686	107,901
65	35.00%	3,934	1,377	89,496
66	30.00%	2,557	767	50,629
67	20.00%	1,790	358	23,985
68	20.00%	1,432	286	19,474
69	20.00%	1,146	229	15,809
70	30.00%	916	275	19,245
71	100.00%	642	642	45,547
Total			10,000	635,719
Average				63.57

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	2,142,489	2,365,932	33,063,649	37,572,070
2023	4,179,150	2,764,324	32,564,245	39,507,719
2024	6,171,721	3,338,342	32,006,894	41,516,957
2025	8,144,762	3,861,721	31,402,721	43,409,204
2026	9,922,791	4,268,070	30,695,649	44,886,510
2027	11,733,880	4,816,878	29,998,072	46,548,830
2028	13,494,543	5,134,447	29,194,093	47,823,083
2029	15,010,999	5,491,698	28,388,251	48,890,948
2030	16,392,340	5,849,136	27,529,361	49,770,837
2031	17,613,683	6,111,128	26,618,347	50,343,158
2032	18,665,694	6,339,939	25,655,868	50,661,501
2033	19,601,738	6,574,701	24,642,042	50,818,481
2034	20,367,100	6,876,708	23,575,682	50,819,490
2035	21,037,122	7,091,136	22,457,758	50,586,016
2036	21,600,046	7,217,397	21,290,136	50,107,579
2037	22,035,000	7,307,965	20,075,958	49,418,923
2038	22,366,438	7,479,612	18,819,979	48,666,029
2039	22,536,835	7,511,980	17,528,846	47,577,661
2040	22,607,678	7,568,450	16,211,192	46,387,320
2041	22,583,186	7,591,667	14,877,549	45,052,402
2042	22,473,431	7,528,249	13,540,090	43,541,770
2043	22,212,189	7,553,000	12,212,220	41,977,409
2044	21,853,106	7,491,345	10,908,251	40,252,702
2045	21,383,759	7,384,231	9,643,135	38,411,125
2046	20,810,750	7,222,346	8,431,718	36,464,814
2047	20,137,297	7,052,805	7,287,922	34,478,024
2048	19,348,854	6,876,248	6,223,943	32,449,045
2049	18,489,694	6,675,315	5,249,386	30,414,395
2050	17,547,547	6,454,358	4,370,804	28,372,709
2051	16,557,206	6,203,248	3,591,616	26,352,070
2052	15,523,275	5,901,505	2,912,047	24,336,827
2053	14,464,130	5,584,911	2,329,330	22,378,371
2054	13,394,289	5,246,602	1,838,220	20,479,111
2055	12,332,439	4,894,707	1,431,464	18,658,610
2056	11,292,631	4,541,576	1,100,415	16,934,622
2057	10,283,963	4,194,963	835,668	15,314,594
2058	9,316,625	3,857,482	627,615	13,801,722
2059	8,397,628	3,531,813	466,907	12,396,348
2060	7,533,849	3,220,546	344,840	11,099,235
2061	6,727,823	2,925,141	253,613	9,906,577
2062	5,982,020	2,646,557	186,468	8,815,045
2063	5,296,142	2,385,299	137,737	7,819,178
2064	4,668,991	2,141,464	102,805	6,913,260
2065	4,098,389	1,914,840	78,009	6,091,238
2066	3,581,568	1,704,987	60,518	5,347,073
2067	3,115,358	1,511,323	48,196	4,674,877
2068	2,696,408	1,333,175	39,469	4,069,052
2069	2,321,338	1,169,831	33,199	3,524,368
2070	1,986,850	1,020,580	28,582	3,036,012
2071	1,689,799	884,724	25,065	2,599,588

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Plan year	The 12-month period ending December 31
Effective date	Original effective date: 01-Feb-1967 Latest amendment: Amendment 2020-1.
Status of the plan	Closed and frozen

Definitions

- Participation Any employee of the employer becomes a participant upon attainment of age 21 and completion of one year of eligibility service.

Participation in the plan was frozen effective December 31, 2010.

- Vesting service One year of service for each calendar year in which the employee is credited with at least 1,000 hours of service.

- Benefit accrual service The sum of (1) and (2):
 - Benefit accrual service prior to January 1, 1976:
The last period of continuous service prior to the computation period beginning in 1976 shall be computed in years and months as benefit accrual service; and
 - Benefit accrual service after December 31, 1975:
An employee shall accrue credited service for benefit accrual for each benefit accrual computation period in which he completes 1,000 or more hours of service in accordance with the following table:

Fraction of Year of Hours of service	Credited Service
1,000-1,199	0.6
1,200-1,399	0.7
1,400-1,599	0.8
1,600-1,799	0.9
1,800 or more	1.0

Effective June 30, 2013 (June 30, 2012 for Affilia Home Health), the plan was amended to freeze further benefit accruals, including benefit accrual service and compensation.

- Compensation Compensation reportable as wages, tips, and other compensation on Federal Form W-2, excluding severance, but including deferrals under code sections 125, 132(f)(4), 402(e),(3), 402(h)(1)(B), and 403(b).

Effective June 30, 2013 (June 30, 2012 for Affilia Home Health), the plan was amended to freeze further benefit accruals, including benefit accrual service and compensation.

Schedule SB, Part V — Summary of Plan Provisions

• Average Compensation	<p>The greater of (1) or (2):</p> <ol style="list-style-type: none"> 1. Compensation for the month in which the applicable freeze date or, if earlier, the month in which benefits stop accruing plus the prior 59 consecutive months divided by 60. 2. The monthly average of the five highest consecutive calendar years compensation within the last 10 years ending with the applicable freeze date or, if earlier, the month in which benefit stops accruing plus.
------------------------	---

• Accrued benefit	Effective June 30, 2013 the plan was amended to freeze further benefit accruals.
-------------------	--

Normal retirement

• Eligibility	<p>Age 65.</p> <p>An active participant may elect to commence payment of the normal retirement benefit for benefits earned as of December 31, 2010.</p>
• Benefit	<p>The accrued benefit at normal retirement date.</p> <p>If an active participants elects to commence payment of the normal retirement benefit, the portion of the accrued benefit attributable to benefits earned after December 31, 2010 will commence at termination of employment.</p>

Early retirement

• Eligibility	<p>Age 55 and completion of 5 years of vesting service.</p> <p>Employees of the Affilia Home Health hired prior to July 1, 1998 are eligible for early retirement at age 55.</p>
• Benefit	<p>For benefits earned before February 1, 2004: Accrued benefit reduced by 1/180th per month up to 24 months and 1/360th for each of the next 60 months that benefit commencement precedes age 62.</p> <p>For benefits earned on or after February 1, 2004: Accrued benefit reduced by 10/12% per month up to 24 months and 5/12% for each of the next 96 months that benefit commencement precedes age 65.</p>

Late retirement

• Eligibility	A member may continue employment after his/her normal retirement date.
• Benefit	Participants who continue employment following Normal Retirement Date will receive benefit with actuarial equivalence increases.

Deferred vested

• Eligibility	Vesting after five years of vesting service or attainment of normal retirement age. Eligible to commence as early as age 55 if 15 years of vesting service at termination, otherwise age 65.
• Benefit	Accrued benefit payable at age 65. If eligible to commence early, same as early retirement

Surviving spouse

• Eligibility	If a married member has met the vesting requirements, the spouse will receive a benefit in the event a member dies before retiring.
---------------	---

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Spouse's benefit is 50% of the amount that would have been payable to the participant had the participant terminated employment and elected the 50% Joint and Survivor annuity at the earlier retirement age following death.
Form of benefits	
• Automatic form for unmarried participants	Single life annuity payable monthly.
• Automatic form for married participants	50% joint and survivor annuity payable monthly, actuarially reduced.
• Options	Single life annuity, qualified joint and survivor option (50%, 75% or 100%) and 10 year certain and life. Additional options available to Affilia Home Health employees hired prior to July 1, 1998. 1. Cash refund annuity paid to the beneficiary in a lump sum or installments over a period not to exceed 10 years. 2. 15 year certain and life.
• Actuarial equivalence	Non 417(e) forms of payment are actuarially equivalent based on 1951 GAM Mortality Table projected to 1970 by scale C setback 5 years at 8% interest.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment 2020-1, are included in this valuation.

- **Most recent plan amendments included:** Amendment 2020-1
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Plan amendments:* See above.
 - *Prohibited payments:* None
 - *Benefit accruals:* The plan's funding target *does not reflect any limitation on benefit accruals,* nor does the target normal cost
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

No provisions changes have occurred since the January 1, 2021 funding valuation.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2021 to 2022 in accordance with PPA.
- The expense component of normal cost decreased from \$4,353,000 to \$4,446,000 to reflect our expectations for the current plan year.
- Expected investment return was updated to reflect current capital market assumptions.