

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>WELLSPAN CHAMBERSBURG HOSPITAL</u> <u>112 NORTH SEVENTH STREET</u> <u>CHAMBERSBURG, PA 17201</u>	1c Effective date of plan <u>07/01/1965</u> 2b Employer Identification Number (EIN) <u>23-0465970</u> 2c Plan Sponsor's telephone number <u>717-267-6345</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2025	ANDREW WALKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2494
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1097
	6a(2)	1131
	6b	382
	6c	1036
	6d	2549
	6e	41
	6f	2590
	6g(1)	
6g(2)		
6h		13
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 1C

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES</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>WELLSPAN CHAMBERSBURG HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-0465970</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>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>210373985</u>
	b Actuarial value	2b	<u>231384501</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>370</u>	<u>82660319</u>
	b For terminated vested participants	<u>1027</u>	<u>40636952</u>
	c For active participants	<u>1097</u>	<u>89264846</u>
	d Total	<u>2494</u>	<u>212562117</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.38 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>5087726</u>
	b Expected plan-related expenses	6b	<u>990000</u>
	c Target normal cost	6c	<u>6077726</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>ALFRED H. JOHNSON</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>259 N. RADNOR CHESTER ROAD</u> <u>SUITE 160</u> <u>RADNOR, PA 19087</u> Address of the firm	<u>03/31/2025</u> Date <u>23-06960</u> Most recent enrollment number <u>610-834-2181</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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	25458116
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	25458116
10	Interest on line 9 using prior year's actual return of <u>5.07</u> %	0	1290726
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.54</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	7510000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19238842

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.45 %
15	Adjusted funding target attainment percentage	15	107.38 %
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	104.25 %
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? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<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** 62

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	6077726
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3334878	305410
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	
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34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 6383136

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6383136	6383136

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
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40 Unpaid minimum required contributions for all years

	40	0
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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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN CHAMBERSBURG HOSPITAL	D Employer Identification Number (EIN) 23-0465970	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: RODOLFO GARCIA	b EIN: 22-2232264
c Position: ENROLLED ACTUARY	
d Address: MSC# 17457, AON, P.O. BOX 6718 SOMERSET, NJ 08875	e Telephone: 973-463-6203

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON, THE ENROLLED ACTUARY HAS CHANGED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES</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>WELLSPAN CHAMBERSBURG HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-0465970</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>WELLSPAN HEALTH PENSION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>WELLSPAN HEALTH</u>		
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)	
<u>47-4277762-001</u>	<u>M</u>		<u>216137132</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)

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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSPAN CHAMBERSBURG HOSPITAL	D Employer Identification Number (EIN) 23-0465970

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	210377003	216137132
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	210377003	216137132
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	33006	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	33006	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	210343997	216137132

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		0
(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)		0

		(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)		13025084
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13025084

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7822425	
(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)		7822425
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7822425

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5202659
l Transfers of assets:			
(1) To this plan.....	2l(1)		590476
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: STAMBAUGH NESS, INC.

(2) EIN: 23-2846715

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534334.

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLSPAN CHAMBERSBURG HOSPITAL</u>	D Employer Identification Number (EIN) <u>23-0465970</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

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

EIN(s): 42-0127290 36-1561860

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	22
--	---	----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 41.3 % Private Equity: 2.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 52.8 %
 High-Yield Debt: 2.9 % Real Assets: 0.1 % Cash or Cash Equivalents: 0.5 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



The Chambersburg Hospital Pension Plan for Union Represented Employees

**Financial Statements and
Independent Auditor' Report**

June 30, 2024 and 2023

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**Gold underlines represent hyperlinks*

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
The Chambersburg Hospital Pension Plan for Union Represented Employees

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

We have performed audits of the financial statements of The Chambersburg Hospital Pension Plan for Union Represented Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management

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

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

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

Auditors' Responsibilities for the Audit

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

Auditors' Responsibilities for the Audit - continued

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



York, Pennsylvania
April 7, 2025

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Statements of Net Assets Available for Benefits

	June 30,	
	<u>2024</u>	<u>2023</u>
ASSETS		
Plan interest in master trust	\$ 216,137,132	\$ 210,377,003
LIABILITIES		
Administrative expense payable	<u>-</u>	<u>33,006</u>
Net assets available for benefits	<u>\$ 216,137,132</u>	<u>\$ 210,343,997</u>

See Accompanying Notes

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Statements of Changes in Net Assets Available for Benefits

	Years Ended June 30,	
	2024	2023
ADDITIONS		
Plan interest in master trust investment income	\$ 13,913,856	\$ 10,332,097
Total additions	13,913,856	10,332,097
DEDUCTIONS		
Benefits paid to participants	7,822,425	7,076,332
Administrative expenses	888,772	787,413
Total deductions	8,711,197	7,863,745
Net increase	5,202,659	2,468,352
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	210,343,997	207,210,139
Transfer in (see Note A)	590,476	665,506
End of year	<u>\$ 216,137,132</u>	<u>\$ 210,343,997</u>

See Accompanying Notes

THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES

Notes to Financial Statements
June 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of The Chambersburg Hospital Pension Plan for Union Represented Employees (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of the Chambersburg Hospital, with the exception of physicians, relief and temporary employees and those eligible management employees of the Chambersburg Hospital who were formerly covered under the Plan, but effective July 1, 1975, became covered under a separate plan known as The WellSpan Health System Merged Pension Plan. The Plan was established July 1, 1965 and provides for pension, death and disability benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

WellSpan Health (the Company) has overall responsibility for the operation and administration of the Plan.

Transfer In

Participants, upon meeting certain service requirements under the Chambersburg Hospital 401(a) Plan & Trust (the 401(a) Plan), may transfer the vested portion of their matching contributions from the 401(a) Plan sponsored by the Company into the Plan. Such money will earn interest credits starting with the effective date of the transfer and immediately become part of the participants' account. The transfer is irrevocable and may not be withdrawn by the participant until after separation from service.

Pension Benefits

Employees are entitled to a monthly retirement benefit upon reaching the age of 65. The Plan also provides benefits for early retirement with 10 years of participation and the attainment of age 60 or 20 years of participation and the attainment of age 55. Upon retirement, the accrued benefit shall be calculated and paid in accordance with the terms of the applicable pension plan as defined in the summary plan description.

Death and Disability Benefits

If a participant dies on or after their benefit commencement date, and before the entire amount of their benefit has been paid, the remaining amount shall be paid to their beneficiary in the same form and over the period in which benefits were being paid at the participant's date of death.

If an active participant with a non-forfeitable right to their accrued benefit dies before their benefit commencement date, a death benefit equal to the actuarial equivalent of their vested accrued benefit shall be paid to their beneficiary unless the participant's beneficiary as of the date of death is their surviving spouse, then the spouse could elect a life annuity with no guarantee. An active participant who becomes totally disabled prior to their normal retirement date shall be entitled to a monthly benefit equal to their accrued benefit or its actuarial equivalent reduced by one-third of 1% for each month in which the participant's benefit commencement date precedes their normal retirement date.

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN - continued

Death and Disability Benefits - continued

In the event a participant incurs a total disability, such participant shall continue to be credited with certain allocations in the Plan from the date of their total disability until the earlier of the cessation of their total disability or their benefit commencement date provided; however, if the participant returns to service with the employer within six months after the cessation of his total disability, allocations should continue in accordance with the plan document until his date of reemployment with the employer.

Vesting

Participants are fully vested upon completion of 3 years of credited service. Participants will be fully vested upon reaching their normal retirement age, regardless of the number of years of service.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Payment of Benefits

Benefit payments to participants and beneficiaries are recorded when paid.

Investment Valuation and Income Recognition

The Plan's 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. Fair value measurements are discussed in Note D. Purchases and sales are recorded on a trade date basis. Net appreciation includes the Plan's gains and losses, both realized and unrealized, on investments bought and sold as well as held during the year. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES

Notes to Financial Statements
June 30, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities of the Plan are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that those changes could materially affect the amounts reported in the statements of net assets available for benefits. As of June 30, 2024 and 2023, all investments were in the master trust.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' accumulated pension credits as determined under the Plan ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employees' service rendered to the valuation date.

NOTE C - INVESTMENTS

The Plan's investments are held in trust and administered by Northern Trust Company, the trustee, as of June 30, 2024 and 2023. The investments and investment income disclosed in the accompanying financial statements were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee.

NOTE D - INTEREST IN MASTER TRUST

The plan investments are in a master trust, which was established for the investment of assets of the Plan and The WellSpan Heath System Merged Pension Plan. Each participating pension plan has an undivided interest in the master trust. The assets of the master trust are held by The Northern Trust Company.

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements

June 30, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST - continued

The value of the Plan's interest in the master trust is based on the beginning of the year value, plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. Investment income and administrative expenses relating to the master trust are allocated to the individual plans based upon the amount of time the Plan's assets were invested in the master trust. At June 30, 2024 and 2023, the Plan's interest in the net assets of the master trust was approximately 18.2%, and 17.1%, respectively. Total investment income (including net appreciation in fair value of investments) of the master trust is allocated to the individual plans based on the proportion of assets in each plan to the total master trust.

The following table presents the investments and other assets and liabilities of the master trust as follows:

	June 30, 2024	
	Master Trust Balance	Plan's Interest In Master Trust
Common collective trust funds	\$ 996,926,231	\$ 181,468,336
Registered investment companies	120,710,210	21,972,620
Common stocks	36,965,386	6,728,730
Real estate partnerships and co-mingled trusts	29,628,092	5,393,138
Other	3,369,635	613,367
	<u>1,187,599,554</u>	<u>216,176,191</u>
Total investments		
Net transactions pending settlements	<u>(214,570)</u>	<u>(39,059)</u>
Total net assets	<u>\$ 1,187,384,984</u>	<u>\$ 216,137,132</u>

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST - continued

	June 30, 2023	
	Master Trust Balance	Plan's Interest In Master Trust
Common collective trust funds	\$ 1,000,845,274	\$ 171,551,824
Registered investment companies	131,272,868	22,501,080
Common stocks	66,730,664	11,438,099
Real estate partnerships and co-mingled trusts	29,443,735	5,046,860
Other	3,403,426	-
Interest bearing cash	615,528	105,506
	<u>1,232,311,495</u>	<u>210,643,369</u>
Total investments		
Net transactions pending settlements	(1,079,890)	(185,101)
Administrative expenses payable	(474,107)	(81,265)
	<u>(1,554,000)</u>	<u>(266,366)</u>
Total net assets	<u>\$ 1,230,757,498</u>	<u>\$ 210,377,003</u>

The following are net appreciation in the fair value of investments and investment income for the master trust for the years ended June 30:

	2024	2023
Net appreciation in fair value of investments	\$ 76,086,534	\$ 58,415,681
Investment income	5,761,443	7,087,294
	<u>\$ 81,847,977</u>	<u>\$ 65,502,975</u>

The Financial Accounting Standards Board Standard Codification 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST - continued

The following tables set forth by level, within the fair value hierarchy, the master trust's investments at fair value as follows:

	Master Trust Assets at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Common collective trust funds	\$ 996,926,231	\$ -	\$ -	\$ 996,926,231
Registered investment companies	120,710,210	-	-	120,710,210
Common stocks	36,965,386	-	-	36,965,386
Other	-	3,369,635	-	3,369,635
Total investments in the fair value hierarchy	\$ 1,154,601,827	\$ 3,369,635	\$ -	1,157,971,462
Investments measured at NAV:				
Real estate partnerships and co-mingled trusts				29,628,092
Total investments at fair value				\$ 1,187,599,554

	Master Trust Assets at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 131,272,868	\$ -	\$ -	\$ 131,272,868
Common stocks	66,730,664	-	-	66,730,664
Interest bearing cash	-	615,528	-	615,528
Total investments in the fair value hierarchy	\$ 198,003,532	\$ 615,528	\$ -	198,619,060
Investments measured at NAV:				
Common collective trust funds				1,000,845,274
Other				3,403,426
Real estate partnerships and co-mingled trusts				29,443,735
Total investments measured at NAV*				1,033,692,435
Total investments at fair value				\$ 1,232,311,495

* In accordance with Sub-Topic 820-10, certain investments that were measured at the net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy.

THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES

Notes to Financial Statements
June 30, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST - continued

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. During the year ended June 30, 2024, management reassessed the investment level of certain assets as noted below. For the year ended June 30, 2023, there were no significant transfers in or out of Levels 1, 2, or 3.

The following is a description of the valuation methodologies used for investments measured at fair value. There has been a change to the methodologies used at June 30, 2024 and 2023 as noted below.

Common Collective Trust Funds (CCT): during plan year ended June 30, 2023, CCTs are valued at the NAV. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the CCT, the investment advisor reserves the right to temporarily delay withdrawal from the CCT in order to ensure the securities liquidations will be carried out in an orderly business manner. During plan year ended June 30, 2024, the Company reevaluated its valuation methodology and decided to classify them at Level 1.

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

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Other: Investment includes immaterial miscellaneous investments that management has determined are valued using other observable inputs that are not on active markets and therefore are level 2 investments. This is a change from the previous year where management considered the investments to be measured at NAV.

Real Estate Partnerships and Co-Mingled Trusts: The Plan's investments in real estate partnerships and trusts include interest in a collection of publicly traded securities, property funds, direct property investments, and mezzanine financing. The fair value of the funds is estimated using the NAV.

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE D - INTEREST IN MASTER TRUST - continued

Interest Bearing Cash: Valued at cost which approximates fair value based on the variability of the crediting interest on these funds.

The following table summarizes investments for which fair value is measured using NAV per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice is only applicable to the Plan.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>June 30, 2024</u>				
Real estate partnerships and co-mingled trusts	\$ 29,628,092	\$ 4,501,879	-	-
<u>June 30, 2023</u>				
Common collective trust funds	\$ 1,000,845,274	\$ -	Daily to Monthly	1-30 days
Other	3,403,426	-	Annually	-
Real estate partnerships and co-mingled trusts	29,443,735	6,012,356	-	-

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE E - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary from Aon and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2023 were as follows:

- a. Mortality assumptions for lump sum payments - 2023 plan year Internal Revenue Code (IRC) section 417(e)(3) mortality table.
- b. Mortality assumptions for annuity payments - 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.
- c. Mortality rates - weighted aggregate rates from Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021.
- d. Retirement age - weighted age range from 55 to 70 or age on valuation date.
- e. Rate of return on investments - 7.30%.
- f. Current liability interest rate - 7.30%.

The actuarial cost method used is the standard unit credit cost method.

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

The actuarial present value of accumulated plan benefits is as follows:

	<u>July 1, 2023</u>
Vested benefits:	
Participants currently receiving benefits	\$ 69,121,290
Participants with deferred benefits	31,779,234
Vested benefits for other participants	<u>55,687,686</u>
Total vested benefits	156,588,210
Nonvested benefits	<u>1,282,545</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 157,870,755</u></u>

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE E - ACCUMULATED PLAN BENEFITS - continued

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of July 1, 2022	\$ 160,684,551
Increase (decrease) during the year attributable to:	
Benefits paid	(7,076,332)
Interest accumulation	10,218,135
Assumption changes	(16,084,986)
Benefits accumulated and plan experience	<u>10,129,387</u>
Net decrease	<u>(2,813,796)</u>
Actuarial present value of accumulated plan benefits as of June 30, 2023	<u>\$ 157,870,755</u>

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuations been performed as of June 30, 2023, there would be no material differences.

Changes in actuarial assumptions, as reported on the July 1, 2023 actuarial valuation, consist of a change in the most current mortality table.

NOTE F - FUNDING POLICY

Funding standards have been established by ERISA and the IRC of 1954. The Company's funding policy is to make contributions under this Plan that meet or exceed the minimum funding standards while not exceeding the maximum funding standard. Any available accumulated funding credit is considered when determining the level of contribution. The Company met the minimum funding requirements for ERISA for 2024 and 2023.

There are no required participant contributions, nor are voluntary contributions permitted by the participants under the Plan.

NOTE G - PLAN TAX STATUS

The Plan obtained its latest determination letter on April 10, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements
June 30, 2024 and 2023

NOTE G - PLAN TAX STATUS - continued

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to federal and state income tax examinations by tax authorities for fiscal years before 2021.

NOTE H - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are managed by Northern Trust Company, the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. Northern Trust Company is a party-in-interest as defined by ERISA as a result of investing plan assets in its funds and accounts and providing investment management services. However, these transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA.

Substantially all expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Any expenses paid by the Company are excluded from these financial statements.

NOTE I - PLAN TERMINATION

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

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

**THE CHAMBERSBURG HOSPITAL PENSION PLAN
FOR UNION REPRESENTED EMPLOYEES**

Notes to Financial Statements

June 30, 2024 and 2023

NOTE I - PLAN TERMINATION - continued

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

Whether all participants receive their benefits upon the Plan termination, will depend on the sufficiency, at that time of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the level of benefits guaranteed by the PBGC.

NOTE J - SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the independent auditors' report, the date the financial statements were available to be issued.

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees

EIN: 23-0465970 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of July 1, 2023

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2023**

**WellSpan Health System
 The Chambersburg Hospital Pension Plan for Union Represented Employees
 Active Employees**

EIN: 23-0465970 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		30 \$51,869	3							
25-29		58 \$58,383	51 \$64,582	5						
30-34	1	44 \$54,004	65 \$77,389	29 \$77,965	2					
35-39	1	30 \$53,040	54 \$68,693	40 \$71,041	44 \$78,344					
40-44		21 \$60,700	16	18	31 \$88,787	19				
45-49		20 \$58,115	28 \$67,686	8	27 \$76,306	30 \$82,170	9			
50-54		19	16	16	23 \$73,882	31 \$82,980	17	14	3	
55-59	1	18	22 \$73,405	15	31 \$59,793	24 \$65,110	18	19	19	1
60-64		9	4	10	10	12	12	7	9	12
65-69		2	5	3	1	2			1	1
70+		2	3			1				

N-1.097

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees
 EIN: 23-0465970 PN: 001

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2023**

**WellSpan Health System
 The Chambersburg Hospital Pension Plan for Union Represented Employees
 Active Employees**

EIN: 23-0465970 PN: 001

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		28 \$2,016	3							
25-29		56 \$3,744	51 \$9,931	5						
30-34	1	40 \$3,241	65 \$14,512	29 \$32,671	2					
35-39	1	29 \$3,378	54 \$14,559	40 \$33,941	44 \$43,370					
40-44		21 \$3,458	16	18	31 \$53,064	19				
45-49		18	27 \$14,293	8	27 \$34,006	30 \$45,505	9			
50-54		19	16	16	23 \$35,519	31 \$44,774	17	14	3	
55-59	1	17	22 \$14,953	14	31 \$31,484	24 \$29,915	18	19	19	
60-64		9	4	10	10	12	12	6	5	
65-69		2	5	3	1	2				
70+		2	3			1				

N-1,063

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
Social Security COLA Increases	N/A
Cash Balance Interest Crediting Rate	6.00% annually for employees hired before July 1, 2008 and 4.00% annually for employees hired on or after July 1, 2008
Cash Balance Annuity Conversion Rate	6.00%
Cash Balance Annuity Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	January 2023 union monthly pay rate multiplied by 12 to annualize
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000 and the current IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	6.50%, limited to 6.11%
2022 Plan Year	6.50%, limited to 5.92%
2023 Plan Year	7.30%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to equal the prior year's non-investment related administrative expenses net of the prior year's PBGC premiums plus the current year's PBGC premiums (\$990,000 for 2023)
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2023

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

Table 1
Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	15.00%
62	22.00%
63	10.00%
64	35.00%
65	35.00%
66	55.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees
 EIN: 23-0465970 PN: 001

Table 2
Withdrawal Rates

Age	Rate	Age	Rate
15	16.00%	45	6.00%
16	16.00%	46	6.00%
17	16.00%	47	6.00%
18	16.00%	48	6.00%
19	16.00%	49	6.00%
20	18.00%	50	4.00%
21	18.00%	51	4.00%
22	18.00%	52	4.00%
23	18.00%	53	4.00%
24	18.00%	54	4.00%
25	14.00%	55	6.00%
26	14.00%	56	6.00%
27	14.00%	57	6.00%
28	14.00%	58	6.00%
29	14.00%	59	6.00%
30	7.00%	60	10.00%
31	7.00%	61	10.00%
32	7.00%	62	10.00%
33	7.00%	63	10.00%
34	7.00%	64	10.00%
35	9.00%	65+	10.00%
36	9.00%		
37	9.00%		
38	9.00%		
39	9.00%		
40	7.00%		
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees
 EIN: 23-0465970 PN: 001

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.02%	45	0.13%
16	0.02%	46	0.15%
17	0.02%	47	0.17%
18	0.02%	48	0.18%
19	0.02%	49	0.20%
20	0.02%	50	0.22%
21	0.02%	51	0.26%
22	0.02%	52	0.30%
23	0.02%	53	0.34%
24	0.02%	54	0.38%
25	0.02%	55	0.42%
26	0.02%	56	0.46%
27	0.02%	57	0.49%
28	0.03%	58	0.53%
29	0.03%	59	0.56%
30	0.03%	60	0.60%
31	0.03%	61	0.48%
32	0.04%	62	0.35%
33	0.04%	63	0.23%
34	0.05%	64	0.10%
35	0.05%	65+	0.00%
36	0.06%		
37	0.06%		
38	0.07%		
39	0.07%		
40	0.08%		
41	0.09%		
42	0.10%		
43	0.11%		
44	0.12%		

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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan THE CHAMBERSBURG HOSPITAL PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	B Three-digit plan number (PN) ▶	001
---	---	-----

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WELLSPAN CHAMBERSBURG HOSPITAL	D Employer Identification Number (EIN) 23-0465970
--	---

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2023

2 Assets:	
a Market value.....	2a 210,373,985
b Actuarial value.....	2b 231,384,501

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.....	370	82,660,319	82,660,319
b For terminated vested participants.....	1,027	40,636,952	40,636,952
c For active participants.....	1,097	89,264,846	92,183,266
d Total.....	2,494	212,562,117	215,480,537

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions.....	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	

5 Effective interest rate..... **5** 5.38%

6 Target normal cost	
a Present value of current plan year accruals.....	6a 5,087,726
b Expected plan-related expenses.....	6b 990,000
c Target normal cost.....	6c 6,077,726

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	ALFRED H. JOHNSON Signature of actuary	03/31/2025 Date
	ALFRED H. JOHNSON Type or print name of actuary	2306960 Most recent enrollment number
	AON CONSULTING, INC. Firm name	610-834-2181 Telephone number (including area code)
	259 N. Radnor Chester Road Suite 160 RADNOR PA 19087 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	25,458,116
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	25,458,116
10 Interest on line 9 using prior year's actual return of <u>5.07</u> %	0	1,290,726
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>5.54</u> %.....		0
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.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	7,510,000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	19,238,842

Part III	Funding Percentages	
14 Funding target attainment percentage	14	98.45 %
15 Adjusted funding target attainment percentage	15	107.38 %
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	104.25 %
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: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	6,077,726	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3,334,878		305,410
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	6,383,136	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....		0	6,383,136
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees

EIN: 23-0465970 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	15.00%	0.6964	6.37
62	22.00%	0.5919	8.07
63	10.00%	0.4617	2.91
64	35.00%	0.4155	9.31
65	35.00%	0.2701	6.14
66	55.00%	0.1756	6.37
67	20.00%	0.0790	1.06
68	20.00%	0.0632	0.86
69	20.00%	0.0506	0.70
70	100.00%	0.0405	2.83
	Weighted Average		62.13

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of March 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of March 2023), without regard to interest rate stabilization
1st Segment Rate	2.50%
2nd Segment Rate	3.83%
3rd Segment Rate	4.06%
Salary Increases	N/A
Social Security Wage Base Increases	N/A
Social Security COLA Increases	N/A
Cash Balance Interest Crediting Rate	6.00% annually for employees hired before July 1, 2008 and 4.00% annually for employees hired on or after July 1, 2008
Cash Balance Annuity Conversion Rate	6.00%
Cash Balance Annuity Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Beginning of year decrements

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	January 2023 union monthly pay rate multiplied by 12 to annualize
Benefit and Compensation Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$265,000 and the current IRC section 401(a)(17) compensation limit of \$330,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2021 Plan Year	6.50%, limited to 6.11%
2022 Plan Year	6.50%, limited to 5.92%
2023 Plan Year	7.30%, limited to 5.74%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to equal the prior year's non-investment related administrative expenses net of the prior year's PBGC premiums plus the current year's PBGC premiums (\$990,000 for 2023)
Actuarial Method	Standard unit credit cost method
Valuation Date	July 1, 2023

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

Table 1
Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	15.00%
62	22.00%
63	10.00%
64	35.00%
65	35.00%
66	55.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees
 EIN: 23-0465970 PN: 001

Table 2
Withdrawal Rates

Age	Rate	Age	Rate
15	16.00%	45	6.00%
16	16.00%	46	6.00%
17	16.00%	47	6.00%
18	16.00%	48	6.00%
19	16.00%	49	6.00%
20	18.00%	50	4.00%
21	18.00%	51	4.00%
22	18.00%	52	4.00%
23	18.00%	53	4.00%
24	18.00%	54	4.00%
25	14.00%	55	6.00%
26	14.00%	56	6.00%
27	14.00%	57	6.00%
28	14.00%	58	6.00%
29	14.00%	59	6.00%
30	7.00%	60	10.00%
31	7.00%	61	10.00%
32	7.00%	62	10.00%
33	7.00%	63	10.00%
34	7.00%	64	10.00%
35	9.00%	65+	10.00%
36	9.00%		
37	9.00%		
38	9.00%		
39	9.00%		
40	7.00%		
41	7.00%		
42	7.00%		
43	7.00%		
44	7.00%		

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
 The Chambersburg Hospital Pension Plan for Union Represented
 Employees
 EIN: 23-0465970 PN: 001

Table 3
Disability Rates

Age	Rate	Age	Rate
15	0.02%	45	0.13%
16	0.02%	46	0.15%
17	0.02%	47	0.17%
18	0.02%	48	0.18%
19	0.02%	49	0.20%
20	0.02%	50	0.22%
21	0.02%	51	0.26%
22	0.02%	52	0.30%
23	0.02%	53	0.34%
24	0.02%	54	0.38%
25	0.02%	55	0.42%
26	0.02%	56	0.46%
27	0.02%	57	0.49%
28	0.03%	58	0.53%
29	0.03%	59	0.56%
30	0.03%	60	0.60%
31	0.03%	61	0.48%
32	0.04%	62	0.35%
33	0.04%	63	0.23%
34	0.05%	64	0.10%
35	0.05%	65+	0.00%
36	0.06%		
37	0.06%		
38	0.07%		
39	0.07%		
40	0.08%		
41	0.09%		
42	0.10%		
43	0.11%		
44	0.12%		

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
Employees

EIN: 23-0465970 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of the amended plan is July 1, 1965.
Eligibility	All employees who are age 21 with one year of service, wherein the participant has completed at least 1,000 hours of service.
Credited Service	One year for each plan year that an eligible employee works.
Compensation	The monthly rate of base earnings, excluding overtime, bonuses and other forms of additional compensation as of the January 1 preceding each plan year. These earnings will be capped in accordance with the most current Internal Revenue Service maximum earnings definition.
Retirement Dates	
Normal	First of the month coincident with or next following age 65 or the fifth anniversary of participation, if later.
Early	Age 55 with 20 years of service, or Age 60 with 10 years of service.
Disability	Fifteen years of service and eligible for Social Security disability benefits.
Deferred	The first day of any month coincident with or next following a participant's termination of service after normal retirement date.
Retirement Benefits	
Normal	Accrued Benefit Prior to December 31, 2008 A monthly benefit equal to the greatest of: (i) \$2.50 multiplied by the participant's continuous service up to a maximum of 30 years; (ii) \$6.00 multiplied by the participant's continuous service up to a maximum of five years;

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- (iii) 60% of the participant's final average compensation multiplied by a fraction of which the numerator is the lesser of the participant's continuous service at normal retirement date and 15, and the denominator is 15. The result is reduced by an offset based on age and final average compensation. The difference is multiplied by a fraction, of which the numerator is the participant's continuous service at date of termination, disability or death, and the denominator is the participant's expected service at normal retirement date—to a maximum of one.

Accrued Benefit After December 31, 2008

For participants of age 60 or older, or with 70 or more points (where age is determined as years and months, where partial month counts as a full month) as of July 1, 2008, the accrued benefit is determined in accordance with the provisions stated above.

For all other participants, their total accrued benefit is determined as the sum of:

- (i) "Prior Service Benefit" is determined as of December 31, 2008, per Section 2.01A of the Plan, except the final average monthly earnings shall be as of the date of separation from service. Only participants who are eligible employees as of July 1, 2008 or former participants who are rehired or transferred to an eligible employee status prior to January 1, 2009 may earn a prior service benefit. If such a participant separates from service and is subsequently rehired, that participant may be eligible to continue accruing a prior service benefit.
- (ii) "Future Service Benefit" beginning January 1, 2009 is the "accrual percentage" multiplied by final average monthly earnings multiplied by service earned after January 1, 2009. Only participants who are eligible employees as of July 1, 2008 or former participants who are rehired or transferred to an eligible employee status prior to January 1, 2009 may earn a future service benefit. If such a participant separates from service and is subsequently rehired, that participant may be eligible to continue accruing a future service benefit.

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(1) The "Accrual Percentage" is 1.2% for participants with between 50 and 70 points as of July 1, 2008, and is 1.0% for participants with less than 50 points as of July 1, 2008.

(iii) "Cash Balance Benefit." Other than participants of age 60 or older, or with 70 or more points as of July 1, 2008, an account shall be established and maintained for each participant. The accounts established and maintained hereunder are for bookkeeping purposes only and shall not be construed as creating for any employee a right to specific assets of the plan.

(1) "Annual Allocations"—Each participant's account will be credited with an allocation percentage multiplied by their monthly compensation multiplied by months of service credited for the year, on the last day of the plan year. For the plan year ending June 30, 2009, credits for up to six months of service will be allocated.

(2) "Allocation Percentage"—For participants with between 50 and 70 points as of July 1, 2008, the allocation percentage is 3.5% for the plan years ending June 30, 2009 and June 30, 2010, and is 2.0% thereafter. For participants with less than 50 points as of July 1, 2008, the allocation percentage is 4.0% for the plan years ending June 30, 2009 and June 30, 2010, and is 2.0% thereafter. For participants hired after July 1, 2008 (and any employee who is rehired, or transferred from an affiliate, or transferred from a non-union employment status after January 1, 2009), the allocation percentage is 3.0% for all plan years.

(3) "Interest Credits"—For each plan year, the account of each participant shall be credited with interest based on the balance of the account as of the beginning of the plan year. For a termination, retirement, or other determination during a plan year, a partial year's interest will be credited based on the balance at the beginning of the plan year, based on the elapsed time during the plan year.

For participants as of July 1, 2018, the annual

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Interest credit shall be the greater of (a) the average rate of interest on the five year US Treasury Note for the prior plan year (as published in the Federal Register), and (b) 6.5% through June 30, 2017 and 6.0% thereafter.

For new participants on or after January 1, 2009, the annual interest credit shall be the greater of (a) the average rate of interest on the five year US Treasury Note for the prior plan year (as published in the Federal Register), and (b) 4.0%.

Such interest shall be compounded annually and shall be credited prior to the crediting of contribution credits with respect to such plan year.

- (4) "401(a) Transfers"—The account may be increased annually by any transfer of monies made by a participant from the 401(a) Plan sponsored by the Hospital. Such monies will earn interest credits starting with the effective date of the transfer, and immediately become part of the account. Such a transfer will be irrevocable and may not be withdrawn by the participant until after separation from service.
- (5) "Annuity Conversion"—The cash balance benefit, at any date of determination, will be the value of the account, converted to a life annuity with 60 monthly payments guaranteed, based on the participant's age as of that date. The conversion basis shall be at a rate of 6% interest, and mortality based on IRS tables under IRC section 417(e) applicable in the year of determination. No reduction pursuant to Section 4.01(b) shall be applied to this portion of the accrued benefit for commencement at an early retirement date. (Alternatively, the account may be distributed as a lump sum payment at any date after termination of employment. If such payment is made, the remaining accrued benefit will be determined without respect to the cash balance benefit.

Early

A pension computed as for normal retirement but based on compensation and service through the participant's early retirement date. Such amount shall be reduced by

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5/12% for each month payments precede normal retirement date.

Disability

A pension computed as for normal retirement but based on compensation and service through the participant's disability retirement date. Such amount shall not be reduced for early commencement.

Deferred

A pension computed as for normal retirement but based on compensation and service through the participant's deferred retirement date.

Termination of Employment

Vesting

After completion of three years of service, a participant will be 100% vested in their accrued benefit.

Accrued Benefit

Pension computed as for normal retirement but based on compensation and service through the participant's date of termination and payable at a participant's normal retirement date. Employees who terminate with at least 10 years of service may elect to commence receiving an actuarially reduced benefit at age 60 or later. Employees with at least 20 years of service may elect to commence receiving an actuarially reduced benefit at age 55 or later.

Death Benefits

If a participant dies before the commencement of their benefit, a qualified joint and 50% survivor benefit will be payable to their spouse. Death Benefits If a participant dies before the commencement of their benefit, a qualified joint and 50% survivor benefit will be payable to their spouse.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 26a—Schedule of Active Participant Data as of July 1, 2023

**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2023**

**WellSpan Health System
 The Chambersburg Hospital Pension Plan for Union Represented Employees
 Active Employees**

EIN: 23-0465970 PN: 001

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		30 \$51,869	3							
25-29		58 \$58,383	51 \$64,582	5						
30-34	1	44 \$54,004	65 \$77,389	29 \$77,965	2					
35-39	1	30 \$53,040	54 \$68,693	40 \$71,041	44 \$78,344					
40-44		21 \$60,700	16	18	31 \$88,787	19				
45-49		20 \$58,115	28 \$67,686	8	27 \$76,306	30 \$82,170	9			
50-54		19	16	16	23 \$73,882	31 \$82,980	17	14	3	
55-59	1	18	22 \$73,405	15	31 \$59,793	24 \$65,110	18	19	19	1
60-64		9	4	10	10	12	12	7	9	12
65-69		2	5	3	1	2			1	1
70+		2	3			1				

N-1.097

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**Schedule SB, Line 26—Schedule of Active Participant Data
 As of July 1, 2023**

**WellSpan Health System
 The Chambersburg Hospital Pension Plan for Union Represented Employees
 Active Employees**

EIN: 23-0465970 PN: 001

Number of Participants and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		28 \$2,016	3							
25-29		56 \$3,744	51 \$9,931	5						
30-34	1	40 \$3,241	65 \$14,512	29 \$32,671	2					
35-39	1	29 \$3,378	54 \$14,559	40 \$33,941	44 \$43,370					
40-44		21 \$3,458	16	18	31 \$53,064	19				
45-49		18	27 \$14,293	8	27 \$34,006	30 \$45,505	9			
50-54		19	16	16	23 \$35,519	31 \$44,774	17	14	3	
55-59	1	17	22 \$14,953	14	31 \$31,484	24 \$29,915	18	19	19	
60-64		9	4	10	10	12	12	6	5	
65-69		2	5	3	1	2				
70+		2	3			1				

N-1,063

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	2,112,889	482,567	7,062,690	9,658,146
2024	2,543,945	522,865	6,999,923	10,066,733
2025	2,973,569	658,380	6,905,028	10,536,977
2026	3,502,461	781,878	6,809,592	11,093,931
2027	3,849,450	986,236	6,702,065	11,537,751
2028	4,348,281	1,109,005	6,587,336	12,044,622
2029	4,789,887	1,269,607	6,454,343	12,513,837
2030	5,176,249	1,413,206	6,301,889	12,891,344
2031	5,485,970	1,554,946	6,150,048	13,190,964
2032	5,851,307	1,827,924	6,001,959	13,681,190
2033	6,161,179	1,927,381	5,819,034	13,907,594
2034	6,433,604	2,094,066	5,623,245	14,150,915
2035	6,659,322	2,256,668	5,413,352	14,329,342
2036	6,870,046	2,511,987	5,186,819	14,568,852
2037	7,035,427	2,847,595	4,946,200	14,829,222
2038	7,174,675	3,097,395	4,691,976	14,964,046
2039	7,283,285	3,069,438	4,426,236	14,778,959
2040	7,352,420	3,289,621	4,150,303	14,792,344
2041	7,412,740	3,425,100	3,866,252	14,704,092
2042	7,456,449	3,478,098	3,576,441	14,510,988
2043	7,508,096	3,675,143	3,283,447	14,466,686
2044	7,528,794	3,821,747	2,990,091	14,340,632
2045	7,553,725	3,932,060	2,699,343	14,185,128
2046	7,536,854	4,358,967	2,414,235	14,310,056
2047	7,424,131	4,240,392	2,137,825	13,802,348
2048	7,331,192	4,430,497	1,873,073	13,634,762
2049	7,242,415	5,328,161	1,622,733	14,193,309
2050	7,162,615	5,475,787	1,389,277	14,027,679
2051	6,908,960	5,031,850	1,174,728	13,115,538
2052	6,622,245	5,145,449	980,532	12,748,226
2053	6,302,952	5,315,583	807,509	12,426,044
2054	5,977,297	5,271,742	655,835	11,904,874
2055	5,611,763	4,853,872	525,070	10,990,705
2056	5,225,872	4,582,214	414,245	10,222,331
2057	4,853,068	4,299,117	321,957	9,474,142
2058	4,489,487	4,354,071	246,469	9,090,027
2059	4,140,089	3,875,601	185,828	8,201,518
2060	3,790,987	3,588,072	137,989	7,517,048
2061	3,458,439	3,243,548	100,925	6,802,912
2062	3,139,938	3,076,376	72,715	6,289,029
2063	2,848,868	2,744,516	51,619	5,645,003
2064	2,569,327	2,422,011	36,111	5,027,449
2065	2,306,549	2,258,035	24,898	4,589,482
2066	2,064,046	2,056,589	16,919	4,137,554

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2067	1,838,709	1,879,537	11,328	3,729,574
2068	1,629,092	1,707,257	7,470	3,343,819
2069	1,436,084	1,540,481	4,849	2,981,414
2070	1,257,992	1,379,930	3,095	2,641,017
2071	1,094,451	1,226,341	1,942	2,322,734
2072	945,036	1,080,456	1,195	2,026,687

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,334,878	July 1, 2023	15	\$ 305,410

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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	15.00%	0.6964	6.37
62	22.00%	0.5919	8.07
63	10.00%	0.4617	2.91
64	35.00%	0.4155	9.31
65	35.00%	0.2701	6.14
66	55.00%	0.1756	6.37
67	20.00%	0.0790	1.06
68	20.00%	0.0632	0.86
69	20.00%	0.0506	0.70
70	100.00%	0.0405	2.83
	Weighted Average		62.13

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

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2031	5,485,970	1,554,946	6,150,048	13,190,964
2032	5,851,307	1,827,924	6,001,959	13,681,190
2033	6,161,179	1,927,381	5,819,034	13,907,594
2034	6,433,604	2,094,066	5,623,245	14,150,915
2035	6,659,322	2,256,668	5,413,352	14,329,342
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2039	7,283,285	3,069,438	4,426,236	14,778,959
2040	7,352,420	3,289,621	4,150,303	14,792,344
2041	7,412,740	3,425,100	3,866,252	14,704,092
2042	7,456,449	3,478,098	3,576,441	14,510,988
2043	7,508,096	3,675,143	3,283,447	14,466,686
2044	7,528,794	3,821,747	2,990,091	14,340,632
2045	7,553,725	3,932,060	2,699,343	14,185,128
2046	7,536,854	4,358,967	2,414,235	14,310,056
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2048	7,331,192	4,430,497	1,873,073	13,634,762
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2050	7,162,615	5,475,787	1,389,277	14,027,679
2051	6,908,960	5,031,850	1,174,728	13,115,538
2052	6,622,245	5,145,449	980,532	12,748,226
2053	6,302,952	5,315,583	807,509	12,426,044
2054	5,977,297	5,271,742	655,835	11,904,874
2055	5,611,763	4,853,872	525,070	10,990,705
2056	5,225,872	4,582,214	414,245	10,222,331
2057	4,853,068	4,299,117	321,957	9,474,142
2058	4,489,487	4,354,071	246,469	9,090,027
2059	4,140,089	3,875,601	185,828	8,201,518
2060	3,790,987	3,588,072	137,989	7,517,048
2061	3,458,439	3,243,548	100,925	6,802,912
2062	3,139,938	3,076,376	72,715	6,289,029
2063	2,848,868	2,744,516	51,619	5,645,003
2064	2,569,327	2,422,011	36,111	5,027,449
2065	2,306,549	2,258,035	24,898	4,589,482
2066	2,064,046	2,056,589	16,919	4,137,554

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2072	945,036	1,080,456	1,195	2,026,687

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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	The effective date of the amended plan is July 1, 1965.
Eligibility	All employees who are age 21 with one year of service, wherein the participant has completed at least 1,000 hours of service.
Credited Service	One year for each plan year that an eligible employee works.
Compensation	The monthly rate of base earnings, excluding overtime, bonuses and other forms of additional compensation as of the January 1 preceding each plan year. These earnings will be capped in accordance with the most current Internal Revenue Service maximum earnings definition.
Retirement Dates	
Normal	First of the month coincident with or next following age 65 or the fifth anniversary of participation, if later.
Early	Age 55 with 20 years of service, or Age 60 with 10 years of service.
Disability	Fifteen years of service and eligible for Social Security disability benefits.
Deferred	The first day of any month coincident with or next following a participant's termination of service after normal retirement date.
Retirement Benefits	
Normal	Accrued Benefit Prior to December 31, 2008 A monthly benefit equal to the greatest of: (i) \$2.50 multiplied by the participant's continuous service up to a maximum of 30 years; (ii) \$6.00 multiplied by the participant's continuous service up to a maximum of five years;

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- (iii) 60% of the participant's final average compensation multiplied by a fraction of which the numerator is the lesser of the participant's continuous service at normal retirement date and 15, and the denominator is 15. The result is reduced by an offset based on age and final average compensation. The difference is multiplied by a fraction, of which the numerator is the participant's continuous service at date of termination, disability or death, and the denominator is the participant's expected service at normal retirement date—to a maximum of one.

Accrued Benefit After December 31, 2008

For participants of age 60 or older, or with 70 or more points (where age is determined as years and months, where partial month counts as a full month) as of July 1, 2008, the accrued benefit is determined in accordance with the provisions stated above.

For all other participants, their total accrued benefit is determined as the sum of:

- (i) "Prior Service Benefit" is determined as of December 31, 2008, per Section 2.01A of the Plan, except the final average monthly earnings shall be as of the date of separation from service. Only participants who are eligible employees as of July 1, 2008 or former participants who are rehired or transferred to an eligible employee status prior to January 1, 2009 may earn a prior service benefit. If such a participant separates from service and is subsequently rehired, that participant may be eligible to continue accruing a prior service benefit.
- (ii) "Future Service Benefit" beginning January 1, 2009 is the "accrual percentage" multiplied by final average monthly earnings multiplied by service earned after January 1, 2009. Only participants who are eligible employees as of July 1, 2008 or former participants who are rehired or transferred to an eligible employee status prior to January 1, 2009 may earn a future service benefit. If such a participant separates from service and is subsequently rehired, that participant may be eligible to continue accruing a future service benefit.

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(1) The "Accrual Percentage" is 1.2% for participants with between 50 and 70 points as of July 1, 2008, and is 1.0% for participants with less than 50 points as of July 1, 2008.

(iii) "Cash Balance Benefit." Other than participants of age 60 or older, or with 70 or more points as of July 1, 2008, an account shall be established and maintained for each participant. The accounts established and maintained hereunder are for bookkeeping purposes only and shall not be construed as creating for any employee a right to specific assets of the plan.

(1) "Annual Allocations"—Each participant's account will be credited with an allocation percentage multiplied by their monthly compensation multiplied by months of service credited for the year, on the last day of the plan year. For the plan year ending June 30, 2009, credits for up to six months of service will be allocated.

(2) "Allocation Percentage"—For participants with between 50 and 70 points as of July 1, 2008, the allocation percentage is 3.5% for the plan years ending June 30, 2009 and June 30, 2010, and is 2.0% thereafter. For participants with less than 50 points as of July 1, 2008, the allocation percentage is 4.0% for the plan years ending June 30, 2009 and June 30, 2010, and is 2.0% thereafter. For participants hired after July 1, 2008 (and any employee who is rehired, or transferred from an affiliate, or transferred from a non-union employment status after January 1, 2009), the allocation percentage is 3.0% for all plan years.

(3) "Interest Credits"—For each plan year, the account of each participant shall be credited with interest based on the balance of the account as of the beginning of the plan year. For a termination, retirement, or other determination during a plan year, a partial year's interest will be credited based on the balance at the beginning of the plan year, based on the elapsed time during the plan year.

For participants as of July 1, 2018, the annual

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Interest credit shall be the greater of (a) the average rate of interest on the five year US Treasury Note for the prior plan year (as published in the Federal Register), and (b) 6.5% through June 30, 2017 and 6.0% thereafter.

For new participants on or after January 1, 2009, the annual interest credit shall be the greater of (a) the average rate of interest on the five year US Treasury Note for the prior plan year (as published in the Federal Register), and (b) 4.0%.

Such interest shall be compounded annually and shall be credited prior to the crediting of contribution credits with respect to such plan year.

- (4) "401(a) Transfers"—The account may be increased annually by any transfer of monies made by a participant from the 401(a) Plan sponsored by the Hospital. Such monies will earn interest credits starting with the effective date of the transfer, and immediately become part of the account. Such a transfer will be irrevocable and may not be withdrawn by the participant until after separation from service.
- (5) "Annuity Conversion"—The cash balance benefit, at any date of determination, will be the value of the account, converted to a life annuity with 60 monthly payments guaranteed, based on the participant's age as of that date. The conversion basis shall be at a rate of 6% interest, and mortality based on IRS tables under IRC section 417(e) applicable in the year of determination. No reduction pursuant to Section 4.01(b) shall be applied to this portion of the accrued benefit for commencement at an early retirement date. (Alternatively, the account may be distributed as a lump sum payment at any date after termination of employment. If such payment is made, the remaining accrued benefit will be determined without respect to the cash balance benefit.

Early

A pension computed as for normal retirement but based on compensation and service through the participant's early retirement date. Such amount shall be reduced by

Schedule SB Attachment (Form 5500)—July 1, 2023 Plan Year
The Chambersburg Hospital Pension Plan for Union Represented
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5/12% for each month payments precede normal retirement date.

Disability

A pension computed as for normal retirement but based on compensation and service through the participant's disability retirement date. Such amount shall not be reduced for early commencement.

Deferred

A pension computed as for normal retirement but based on compensation and service through the participant's deferred retirement date.

Termination of Employment

Vesting

After completion of three years of service, a participant will be 100% vested in their accrued benefit.

Accrued Benefit

Pension computed as for normal retirement but based on compensation and service through the participant's date of termination and payable at a participant's normal retirement date. Employees who terminate with at least 10 years of service may elect to commence receiving an actuarially reduced benefit at age 60 or later. Employees with at least 20 years of service may elect to commence receiving an actuarially reduced benefit at age 55 or later.

Death Benefits

If a participant dies before the commencement of their benefit, a qualified joint and 50% survivor benefit will be payable to their spouse. Death Benefits If a participant dies before the commencement of their benefit, a qualified joint and 50% survivor benefit will be payable to their spouse.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 3,334,878	July 1, 2023	15	\$ 305,410