

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024

- 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.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 07/01/2002
2a Plan sponsor's name (employer, if for a single-employer plan): CHS/COMMUNITY HEALTH SYSTEMS, INC.
2b Employer Identification Number (EIN): 76-0137985
2c Plan Sponsor's telephone number: 615-465-7000
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RETIREMENT COMMITTEE OF CHS/COMMUNITY HEALTH SYSTEMS, INC. 4000 MERIDIAN BLVD FRANKLIN, TN 37067-6325	3b Administrator's EIN 76-0137985 3c Administrator's telephone number 615-465-7000
--	---

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	579
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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 0
- (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 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024

<p>A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC.</p>	<p>D Employer Identification Number (EIN) 76-0137985</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	805738	0	01/01/2024	09/27/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	236910

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

6b	
6c	
6d	

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024

▶ **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>CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>76-0137985</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>21127338</u>
	b Actuarial value	2b	<u>23240071</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>93</u>	<u>8673812</u>
	b For terminated vested participants	<u>491</u>	<u>13678825</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>584</u>	<u>22352637</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>305000</u>
	c Target normal cost	6c	<u>305000</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>03/05/2025</u> Date
<u>BARRY L. FREIMAN</u> Type or print name of actuary	<u>23-05923</u> Most recent enrollment number
<u>PRINCIPAL FINANCIAL GROUP</u> Firm name	<u>678-322-3605</u> Telephone number (including area code)
<u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Address of the firm	

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

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

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" 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 305000
b Excess assets, if applicable, but not greater than line 31a			31b 305000
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 2959436
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 2959436
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 type="checkbox"/> 2021			

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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **09/27/2024**

A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 76-0137985	

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	202923	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024

A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>76-0137985</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCP S&P 500 INDEX SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024	
A Name of plan CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 CHS/COMMUNITY HEALTH SYSTEMS, INC.	D Employer Identification Number (EIN) 76-0137985

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)	313000	
(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)	1579842	
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19242141	
(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	21134983	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21134983	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3070947	
(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)		3070947
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)	162221	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		162221
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		629718
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-454860
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3408026

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6787025	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	17436521	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24223546
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)	202923	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1500	
(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)	115040	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		319463
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24543009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-21134983
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LBMC, PC**

(2) EIN: **62-1199757**

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		50000000
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 0.

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 543843.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024

A Name of plan <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>76-0137985</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	<u>0</u>
----------	----------

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

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	<u>0</u>
----------	----------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 _____.

**CHS/COMMUNITY HEALTH SYSTEMS, INC.
RETIREMENT INCOME PLAN**

Financial Statements and Supplemental Schedule

September 27, 2024 (Liquidation Basis) and December 31, 2023 (Ongoing)

(With Independent Auditors' Report Thereon)

The logo for LBMC, consisting of the letters "LBMC" in white, sans-serif font, centered within a solid blue rectangular background.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Table of Contents

	<u>Page</u>
Independent Auditors' Report	1 - 4
Financial Statements:	
Statement of Net Assets in Liquidation and Statement of Net Assets Available for Benefits (Ongoing)	5
Statement of Changes in Net Assets in Liquidation and Statement of Changes in Net Assets Available for Benefits (Ongoing)	6
Notes to the Financial Statements	7 - 14
Supplemental Schedule -	
Schedule H, Line 4j - Schedule of Reportable Transactions	15

Independent Auditors' Report

The Retirement Committee of the
CHS/Community Health Systems, Inc. Retirement Income Plan:

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

We have performed audits of the financial statements of the CHS/Community Health Systems, Inc. Retirement Income Plan (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 statement of net assets in liquidation as of September 27, 2024 and statement of net assets available for benefits as of December 31, 2023 (ongoing), the related statement of changes in net assets in liquidation for the period January 1, 2024 through September 27, 2024 and statement of changes in net assets available for benefits for the year ended December 31, 2023 (ongoing), 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 period ended September 27, 2024 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 ("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 has determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

As described in Note 1(a) to the financial statements, the Plan Sponsor approved a plan of liquidation effective February 29, 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the accrual basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule of reportable transactions for the period ended September 27, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

LBMC, PC

Brentwood, Tennessee
July 7, 2025

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

**Statement of Net Assets in Liquidation and Statement of Net Assets Available for Benefits
(Ongoing)**

September 27, 2024 and December 31, 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ -	\$ 20,782,323
Accrued investment income	-	39,660
Plan sponsor contributions receivable	<u>-</u>	<u>313,000</u>
Net assets available for benefits, at fair value	<u>\$ -</u>	<u>\$ 21,134,983</u>

See accompanying notes to the financial statements.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Statement of Changes in Net Assets in Liquidation and Statement of Changes in Net Assets Available for Benefits (Ongoing)

For the period ended September 27, 2024 and for the year ended December 31, 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Net change resulting from investment activity:		
Net appreciation in fair value of investments	\$ 174,858	\$ 1,038,203
Interest and dividend income	<u>162,221</u>	<u>649,330</u>
Net change resulting from investment activity	337,079	1,687,533
Contributions - plan sponsor	<u>3,070,947</u>	<u>313,000</u>
Net additions	<u>3,408,026</u>	<u>2,000,533</u>
Deductions from net assets attributed to:		
Benefits paid	6,787,025	1,495,845
Purchase of annuity contracts	17,436,521	-
Administrative expenses	<u>319,463</u>	<u>344,666</u>
Total deductions	<u>24,543,009</u>	<u>1,840,511</u>
Net (decrease) increase	(21,134,983)	160,022
Net assets available for benefits at beginning of year	<u>21,134,983</u>	<u>20,974,961</u>
Net assets available for benefits at end of year	\$ <u>-</u>	\$ <u>21,134,983</u>

See accompanying notes to the financial statements.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

(1) Description of plan

The following description of the CHS/Community Health Systems, Inc. Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. CHS/Community Health Systems, Inc. and Subsidiaries (the "Company"), a wholly-owned subsidiary of Community Health Systems, Inc., is the sponsor of the Plan ("Plan Sponsor").

(a) General

The Plan was a non-contributory defined benefit plan comprised of participants from the Northampton Hospital Corporation/ Easton Hospital Employees' Pension Plan (the "Easton Plan") and the Pottstown Hospital Company Retirement Income Plan (the "Pottstown Plan"). Both of these plans were sponsored by subsidiaries of the Company. The Pottstown Plan became the surviving plan and is now named the CHS/Community Health Systems, Inc. Retirement Income Plan. The Retirement Committee, which consisted of members approved by the Board of Directors of the Plan Sponsor (the "Administrator"), controlled and managed the operation and administration of the Plan. Principal Trust Company served as the trustee of the Plan and held, invested and administered the trust assets and contributions of the Plan. The Plan was subject to the provisions of the Employment Retirement Income Security Act of 1974 ("ERISA").

The Plan Sponsor approved a plan of liquidation with an effective date of February 29, 2024, and accordingly determined liquidation was imminent. As a result, the Plan has changed its basis of accounting from the accrual basis used in presenting the 2023 financial statements to the liquidation basis used in presenting the 2024 financial statements. Effective February 29, 2024, all participants were considered fully vested in their Plan assets.

(b) Contributions

All contributions to the Plan were made by the Company based upon recommendations of a consulting actuary in an amount necessary to fund and amortize prior service cost. Contributions by the Company are irrevocable and may be used only for the benefit of the participants and their beneficiaries. For 2024 and 2023, the Company made contributions of \$3,070,947 and \$313,000, respectively. The 2023 contributions included additional funding for the purpose of lowering future administrative expenses.

On September 27, 2024, as part of the Plan termination, all obligations to the participants were transferred to an insurance company through the purchase of a general annuity for the benefit of the participants.

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

(c) Pension benefits

Generally, participants were entitled to pension benefits upon retirement at age 65 and completion of five years of participation in the Plan. A participant was entitled to full pension benefits upon reaching age 55 if the participant had completed 15 years of vesting service. Easton participants were 20% vested after the first year, 40% after the second year, and 100% after three years. Pottstown participants were 100% vested in the Plan after 5 years. Additional benefit and vesting provisions were unique to the Easton and Pottstown Plans and were outlined in the Plan document.

Pottstown benefits were calculated using a formula based on Average Monthly Compensation and years of Benefit Accrual Service, both as defined by the Plan. Easton benefits accrued through January 31, 2007 were calculated using a formula based on Final Average Compensation and Years of Credited Service, both as defined by the Plan. After January 31, 2007, Easton benefits began to be accrued under a cash balance feature in which a hypothetical account was maintained for each participant to which contributions were credited for the benefit of the participant. Each year, a Hypothetical Allocation and an Interest Credit, both as defined by the Plan, were applied to the hypothetical account. Pension benefits were paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

Certain post-retirement death benefits and disability benefits under the predecessor plans to the Pottstown Plan and Easton Plan (the "Predecessor Plans") were granted in connection with the purchase of the respective hospitals. Benefits earned prior to July 1, 2003 and July 1, 2002 under the Predecessor Plans were frozen upon the establishment of the Pottstown Plan and Easton Plan, respectively. The plan sponsor of these Predecessor Plans, who is not a related party to the Company, was responsible for the distribution of the pension benefits from the Predecessor Plans. Under the Pottstown Plan and the Easton Plan, the calculation of benefits used the cumulative service credit, which included vesting service under each respective Plan and its Predecessor Plan. From this, the amount of frozen benefit under the Predecessor Plan is deducted to arrive at the benefit earned under each respective Plan.

Effective February 15, 2010, employees of the Pottstown Hospital Company became ineligible to commence participation in the Plan or to continue to accrue additional benefits under the Plan. As of the same date, participants became ineligible to accrue any additional Years of Credited Service or additional benefits.

Effective December 31, 2012, the cash balance portion of the Easton Plan as to eligibility and accruals was frozen. Service credit for purposes of vesting was awarded to certain employees of Pottstown Home Care Services, LLC under the frozen Pottstown Plan, and service credit for purposes of vesting and benefit accrual was awarded to certain employees of Northampton Hospital Company, LLC under the Easton Plan.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

Effective December 31, 2012, employees of the Northampton Hospital Corporation/Easton Hospital became ineligible to commence participation in the Plan or to continue to accrue additional benefits under the Plan. As of the same date, participants became ineligible to accrue any additional Years of Credited Service or additional benefits.

(d) Administrative expenses

Plan administrative expenses were paid by the Plan as provided in the Plan document. All other expenses incurred in the administration of the Plan were borne by the Company. The Company provided accounting and other administrative services to the Plan at no charge.

(2) Summary of significant accounting policies

(a) Basis of accounting

As described in Note 1(a), the Plan Sponsor elected to terminate the plan effective February 29, 2024. In accordance with accounting principles generally accepted in the United States of America ("GAAP"), the Plan changed its basis of accounting for the period from January 1, 2024 through September 27, 2024 from the accrual basis to the liquidation basis of accounting.

(b) Investment valuation and income recognition

Investments were stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determined the Plan's valuation policies utilizing information provided by its third-party investment advisors. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividend income was recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

(c) Payment of benefits

Benefits were recorded when paid.

(d) Use of estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

(e) Events occurring after the reporting date

The Plan has evaluated events and transactions that occurred between September 27, 2024 and July 7, 2025, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Summary of information certified

The following information was certified as complete and accurate by Principal Trust Company ("Principal"), for the period from January 1, 2024 through September 27, 2024 and as of and for the year ended December 31, 2023.

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ <u>-</u>	\$ <u>20,782,323</u>
Net change resulting from investment activity	\$ <u>337,079</u>	\$ <u>1,687,533</u>

(4) Fair value measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 and Level 3 are not applicable to the Plan.

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

The following is a description of the valuation methodology used for assets measured at fair value.

- (i) *Mutual funds*: Valued at the net asset value ("NAV") of shares held by the Plan at year end based on quoted market prices in an active market.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan Sponsor believes its valuation method was appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Total assets in the fair value hierarchy - mutual funds	\$ <u>19,202,481</u>	\$ <u>-</u>	\$ <u>-</u>	\$ 19,202,481
Investments measured at NAV as a practical expedient (a)				<u>1,579,842</u>
Investments at fair value				\$ <u>20,782,323</u>

(a) Certain investments were measured at NAV as a practical expedient to estimate fair value and, therefore, have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which the fair value is measured using the NAV per share practical expedient as of December 31, 2023. There were no participant redemption restrictions for these investments.

<u>Description</u>	<u>Fair Value</u> <u>9/27/2024</u>	<u>Fair Value</u> <u>12/31/2023</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u> <u>(if currently</u> <u>eligible)</u>	<u>Redemption</u> <u>Notice</u> <u>Period</u>
Pooled separate accounts	\$ <u>-</u>	\$ <u>1,579,842</u>	n/a	Daily	n/a

(5) Accumulated plan benefits

Accumulated plan benefits were those future periodic payments, including lump-sum distributions, which were attributable under the Plan's provisions to service rendered by participants as of the valuation date. Accumulated plan benefits included benefits expected to be paid to (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who were deceased, and (3) present participants or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment were included, to the extent they were deemed attributable to participant service rendered to the valuation date.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

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

The actuarial present value of the Plan's accumulated plan benefits as of January 1, 2024 was as follows:

Vested benefits:	
Participants receiving benefits	\$ 8,676,311
Participants entitled to deferred benefits	<u>13,643,974</u>
Total vested benefits	22,320,285
Nonvested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	\$ <u>22,320,285</u>

The changes in the actuarial present value of the Plan's accumulated benefits for the period from January 1, 2023 through January 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 22,419,714
Increase (decrease) during the period attributable to:	
Changes in discount period	1,138,271
Benefits paid	(1,495,845)
Change in actuarial assumptions	47,143
Benefits accumulated (including non-investment gains and losses)	<u>211,002</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	\$ <u>22,320,285</u>

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

The significant actuarial assumptions used in the January 1, 2024 and 2023 valuations for the Plan were:

- **Mortality:**
 - 2024 - Total mortality rates from Pri-2012 (baseline table from MP-2023 study and model issued by the Society of Actuaries ("SOA"))
 - 2023 - Total mortality rates from Pri-2012 (baseline table from MP-2022 study and model issued by the SOA)

- **Interest rate:**
 - 2024 - 5.25%
 - 2023 - 5.25%

- **Cash balance interest crediting rate:**
 - 2024 - 5.96%
 - 2023 - 5.68%

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

(6) Income tax status

The Plan obtained a favorable determination letter on May 5, 2020, in which the Internal Revenue Service ("IRS") stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator had analyzed the tax positions taken by the Plan, and had concluded that as of September 27, 2024 and December 31, 2023, there were no uncertain positions taken or expected to be taken that would have required recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(7) Related party and party-in-interest transactions

Certain investments were managed by Principal. Therefore, these transactions qualified as party-in-interest transactions under ERISA. As described in Note 1, the Plan paid expenses to various service providers which also qualified as party-in-interest transactions.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

Notes to the Financial Statements

September 27, 2024 (In Liquidation) and December 31, 2023 (Ongoing)

(8) Risks and uncertainties

Plan contributions were made and the actuarial present value of accumulated plan benefits was reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which were subject to change.

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT INCOME PLAN

EIN 76-0137985, PLAN No. 003

Schedule H, line 4j - Schedule of Reportable Transactions

For the period from January 1, 2024 through September 27, 2024

(a) Identity of party <u>involved</u>	(b) Description of asset (include interest rate and maturity in <u>case of a loan</u>)	(c) Purchase <u>price</u>	(d) Selling <u>price</u>	(e) Lease <u>rental</u>	(f) Expense incurred with <u>transaction</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or <u>(loss)</u>
A) <u>Single Transactions Reportable</u>								
None reportable								
B) <u>Series of Nonsecurity Transactions</u>								
None reportable								
C) <u>Aggregate Transactions in One Issue of Securities</u>								
Principal Life Insurance Company	Liquid Assets Separate Account Z	\$ 23,784,823 (7 purchases)	\$ -	\$ -	\$ -	\$ -	\$ 23,784,823	\$ -
Principal Life Insurance Company	Liquid Assets Separate Account Z	\$ -	\$ 24,313,925 (71 sales)	\$ -	\$ -	\$ 23,831,161	\$ 24,313,925	\$ 482,764
Principal Life Insurance Company	LargeCap S&P 500 Index SA-Z	\$ -	\$ 1,443,548 (3 sales)	\$ -	\$ -	\$ 1,007,421	\$ 1,443,548	\$ 436,127
PIMCO	Long Duration Total Return Fund	\$ 132,115 (6 purchases)	\$ -	\$ -	\$ -	\$ -	\$ 132,115	\$ -
PIMCO	Long Duration Total Return Fund	\$ -	\$ 15,435,842 (3 sales)	\$ -	\$ -	\$ 21,094,134	\$ 15,435,842	\$ (5,658,292)
State Street Global Advisors	Aggregate Bond Index K	\$ 30,106 (5 purchases)	\$ -	\$ -	\$ -	\$ -	\$ 30,106	\$ -
State Street Global Advisors	Aggregate Bond Index K	\$ -	\$ 3,068,181 (3 sales)	\$ -	\$ -	\$ 3,148,010	\$ 3,068,181	\$ (79,829)
D) <u>Other Transactions Involving Securities or Parties Involved in Single Transactions Reportable</u>								
None reportable								

The above data is based upon information which has been certified as complete and accurate by Principal Trust Company.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

CHS/COMMUNITY HEALTH SYSTEMS, INC. RETIREMENT
 INCOME PLAN
 EIN 76 0137985
 PLAN NUMBER 003
 PLAN YEAR 01/01/2024 TO 09/27/2024

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA	7		\$ 23,784,823.43		\$ 0.00
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA		71		\$ 24,313,925.21	\$ 482,764.05
Pooled Separate Accounts PRINCIPAL LARGE CAP S&P 500 IND		3		\$ 1,443,548.19	\$ 436,127.13
Registered Investment Company PIMCO LONG DURATION TOTAL RETU	6		\$ 132,115.45		\$ 0.00
Registered Investment Company PIMCO LONG DURATION TOTAL RETU		3		\$ 15,435,841.51	\$ 5,658,292.29-
Registered Investment Company STATE STREET AGGREGATE BOND IN	5		\$ 30,105.99		\$ 0.00
Registered Investment Company STATE STREET AGGREGATE BOND IN		3		\$ 3,068,181.06	\$ 79,828.72-

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

Assumptions prescribed by law

Mortality	<p>Before benefit payment period</p> <p>IRS Prescribed Mortality - Generational Non-annuitant, male and female.</p> <p>During benefit payment period</p> <p>IRS Prescribed Mortality - Generational Annuitant, male and female.</p>
-----------	---

Assumptions selected by actuary

Asset return	<p>5.50% for the current plan year.</p> <p>The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.</p>
Expected expense	<p>The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.</p>
Retirement	<p>The plan no longer has active participants.</p> <p>Inactive participants are assumed to retire at 65.</p> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p>
Disability	<p>None. This plan no longer has active participants.</p>
Marriage	<p>Pottstown participants - 80% married; husbands are 3 years older than wives.</p> <p>Northampton participants - 80% married; husbands are 3 years older than wives.</p> <p>This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.</p>
Withdrawal	<p>None. This plan no longer has active participants.</p>
Form of benefit and basis	<p>50% of participants are assumed to receive their benefits on the normal form at the assumed retirement age. 50% of participants are assumed to receive their benefits in a lump sum at the assumed retirement age.</p>

Cash balance interest crediting rate Community Health Systems defined the interest crediting rate as the yield on 1-Year Treasury Constant Maturities for the first full calendar month immediately preceding the plan year plus an associated margin of 100 basis points.

At 01/01/2024, this rate was 5.96% compounded annually.

Methods prescribed by law

Lump sum payments Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

Liability measure Funding target is the present value of the benefits accrued on the valuation date. Target normal cost is based on the benefits expected to accrue during the current year and includes an estimate of plan expenses for the year.

Methods selected by plan sponsor

Asset method The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Yield curve rates Full yield curve. Use the rates through the month of December.

PBGC premium basis Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the yield curve rates.

Methods elected by actuary

Retirees	Assets and liabilities for current and future retirees are included.
Vested benefits	<p>A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.</p>

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality	Based on Pri-2012 Total dataset base rate mortality table projected generationally using the using the Principal Mortality Improvement Scale (Principal 2023).
Mortality base rates	<p>Before benefit payment period Employee amount-weighted, male and female</p> <p>During benefit payment period Retiree amount-weighted, male and female</p>

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan.

Mortality improvement

Principal 2023 MI scale is based on MIM-2021-v4 application tool issued by SOA in October 2023 with the following parameters:

Parameter	Principal 2023
Historical dataset	SSA
Whittaker-Henderson Graduation	Order 3
Interpolation Structure	Basic
Graduated MI data last year ("jumping off" point)	2017
H/D transition ultimate year by age/cohort	2029/2029
Weight placed on interpolation by cohort	50%
Initial Slope periods (constraint)	2016-2017 (0.000)
LTR	SSA LTR 2023
COVID-19 or Excess load	None ¹

¹Based on the sponsor’s input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

See [Mortality documentation](#) for rationale and additional information.

Interest rate used to value liabilities

5.25%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes’ arithmetic returns of the plan’s target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

5.00%

Mortality

We have selected the same [mortality](#) assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 09/27/2024


▶ **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>CHS/COMMUNITY HEALTH SYSTEMS, INC.RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHS/COMMUNITY HEALTH SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>76-0137985</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>21127338</u>
	b Actuarial value	2b	<u>23240071</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>93</u>	<u>8673812</u>
	b For terminated vested participants	<u>491</u>	<u>13678825</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>584</u>	<u>22352637</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>305000</u>
	c Target normal cost	6c	<u>305000</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>03/05/2025</u> Date
	<u>Barry L. Freiman</u> Type or print name of actuary	<u>2305923</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>678-322-3605</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.43</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		990
	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>5.07</u> %		50
	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		1040
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages		
14	Funding target attainment percentage	14	103.97 %
15	Adjusted funding target attainment percentage	15	103.97 %
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	100.24 %
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
	09/26/2024	3070947	0
	Totals ▶	18(b)	3070947
		18(c)	

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	2959436
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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age **22** 0

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	305000
b Excess assets, if applicable, but not greater than line 31a	31b	305000

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

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2959436

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

a Total (excess, if any, of line 37 over line 36)	38a	2959436
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Schedule SB, Explanation of Plan Year
CHS/Community Health Systems, Inc. Retirement Income Plan
EIN 76-0137985 Plan No. 003

The plan year beginning 01/01/2024 reflects a short plan year ending on the termination date of 02/29/2024. The asset distribution date is 09/27/2024.

Schedule SB, Line 2a - Explanation of Assets
CHS/Community Health Systems, Inc. Retirement Income Plan
EIN 76-0137985 Plan No. 003

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$313,000 contributions received after the plan year end with a discounted value of \$305,355.

Schedule SB, Line 15 Explanation of AFTAP
CHS/Community Health Systems, Inc. Retirement Income Plan
EIN 76-0137985 Plan No. 003

An AFTAP was not needed to be issued for the 2024 plan year since the plan terminated on 2/29/2024, before an AFTAP was required. Line 15 reflects the AFTAP as if the plan termination was ignored.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
CHS/Community Health Systems, Inc. Retirement Income Plan
EIN 76-0137985 Plan No. 003

The plan has no active participants, therefore line 22 is blank.

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the plan signed 03/13/2018 and the amendment to terminate the plan signed 2/21/2024.

Effective 12/28/2015, the Watsonville Community Hospital participants were spun out of the Community Health Systems Retirement Income Plan.

In September 2021, annuities were purchased for retirees with a monthly benefit under \$650.

Pottstown Participants

All benefits attributable to service at Pottstown Hospital were frozen effective 02/15/2010.

Plan eligibility

Age	Attained age 19.
Service	Twelve months of service in which at least 1,000 hours worked.
Covered class	The covered class consists of each employee who is not: a) A physician employee, b) A leased employee, or c) A highly compensated employee after 1 January 2004 d) An employee with compensation of \$95,000 or more for the preceding year and who is not included in a unit of employees Each employee who was an active participant or eligible for participation as of 07/01/2003.

Normal retirement benefit

Age	Attained age 65.
Service	Five years of vesting service.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The sum of (1) plus (2) minus (3), not less than \$0.00. (1) $1.25\% \times (a) \times (b)$, where: a) Average monthly compensation b) Years of benefit accrual service (not in excess of 35 years) (2) $1.35\% \times (a) \times (b)$, where: a) Average monthly compensation b) Years of benefit accrual service in excess of 35 years (3) One twelfth ($1/12$) of the participant's vested annual accrued benefit under the Prior Plan.

Early retirement benefit

Age	Attained age 55.
Service	Completed 15 years of vesting service.
Form	Same as normal retirement benefit
Amount	Accrued benefit on early retirement date reduced by 1/180th for each of the first 60 months prior to normal retirement and 1/360th for the next 60 months prior for each month the early retirement date precedes normal retirement date.
Special early retirement benefit	If participant has attained age 62 with 25 years of vesting service, the early retirement benefit is the accrued benefit on early retirement date reduced by 1/180th for each of the first 60 months prior to normal retirement and 1/360th for each additional month the early retirement date precedes age 62.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	Participant who terminates because of total and permanent disability and is determined to be eligible for and receiving disability benefits under the Federal Social Security Acts, worker's compensation insurance, or an employer-sponsored long-term disability plan.
Service	Five years of vesting service.
Form	Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount	The amount of the disability benefit is based on disability benefit eligibility. If the participant is disabled under: <ol style="list-style-type: none"> a) The social security act or worker's compensation, the disability benefit is the accrued benefit based on service to the annuity starting date, or b) Employer's long-term disability plan but not (a), the disability benefit is the accrued benefit based on service to date of termination plus \$8 per year of credited service to the annuity starting date.

Early retirement amount The immediate benefit payable is equal to the accrued benefit on date of disability reduced based on the early retirement provisions. Disabled participants may also qualify for the additional age 62 and 25 years of service early retirement reduction.

Pre-retirement survivor annuity death benefit (a vested benefit)

Eligibility Qualified married participant fully vested in an accrued benefit.
Form Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death
Amount If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day

Post-retirement death benefit (a vested benefit)

Eligibility Retired participants only
Form Lump sum benefit payable to beneficiary.
Amount One-time payment of \$2,000 upon death of the participants after benefit commencement.

Definitions

Average compensation The monthly average of the participant's highest sixty (60) consecutive months of compensation received during the last one hundred twenty (120) successive months.
Credited service One year of credited service is earned for each calendar year with more than 1,900 hours of service. For years of service with less than 1,900 hours, credited service is earned as follows:

Hours of service	Years of accrual service
1,900 or more	1.00
1,750 but less than 1,900	0.92
1,600 but less than 1,750	0.83
1,450 but less than 1,600	0.75
1,300 but less than 1,450	0.67
1,150 but less than 1,300	0.58
1,000 but less than 1,150	0.50
Less than 1,000	0.00

Optional forms of
benefit payments

The optional forms of benefit payments are:

Monthly annuity payable for life, or 5, 10, or 15 years certain and life

Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75 or 100

Single sum equal to the present value of the accrued benefit at termination or anytime thereafter

The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Internal Revenue Code Section 417(e) for lump sum payments. The applicable interest rate uses the first calendar month preceding the first day of the stability period which is the plan year.

Northampton/Easton Participants

All benefits attributable to compensation and service at Northampton Hospital were frozen effective 01/01/2013.

The following provisions are for those benefits earned prior to 01/01/2007.

Plan eligibility

Age	Attained age 21.
Service	Twelve consecutive months of service in which at least 1,000 hours worked. Additionally, the following participants are considered active participants as of 07/01/2002: <ol style="list-style-type: none">Each employee who was not an active participant in the prior plan as of 07/01/2002 but who had attained age 21, completed one year of eligibility service as of 07/01/2002, and is in the covered class as of 1 July 2002.Each Employee who was an active participant in the prior plan immediately prior to July 1, 2002 and is in the covered class on July 1, 2002 shall be an active participant as of July 1, 2002.
Covered class	Each employee who <ol style="list-style-type: none">is employed by a participating company, andis covered by a collective bargaining agreement with the United Independent Union, NFIU/LIUNA, AFL-CIO, andis not employed as a resident. An employee who is such solely by reason of being a leased employee shall not be in the covered class.

Normal retirement benefit

Age	Attained age 65.
Service	Five years of vesting service.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	One-twelfth (1/12) of the sum of (a) plus (b) minus (c): <ol style="list-style-type: none">for each Year of credited service as of 01/31/2007, one percent (1%) of his final average compensation not in excess of \$7,200;for each year of credited service as of 01/31/2007, one and one half percent (1.5%) of his final average compensation in excess of \$7,200;the participant's vested annual accrued benefit under the Easton Hospital Employees' Pension Plan (the "Prior Plan"). The total number of years of credited service that may be credited to any participant as of any date may not exceed twenty-five (25).

Early retirement benefit

Age	Attained age 55.
Service	Completed 10 years of service.
Form	Same as normal retirement benefit
Amount	Accrued benefit on early retirement date reduced by 5/9 of 1% for each of the first 60 months the early retirement date precedes normal retirement date. Accrued benefit on early retirement date reduced by 5/18 of 1% for the next 60 months the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	Participant who is determined to be eligible for and receiving disability benefits under the Federal Social Security Acts.
Service	10 years of vesting service.
Form	Monthly income payable on the first day of the calendar month coincident or next following eligibility for disability benefit.
Amount	Accrued benefit on date of disability reduced by 5/9 of 1% for each of the first 60 months the disability retirement date precedes normal retirement date and further reduced by 5/18 of 1% for the next 60 months the disability date precedes normal retirement. For payments made prior to 120 months before normal retirement, reduction is based on actuarial equivalence factors.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death unless the present value of the benefit is less than \$5,000. If the present value of the survivor annuity is less than \$5,000, the benefit can be paid in a lump sum.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Final average compensation	One-fifth (1/5) of a participant's compensation for the 60 full consecutive months in the final 120 (or fewer) full consecutive months of credited service as an employee which yield the highest average.
Credited service	Credited service includes a participant's last period of continuous service in the prior plan as in effect on 06/30/2002 plus one year of service for each plan year thereafter in which the participant is credited with more than 1,000 hours of service.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">Monthly annuity payable for life, or 5, 10, or 15 years certain and lifeMonthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75 or 100Singe sum equal to the present value of the accrued benefit at termination or anytime thereafter <p>The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the rates for the month of December, the first calendar month preceding the first day of the stability period, which is the plan year.</p>
Prior plan	Easton Hospital Employees' Pension Plan
Vesting service	A year of vesting service is credited for each plan year an employee is credited with 1,000 or more hours of service. Years of vesting service under the Easton Hospital Employees' Pension Plan as of 06/30/2002 are included in a participant's vesting service.

Northampton participants

All benefits attributable to compensation and service at Northampton Hospital were frozen effective 01/01/2013.

The following provisions are for those benefits earned after 12/31/2006.

Plan eligibility

Age	Attained age 21.
Service	Twelve consecutive months of service in which at least 1,000 hours worked. Additionally, years of service with Easton Hospital immediately prior to 01/0/2007 are included when determining eligibility.
Covered class	Each employee who <ul style="list-style-type: none"> a) is covered by a collective bargaining agreement between Northampton Hospital Company, LLC and the United Independent Union, NFIU/LIUNA, AFL-CIO, and b) is not employed as a resident.

Normal retirement benefit

Age	Attained age 65.
Service	5 years of vesting service.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	One-twelfth (1/12) of the actuarial equivalent of the hypothetical account. The amount of a monthly retirement benefit commencing on the participant's normal retirement date is equal to the actuarial equivalent of the balance of the participant's hypothetical account as of the participant's normal retirement age taking into account all hypothetical allocations and interest credits through the normal retirement date using the last interest credit of the plan year containing the determination date as the interest credit for subsequent periods through such participant's normal retirement age.

Early retirement benefit

Age	Attained age 55.
Service	Completed 10 years of service.
Form	Same as normal retirement benefit
Amount	Actuarial equivalent of the participant's accrued benefit

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	100% after three years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	Participant who is determined to be eligible for and receiving disability benefits under the Federal Social Security Acts.
Service	3 years of vesting service.
Form	Monthly income payable on the first day of the calendar month coincident or next following eligibility for disability benefit.
Amount	Actuarial equivalent of the participant's accrued benefit.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's normal retirement date. The surviving spouse may also elect a lump sum of the value of the pre-retirement survivor annuity.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the spouse's portion of a qualified joint and 50% survivor annuity of the participant's actuarial equivalent of the accrued benefit as of the date of death or the vested portion of the accrued benefit if the participant was terminated immediately prior to death.

Definitions

Actuarial equivalence

The actuarial equivalence conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the rates for the month of December, the first calendar month preceding the first day of the stability period, which is the plan year.

Credited service

One year of service for each plan year thereafter in which the participant is credited with at least 1,000 hours of service. Credited Service includes service in the plan prior to 01/01/2007.

Compensation

Compensation is the participant's total compensation reportable as wages (including bonuses, overtime and "on-call" wages), tips and other compensation on Federal Form W-2, excluding severance payments.

For purposes of the hypothetical allocations for the plan year in which an eligible employee first enters the plan, compensation shall be limited to the amount received during that part of the determination period during which the eligible employee was a participant in the plan.

Hypothetical account

The account established for the participant to receive the hypothetical allocations and interest credits.

Hypothetical allocation

For each plan year a participant completes a year of service, the following hypothetical allocation equal to a percentage of determination period compensation based on years of service according to the table below:

Years of service	Pay credit
0-5	6.00%
6-10	6.25%
11-15	6.50%
16+	6.75%

Interest credit

For each plan year continuing until the last day of the month immediately preceding the date that payment of a participant's accrued benefit commences, each participant's hypothetical account shall be credited, whether or not the participant remains an employee, with a hypothetical interest credit determined by multiplying the dollar amount representing the balance of the participant's hypothetical account as of the beginning of the plan year, including all previous and subsequent hypothetical allocations and interest credits, minus any distributions made during the plan year, by the yield on 1-year treasury constant maturities for the first full calendar month immediately preceding the plan year plus an associated margin of 100 basis points (the "yield").

Optional forms of
benefit payments

The optional forms of benefit payments are:

Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75 or 100

Single sum payment equal to the present value of the accrued benefit at termination or anytime thereafter

The optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417 for lump sum payments. The applicable interest rate uses the rates for the month of December, the first calendar month preceding the first day of the stability period, which is the plan year.

Prior plan

Easton Hospital Employees' Pension Plan

Vesting service

A year of vesting service is credited for each plan year an employee is credited with 1,000 or more hours of service. Years of vesting service under the Easton Hospital Employees' Pension Plan as of 06/30/2002 are included in a participant's vesting service.

Changes in Principal Eligibility or Benefit Provisions

The report reflects a short plan year due to the plan termination date of 02/29/2024.

Significant Event

The following significant event occurred during the plan year:

The plan terminated effective February 29, 2024, and the assets distributed September 27, 2024.

Schedule SB, Line 24 – Change in Actuarial Assumptions
CHS/Community Health Systems, Inc. Retirement Income Plan
EIN 76-0137985 Plan No. 003

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The cash balance interest crediting rate was updated from 5.68% to 5.96%.