

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>YORK WATER COMPANY</u></p> <p><u>130 EAST MARKET STREET</u> <u>YORK, PA 17401</u></p>	<p>1c Effective date of plan <u>05/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>23-1242500</u></p> <p>2c Plan Sponsor's telephone number <u>717-845-3601</u></p> <p>2d Business code (see instructions) <u>221300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2025	ASHLEY M GRIMM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2025	MATTHEW E POFF
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	107
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	28
	6a(2)	23
	6b	56
	6c	16
	6d	95
	6e	11
	6f	106
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>YORK WATER COMPANY</u>	D Employer Identification Number (EIN) <u>23-1242500</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 checked="" type="checkbox"/> 101-500 <input 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>43508125</u>
	b Actuarial value	2b	<u>44133496</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>63</u>	<u>13442855</u>
	b For terminated vested participants	<u>17</u>	<u>2055839</u>
	c For active participants	<u>28</u>	<u>7982469</u>
	d Total	<u>108</u>	<u>23481163</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>485799</u>
	b Expected plan-related expenses	6b	<u>57000</u>
	c Target normal cost	6c	<u>542799</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>JOHN D. VARGO, FSA, EA, MAAA</u> Type or print name of actuary <u>CONRAD SIEGEL</u> Firm name <u>P.O. BOX 5900, 501 CORPORATE CIRCLE</u> <u>HARRISBURG, PA 17110-0900</u> Address of the firm	<u>08/27/2025</u> Date <u>23-06182</u> Most recent enrollment number <u>717-652-5633</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15504692
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	15504692
10	Interest on line 9 using prior year's actual return of <u>14.62</u> %	0	2266786
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1141358
	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>5.26</u> %		60035
	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		1201393
	d Portion of (c) to be added to prefunding balance		1201393
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	18972871

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.97 %
15	Adjusted funding target attainment percentage	15	184.13 %
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	111.96 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ▶	18(b)	0
				18(c)	0

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			<input 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 542799
b Excess assets, if applicable, but not greater than line 31a			31b 542799
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YORK WATER COMPANY	D Employer Identification Number (EIN) 23-1242500	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY MGT & RESEARCH COMPANY LLC

06-1194217

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FEDERATED HERMES GOVT OBLIG

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222-3779

(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?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
FIDELITY MGT & RESEARCH COMPANY LLC	28 52	0
(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.	
FIDELITY TOTAL MARKET INDEX 06-1194217	0.015% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY MGT & RESEARCH COMPANY LLC	28 52	0
(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.	
FIDELITY INTERNATIONAL INDEX 06-1194217	0.035% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FEDERATED HERMES GOVT OBLIG	28 52	0
(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.	
FEDERATED HERMES, INC. 1001 LIBERTY AVENUE PITTSBURGH, PA 15222-3779	0.150% OF ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YORK WATER COMPANY	D Employer Identification Number (EIN) 23-1242500

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	75591	430366
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36549110	1113181
(2) U.S. Government securities	1c(2)	0	7835882
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	25394657
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6883424	7969459
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	43508125	42743545
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	43508125	42743545

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	117550	
(B) U.S. Government securities.....	2b(1)(B)	280523	
(C) Corporate debt instruments.....	2b(1)(C)	1227917	
(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)		1625990
(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)	137942	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		137942
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18591934	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	18929517	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-337583
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-1878618	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1878618

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1086035
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		633766

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1398346	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1398346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1398346

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-764580
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: **RKL LLP**

(2) EIN: **23-2108173**

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		1750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 540878.

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

A Name of plan <u>THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YORK WATER COMPANY</u>	D Employer Identification Number (EIN) <u>23-1242500</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 05-6073921

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	0
--	---	---

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705207A.



**The York Water Company Pension Plan for
General and Administrative Employees**

**Financial Statements and
Supplemental Schedules**

December 31, 2024 and 2023



The York Water Company Pension Plan for General and Administrative Employees

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December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Committee and Participants
The York Water Company Pension Plan for
General and Administrative Employees
York, Pennsylvania

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

We have performed the audits of the financial statements of The York Water Company Pension Plan for General and Administrative Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to, or derived from, the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to, or is derived from, the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - Supplemental Schedules Required by ERISA (continued)

In our opinion:

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

RKL LLP

August 25, 2025
York, Pennsylvania

The York Water Company Pension Plan for General and Administrative Employees

Statement of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value		
Money market fund	\$ 1,113,181	\$ 36,549,110
Registered investment companies	7,969,459	6,883,424
Corporate bonds	25,394,657	-
U.S. government securities	<u>7,835,882</u>	<u>-</u>
	42,313,179	43,432,534
Receivables		
Accrued interest and dividend income	<u>430,366</u>	<u>75,591</u>
Net Assets Available for Benefits	<u><u>\$ 42,743,545</u></u>	<u><u>\$ 43,508,125</u></u>

The York Water Company Pension Plan for General and Administrative Employees

Statement of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	2023
Additions (Deductions)		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (1,130,166)	\$ 4,476,762
Interest and dividends	1,763,932	1,062,375
	<u>633,766</u>	<u>5,539,137</u>
Employer contributions	-	1,176,000
Benefits paid to participants	(1,398,346)	(1,253,911)
Administrative expenses	-	(53,877)
	<u>(764,580)</u>	<u>5,407,349</u>
Net Increase (Decrease)		
	<u>(764,580)</u>	<u>5,407,349</u>
Net Assets Available for Benefits at Beginning of Year	<u>43,508,125</u>	<u>38,100,776</u>
Net Assets Available for Benefits at End of Year	<u>\$ 42,743,545</u>	<u>\$ 43,508,125</u>

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of Plan

The following description of The York Water Company Pension Plan for General and Administrative Employees (the Plan) provides only general information. Participants should refer to the plan agreement for more complete information.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all employees of The York Water Company (the Company) who are not represented for collective bargaining purposes by a recognized collective bargaining agent nor are considered a leased employee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 8, 2010, the Plan was amended to exclude participation for all employees hired or rehired after such date.

Effective May 1, 2014, the Plan was amended to freeze future benefit accruals for certain participants. For participants with 40 or more years of benefit service, additional service and compensation earned will not increase their accrued benefit. Participants with more than 25 years of benefit service, but less than 40 years of benefit service, will accrue additional benefit service for up to five years, but will not be credited with more than 40 years of benefit service. Compensation earned after that date will not increase the amount of their benefit. For participants with less than 25 years of benefit service, additional service will be credited until the participant reaches 30 years of benefit service. Compensation for these participants paid during their entire time of employment will be taken into account to determine their average monthly compensation.

Funding Policy

The Company's policy is to contribute funds to the Plan in such amounts as are required on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to plan participants. To the extent that these requirements are fully covered by assets in the Plan, the Company may elect not to make a contribution in a particular year. The Company's contributions for the years ended December 31, 2024 and 2023 met, or exceeded, the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Participants with five or more years of credited service are generally entitled to monthly pension benefits beginning at normal retirement age (65) equal to \$19.25, plus 1.5% of their average monthly compensation in excess of 1/12 of \$4,800, both multiplied by years of service.

The Plan permits early retirement at ages 55 to 64 for participants with five or more years of credited service. Participants generally elect to receive the value of their accumulated plan benefits in the form of a life annuity (if single) or 50% qualified joint and survivor annuity (if married) upon retirement or termination, but there are other options. If participants terminate before rendering five years of service, they forfeit the right to receive their accumulated plan benefits.

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of Plan (continued)

Death and Disability Benefits

The Plan provides for death and disability benefits as defined in the plan agreement. In the event of death or disability, the amount of benefit received will depend upon, among other things, the employee's status as of the date of death or disability, and whether the participant was already receiving normal retirement benefits.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and 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. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on employees' compensation for the highest five consecutive years during the last ten years, except as disclosed in Note 1. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuations as of January 1, 2024 and 2023 are as follows:

Investment return	-	6.50% as of January 1, 2024 and 5.00% as of January 1, 2023
Mortality	-	Pri-2012 White Collar Mortality Table with rates projected generationally using Scale MP-2021 to reflect mortality improvement
Retirement age	-	Earlier of Age 65 and five years of participation or Age 62 and 25 years of service

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits includes the effect of the Plan freeze as discussed in Note 1.

The actuarial present value of accumulated plan benefits as of December 31, 2023 is as follows:

Vested Benefits

Participants and beneficiaries currently receiving payments	\$ 13,930,161
Other participants	<u>10,899,537</u>
	24,829,698

Nonvested Benefits

	<u>483,628</u>
	<u>\$ 25,313,326</u>

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits (continued)

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

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 21,269,525
Increase (Decrease) During the Year	
Attributable to	
Changes in actuarial assumptions	3,728,448
Increase for interest	1,338,368
Benefits accumulated	230,896
Benefits paid	<u>(1,253,911)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u>\$ 25,313,326</u>

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan or the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3 - Information Certified and Provided by PNC Bank, National Association

Certain information in the accompany financial statements and ERISA-required supplemental schedules related to investments held and accrued interest and dividend income at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to, or derived from, information certified as complete and accurate by PNC Bank, National Association (the trustee of the Plan).

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset'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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market fund and registered investment companies are valued at the net asset value of shares held by the Plan at year-end.

Corporate bonds are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities are valued using pricing models maximizing the use of observable inputs for similar securities.

The methods 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 believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 4 - Fair Value Measurements (continued)

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

	Fair Value Measurements at December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market fund	\$ 1,113,181	\$ -	\$ -	\$ 1,113,181
Registered investment companies	7,969,459	-	-	7,969,459
Corporate bonds	-	25,394,657	-	25,394,657
U.S. government securities	-	7,835,882	-	7,835,882
	\$ 9,082,640	\$ 33,230,539	\$ -	\$ 42,313,179
	Fair Value Measurements at December 31, 2023			
Money market fund	\$ 36,549,110	\$ -	\$ -	\$ 36,549,110
Registered investment companies	6,883,424	-	-	6,883,424
	\$ 43,432,534	\$ -	\$ -	\$ 43,432,534

Note 5 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter, dated February 28, 2023, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC. The Plan is exempt from federal and state income taxes under current regulations.

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

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 6 - Plan Termination

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

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

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

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

Note 7 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

The York Water Company Pension Plan for General and Administrative Employees

Notes to Financial Statements

December 31, 2024 and 2023

Note 8 - Related Party Transactions and Party-In-Interest Transactions

All transactions, which may be considered party-in-interest transactions, relate to normal management and administrative services, and the payment of fees related thereto.

Note 9 - Subsequent Events

Plan management has evaluated subsequent events through August 25, 2025. This date is the date the financial statements were available to be issued. No material events subsequent to December 31, 2024 were noted.

The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500, Plan Number 001

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

As of December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Money Market Fund				
	Federated Hermes	Federated Hermes Government Obligation Premium SHS #117	\$ 1,113,181	\$ 1,113,181
Registered Investment Companies				
	Fidelity	Fidelity Total Market Index - FAI	4,830,000	5,887,635
	Fidelity	Fidelity International Index Institutional Premium Class	2,070,000	2,081,824
			<u>6,900,000</u>	<u>7,969,459</u>
Corporate Bonds				
	Johnson & Johnson	03/03/2037; 3.625%; 555,000 par	504,044	481,192
	Goldman Sachs Group, Inc.	02/24/2033; var %; 540,000 par	459,936	465,410
	Wells Fargo & Company	04/24/2034; var %; 450,000 par	449,573	444,992
	Amazon.com, Inc.	08/22/2057; 4.250%; 500,000 par	443,511	409,445
	Bank of America Corporation	06/19/2041; var %; 500,000 par	354,065	347,115
	Toyota Motor Credit Corp.	03/21/2031; 5.100%; 340,000 par	339,901	341,136
	Royal Bank of Canada	02/01/2034; 5.150%; 345,000 par	345,128	340,674
	BP Cap Markets America	04/10/2034; 4.989%; 350,000 par	349,923	340,407
	HSBC Holdings PLC	05/24/2032; var %; 400,000 par	330,024	339,876
	Realty Income Corp.	03/15/2033; 1.800%; 440,000 par	341,418	336,692
	Virginia Elec & Power Co.	01/15/2054; 5.350%; 355,000 par	347,620	333,853
	Walt Disney Company	11/15/2037; 6.650%; 295,000 par	344,961	328,969
	JP Morgan Chase & Co.	07/24/2038; var %; 385,000 par	338,018	328,478
	Conocophillips Notes	02/01/2039; 6.500%; 300,000 par	345,336	327,915
	Public Service Colorado	06/01/2052; 4.500%; 395,000 par	341,557	326,637
	Oracle Corp.	11/15/2047; 4.000%; 420,000 par	334,836	323,918
	Berkshire Hathaway, Inc.	02/11/2043; 4.500%; 350,000 par	336,406	323,372
	San Diego G & E	04/01/2053; 5.350%; 340,000 par	335,913	319,923
	AEP Transmission Co. LLC	03/15/2053; 5.400%; 335,000 par	340,280	319,222
	Pfizer Investment Enterprise	05/19/2053; 5.300%; 340,000 par	344,471	318,349
	Burlington North Santa Fe LLC	04/01/2044; 4.900%; 345,000 par	339,063	315,896
	Comcast Corp.	03/01/2038; 3.900%; 375,000 par	334,114	315,274
	Florida Power & Light Co.	04/01/2053; 5.300%; 330,000 par	334,076	314,351
	Apple, Inc.	05/04/2043; 3.850%; 375,000 par	331,275	310,628
	Midamerican Energy Co.	09/15/2054; 5.850%; 305,000 par	335,152	309,975
	Metlife, Inc.	03/01/2045; 4.050%; 385,000 par	332,217	308,177
	Merck & Co, Inc.	03/07/2049; 4.000%; 390,000 par	336,855	305,413
	Exxon Mobil Corporation	03/01/2046; 4.114%; 375,000 par	327,510	304,166
	Microsoft Corp.	06/01/2060; 2.675%; 505,000 par	328,013	295,763
	Intel Corp.	08/05/2052; 4.900%; 350,000 par	331,713	276,343
	Accenture Capital Inc.	10/04/2034; 4.500%; 285,000 par	284,704	270,841
	DTE Electric Co.	04/01/2053; 5.400%; 270,000 par	271,709	261,816
	American Honda Finance	01/09/2026; 4.950%; 255,000 par	255,439	255,449
	Toronto-Dominion Bank	03/10/2032; 3.200%; 290,000 par	255,145	253,280
	Capital One Financial Co.	06/08/2029; var %; 240,000 par	243,758	247,824
	Abbott Laboratories	11/30/2036; 4.750%; 255,000 par	259,325	246,343
	Prologis, Inc.	01/15/2033; 4.625%; 255,000 par	252,904	245,774
	Citigroup, Inc.	05/25/2034; var %; 240,000 par	244,819	244,495
	Con Edison Co. of NY, Inc.	03/15/2034; 5.500%; 240,000 par	250,958	244,169
	Verizon Communications	03/16/2037; 5.250%; 250,000 par	258,265	244,028
	Duke Energy Progress, Inc.	08/15/2045; 4.200%; 300,000 par	256,167	243,072
	Bank of Montreal	02/01/2028; 5.203%; 240,000 par	242,669	241,865
	Gilead Sciences, Inc.	09/01/2035; 4.600%; 255,000 par	250,882	240,646
	Honeywell International	02/15/2033; 5.000%; 240,000 par	248,117	238,706
	T-Mobile USA, Inc.	04/15/2040; 4.375%; 275,000 par	247,382	238,373
	JP Morgan Chase & Co.	04/22/2051; var %; 360,000 par	257,872	238,273
	Walmart, Inc.	06/29/2048; 4.050%; 290,000 par	258,146	238,215
	Commonwealth Edison Co.	02/01/2053; 5.300%; 250,000 par	250,360	235,515
	Anheuser-Busch Co.	02/01/2036; 4.700%; 245,000 par	242,258	232,387
	CSX Corp.	11/15/2052; 4.500%; 2,750,000 par	250,165	231,897
	Target Corp.	01/15/2052; 2.950%; 360,000 par	252,608	229,446
	AT&T, Inc.	09/15/2059; 3.650%; 345,000 par	242,212	228,518
	Citigroup, Inc.	06/11/2035; var %; 230,000 par	230,212	228,057
	Pepsico, Inc.	02/15/2053; 4.650%; 255,000 par	248,949	222,605
	Nike, Inc.	03/27/2040; 3.250%; 265,000 par	219,252	204,633
	Lockheed Martin Corp.	02/15/2034; 4.750%; 195,000 par	197,576	189,218
	Northrop Grumman Corp.	06/01/2054; 5.200%; 200,000 par	199,228	186,046
	Take-Two Interactive	03/28/2026; 5.000%; 180,000 par	179,833	180,473
	Eversource Energy	08/15/2030; 1.650%; 215,000 par	174,432	178,876
	AMGEN, Inc.	02/21/2040; 3.150%; 240,000 par	185,918	178,858
	Sumitomo Mitsui Financial Group	01/15/2030; 2.750%; 200,000 par	175,880	178,502
	BHP Billiton Financial USA Ltd.	02/28/2033; 4.900%; 180,000 par	183,632	176,828
	Bank of America Corporation	02/13/2031; var%; 200,000 par	170,090	175,858
	Novartis Capital Corp.	05/06/2044; 4.400%; 200,000 par	184,418	175,472
	Bristol-Myers Squibb Co.	06/15/2039; 4.125%; 200,000 par	179,124	172,636
	United Health Group, Inc.	07/15/2035; 4.625%; 180,000 par	179,933	169,954
	Allstate Corp.	03/30/2033; 5.250%; 170,000 par	172,846	169,684
	Chevron USA, Inc.	10/15/2029; 3.250%; 180,000 par	174,992	169,385
	Morgan Stanley	10/18/2033; var %; 160,000 par	170,600	169,250
	Fox Corp.	01/25/2029; 4.709%; 170,000 par	167,918	167,919
	Sysco Corporation	01/17/2034; 6.000%; 160,000 par	172,608	167,715
	US Bancorp	02/01/2033; var %; 175,000 par	165,389	167,515

The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500, Plan Number 001

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

As of December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds (continued)				
	Deere & Company	06/09/2042; 3.900%; 200,000 par	\$ 176,734	\$ 167,044
	KLA Corp.	03/01/2050; 3.300%; 240,000 par	176,606	165,763
	Avalonbay Communities	12/07/2033; 5.300%; 165,000 par	170,900	165,216
	Kroger Co.	02/01/2047; 4.450%; 200,000 par	174,774	164,676
	Coca-Cola Co.	06/01/2040; 2.500%; 235,000 par	176,546	164,566
	Air Products & Chemicals	02/08/2029; 4.600%; 165,000 par	164,781	164,221
	Alexandria Real Estate	04/15/2035; 4.750%; 175,000 par	168,103	164,056
	Shell International Financial	12/15/2038; 6.375%; 150,000 par	170,252	163,257
	Phillips 66	11/15/2034; 4.650%; 175,000 par	168,364	163,144
	Chubb INA Holdings, Inc.	03/15/2034; 5.000%; 165,000 par	166,731	162,946
	Kinder Morgan, Inc.	01/15/2038; 6.950%; 150,000 par	163,299	162,530
	Energy Transfer Partners	03/15/2045; 5.150%; 185,000 par	168,615	161,899
	Visa, Inc.	12/14/2035; 4.150%; 175,000 par	170,077	161,681
	Prudential Financial, Inc.	05/15/2044; 4.600%; 185,000 par	171,773	161,646
	Morgan Stanley	04/22/2039; var %; 180,000 par	163,845	161,127
	Applied Materials, Inc.	04/01/2047; 4.350%; 190,000 par	173,472	160,930
	Abbvie, Inc.	11/06/2042; 4.400%; 185,000 par	170,048	160,121
	United Parcel Service	05/22/2064; 5.600%; 165,000 par	163,931	159,991
	Intercontinental Exchange	06/15/2050; 3.000%; 250,000 par	172,198	159,409
	Morgan Stanley	01/25/2052; var %; 260,000 par	170,183	158,787
	Cisco Systems, Inc.	02/26/2064; 5.350%; 165,000 par	165,888	158,164
	Lowes Cos, Inc.	09/15/2041; 2.800%; 230,000 par	165,359	157,819
	Abbvie, Inc.	03/15/2064; 5.500%; 165,000 par	164,383	157,534
	Microsoft Corp.	02/06/2057; 4.500%; 175,000 par	169,951	156,576
	Enterprise Products Operations	03/15/2044; 4.850%; 170,000 par	165,321	156,408
	Union Pacific Corp.	02/14/2072; 3.850%; 225,000 par	175,070	156,128
	United Health Group, Inc.	05/15/2062; 4.950%; 180,000 par	174,226	155,110
	Lam Research Corp.	06/15/2050; 2.875%; 240,000 par	170,304	151,594
	United Parcel Service	11/15/2047; 3.750%; 200,000 par	167,230	151,348
	Alphabet, Inc.	08/15/2060; 2.250%; 275,000 par	164,021	148,954
	Texas Instruments, Inc.	05/18/2063; 5.050%; 165,000 par	165,325	148,682
	Coca-Cola Co.	05/13/2064; 5.400%; 150,000 par	149,051	144,345
	Caterpillar Financial Service	10/15/2027; 4.400%; 135,000 par	134,933	134,471
	Nutrien Ltd.	11/07/2025; 5.950%; 130,000 par	132,137	131,248
	Amazon.com, Inc.	06/03/2060; 2.700%; 200,000 par	125,464	114,730
	Conocophillips Company	03/15/2062; 4.025%; 150,000 par	117,242	108,386
	Comcast Corp.	10/15/2058; 4.950%; 120,000 par	115,432	103,714
	Eli Lilly & Co.	02/27/2063; 4.950%; 115,000 par	116,527	103,168
	DowDupont, Inc.	11/15/2038; 5.319%; 99,000 par	100,374	99,293
	Midamerican Energy Co.	02/01/2055; 5.300%; 100,000 par	99,576	94,464
	Duke Energy Carolinas	01/15/2054; 5.400%; 85,000 par	85,588	81,414
	Verizon Communications	03/22/2061; 3.700%; 110,000 par	82,400	74,588
	Eli Lilly & Co.	08/14/2054; 5.050%; 80,000 par	79,608	74,105
	Home Depot, Inc.	06/25/2027; 4.875%; 45,000 par	44,851	45,427
			<u>26,597,096</u>	<u>25,394,657</u>
U.S. Government Securities				
	U.S. Treasury Note	02/15/2045; 2.500%; 3,335,000 par	2,514,147	2,313,890
	U.S. Treasury Note	02/15/2052; 2.250%; 3,735,000 par	2,564,841	2,264,306
	U.S. Treasury Note	05/15/2039; 4.250%; 1,340,000 par	1,375,384	1,270,963
	U.S. Treasury Note	02/15/2033; 3.500%; 325,000 par	313,897	302,344
	U.S. Treasury Note	05/15/2038; 4.500%; 295,000 par	303,101	290,292
	U.S. Treasury Note	08/15/2025; 2.000%; 285,000 par	274,479	281,044
	U.S. Treasury Note	02/15/2053; 3.625%; 340,000 par	294,398	276,247
	U.S. Treasury Note	08/15/2040; 1.125%; 380,000 par	252,774	226,583
	U.S. Treasury Note	05/15/2027; 2.375%; 185,000 par	176,088	177,169
	U.S. Treasury Note	02/15/2036; 4.500%; 160,000 par	164,500	159,769
	U.S. Treasury Note	08/15/2054; 4.250%; 155,000 par	146,118	141,546
	U.S. Treasury Note	04/30/2026; 2.375%; 135,000 par	131,746	131,729
			<u>8,511,473</u>	<u>7,835,882</u>
	Total Assets (Held at End of Year)		<u>\$ 43,121,750</u>	<u>\$ 42,313,179</u>

The above information has been certified by PNC Bank, National Association, the trustee, as complete and accurate.

The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500, Plan Number 001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Single Transactions						
Federated Hermes						
	Federated Hermes Government Obligation Premium SHS #117	\$ -	\$ 34,061,805	\$ 34,061,805	\$ 34,061,805	\$ -
Asset-Backed Securities						
	U.S. Treasury Note 2.250%; 02/15/2052	\$ 7,738,673	\$ -	\$ -	\$ 7,738,673	\$ -
	U.S. Treasury Note 4.250%; 05/15/2039	\$ 5,106,371	\$ -	\$ -	\$ 5,106,371	\$ -
	U.S. Treasury Note 3.500%; 02/15/2033	\$ 4,967,930	\$ -	\$ -	\$ 4,967,930	\$ -
	U.S. Treasury Note 2.500%; 02/15/2045	\$ 4,700,362	\$ -	\$ -	\$ 4,700,362	\$ -
Series Transactions						
Federated Hermes						
	Federated Hermes Government Obligation Premium SHS #117	\$ 874,951 (7)	\$ -	\$ -	\$ 874,951	\$ -
	Federated Hermes Government Obligation Premium SHS #117	\$ -	\$ 36,310,880 (1)	\$ 36,310,880	\$ 36,310,880	\$ -
Asset-Backed Securities						
	U.S. Treasury Note 2.250%; 02/15/2052	\$ 8,009,023 (2)	\$ -	\$ -	\$ 8,009,023	\$ -
	U.S. Treasury Note 2.250%; 02/15/2052	\$ -	\$ 5,248,272 (14)	\$ 5,444,182	\$ 5,248,272	\$ (195,910)
	U.S. Treasury Note 4.250%; 05/15/2039	\$ 5,106,371 (1)	\$ -	\$ -	\$ 5,106,371	\$ -
	U.S. Treasury Note 4.250%; 05/15/2039	\$ -	\$ 3,677,501 (7)	\$ 3,730,987	\$ 3,677,501	\$ (53,486)
	U.S. Treasury Note 3.500%; 02/15/2033	\$ 5,323,029 (2)	\$ -	\$ -	\$ 5,323,029	\$ -
	U.S. Treasury Note 3.500%; 02/15/2033	\$ -	\$ 4,978,940 (10)	\$ 5,009,132	\$ 4,978,940	\$ (30,192)
	U.S. Treasury Note 2.500%; 02/15/2045	\$ 4,700,362 (1)	\$ -	\$ -	\$ 4,700,362	\$ -
	U.S. Treasury Note 2.500%; 02/15/2045	\$ -	\$ 2,148,847 (9)	\$ 2,186,215	\$ 2,148,847	\$ (37,368)

The above information has been certified by PNC Bank, National Association, the trustee, as complete and accurate.

"Lease Rental" and "Expense Incurred with Transaction" are not applicable.

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

EIN: 23-1242500

PLAN NUMBER: 001

THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES

DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 01/01/2024

Attained Age	Years of Credited Service to Date											Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	1	0	0	0	0	0	0	0	1
40-44	0	0	0	0	1	1	0	0	0	0	0	0	2
45-49	0	0	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	0	1	5	0	0	0	0	0	0	0	6
55-59	0	0	0	0	4	3	2	0	0	0	0	0	9
60-64	0	0	0	0	1	3	3	0	0	0	0	1	8
65-69	0	0	0	0	0	0	0	0	0	0	0	1	1
70+	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	1	13	7	5	0	0	0	2	28	

Average Age: 56.0 Years Average Service to Date: 21.9 Years

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

Name of Plan: The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500

PN: 001

Plan Year: 1/1/2024 - 12/31/2024

Actuarial Assumptions and Methods

Interest Rates

	ARPA	Pre MAP-21
First Segment (1 to 60 months):	4.75%	3.62%
Second Segment (61 to 240 months):	4.87%	4.46%
Third Segment (Beyond 240 months):	5.59%	4.52%
Effective Interest Rate:	5.12%	4.44%

Salary

3.00% Annual Increase

Withdrawal

No turnover was assumed.

Mortality

IRS 2024 Small Plan Combined Static Table

Incorporated into the table are rates projected using the methodology in regulation 1.430(h)(3)-1 and the 2024 Adjusted Scale MP-2021 to reflect mortality improvement.

Disability

SOA 1987 Group LTD Table - Males, 6-month elimination. Sample rates are shown below.

Age	Rate	Age	Rate	Age	Rate
20	0.0764%	35	0.1242%	50	0.5396%
25	0.0854%	40	0.1760%	55	0.9770%
30	0.0986%	45	0.2944%	60	1.4774%

Retirement

Earlier of Age 65 and 5 years of participation or Age 62 and 25 years of service.

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

Name of Plan: The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500

PN: 001

Plan Year: 1/1/2024 - 12/31/2024

Preretirement Survivor Death Benefit

Liabilities computed on the assumption that 80% of male and 60% of female participants will be married at the date of eligibility for the benefit and that wives will be three years younger than their husbands.

Expenses

Plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial Value of Assets

Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 5.00% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
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

Table with 2 columns: Plan Information (1a-2a) and Identification Numbers (1b-2d). 1a: THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES. 1b: 001. 1c: 05/01/1959. 2a: YORK WATER COMPANY, 130 EAST MARKET STREET, YORK PA 17401. 2b: 23-1242500. 2c: 717-845-3601. 2d: 221300.

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.

Signature table with 4 columns: SIGN HERE, Signature, Date, and Name/Role. Includes signatures for Ashley M Grimm (01/07/2025) and Matthew E Poff (9/2/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">107</td> </tr> </table>	5	107																		
5	107																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">28</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">23</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">56</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">16</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">95</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">11</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">106</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1)	28	6a(2)	23	6b	56	6c	16	6d	95	6e	11	6f	106	6g(1)		6g(2)		6h	0
6a(1)	28																				
6a(2)	23																				
6b	56																				
6c	16																				
6d	95																				
6e	11																				
6f	106																				
6g(1)																					
6g(2)																					
6h	0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table>	7																			
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 3D

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

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

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

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

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

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

Receipt Confirmation Code _____

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: The York Water Company Pension Plan for General and Administrative Employees
Employer I.D. #: 23-1242500
Plan Number: 001

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Schedule of Reportable Transactions is contained in the attached audit report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan THE YORK WATER COMPANY PENSION PLAN FOR GENERAL AND ADMINISTRATIVE EMPLOYEES		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YORK WATER COMPANY		D Employer Identification Number (EIN) 23-1242500	
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 checked="" type="checkbox"/> 101-500 <input 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	43,508,125
b Actuarial value		2b	44,133,496
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	63	13,442,855	13,442,855
b For terminated vested participants	17	2,055,839	2,055,839
c For active participants	28	7,982,469	8,468,925
d Total	108	23,481,163	23,967,619
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.12%
6 Target normal cost			
a Present value of current plan year accruals		6a	485,799
b Expected plan-related expenses		6b	57,000
c Target normal cost		6c	542,799

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	<u>JOV</u>	<u>8/27/2025</u>
	Signature of actuary	Date
<u>John D. Vargo, FSA, EA, MAAA</u>	Type or print name of actuary	<u>2306182</u>
		Most recent enrollment number
<u>Conrad Siegel</u>	Firm name	<u>717-652-5633</u>
		Telephone number (including area code)
<u>P.O. Box 5900, 501 Corporate Circle</u>		
<u>Harrisburg PA 17110-0900</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	15,504,692
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	15,504,692
10	Interest on line 9 using prior year's actual return of <u>14.62%</u>	0	2,266,786
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,141,358
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>5.26%</u>		60,035
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		1,201,393
d	Portion of (c) to be added to prefunding balance		1,201,393
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	18,972,871

Part III Funding Percentages		14	15	16	17
14	Funding target attainment percentage			104.97%	
15	Adjusted funding target attainment percentage			184.13%	
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement			111.96%	
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage			%	

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment....	<input 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	542,799	
b Excess assets, if applicable, but not greater than line 31a	31b	542,799	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule C, line 2(h) – Formula Description

Plan Name: The York Water Company Pension Plan for General and Administrative Employees
Employer I.D. #: 23-1242500
Plan Number: 001

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: The York Water Company Pension Plan for General and Administrative Employees
Employer I.D. #: 23-1242500
Plan Number: 001

<u>(a) Identity of issue, borrower, lessor, or similar party</u>	<u>(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(c) Costs of acquisitions</u>	<u>(d) Proceeds of dispositions</u>
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Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

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

Name of Plan: The York Water Company Pension Plan for General and Administrative Employees

EIN: 23-1242500

PN: 001

Plan Year: 1/1/2024 - 12/31/2024

The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

Schedule SB, Part V - Summary of Plan Provisions
The York Water Company Pension Plan for General and Administrative Employees
EIN: 23-1242500
Plan Number: 001

The York Water Company Pension Plan for General and Administrative Employees
Actuarial Valuation as of January 1, 2024

Summary of Plan Provisions

The York Water Company Pension Plan for General and Administrative Employees is a defined benefit pension plan that was established May 1, 1959, and was last amended and restated effective as of January 1, 2019. The plan year begins January 1 and ends December 31.

Eligibility To Participate

Participation under this Plan was frozen effective July 8, 2010, with respect to employees with a first day of employment on or after that date.

An employee became a participant in the Plan on the first day of the month following his first day of employment. Provided he is a member of the following eligible class of employees:

- A non-union employee.
- Not an independent contractor.

Normal Retirement Benefit

Normal Retirement Date

A participant is eligible for his normal retirement pension as of the first day of the month on or after the participant satisfies the following conditions:

- Attainment of age 65.
- Participation in the Plan for five years.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

Normal Retirement Pension Formula

If the participant retires as of his normal retirement date, his monthly pension will equal:

- \$19.25, plus
- 1.5% of average monthly compensation in excess of 1/12 of the Social Security integration level,

both multiplied by years of benefit service.

The crediting of years of benefit service and compensation on or after May 1, 2014, shall be restricted as follows:

- Each participant credited with 40 or more years of service as of May 1, 2014, shall receive a monthly benefit payable at normal retirement age equal to his normal retirement benefit as determinable under the terms of the plan in effect as of May 1, 2014, taking into account years of benefit service and compensation as of that date.
- Each participant credited with 25 or more years of service but less than 40 years as of May 1, 2014, shall be permitted to be credited with up to 5 more years of benefit service, provided the total service credited to the participant does not exceed 40 years. For the purpose of determining such a

The York Water Company Pension Plan for General and Administrative Employees
Actuarial Valuation as of January 1, 2024

Summary of Plan Provisions

participant's average monthly compensation, the plan shall take into account compensation paid after May 1, 2014, through the last day benefit service is credited under this restriction.

- Each participant credited with less than 25 years of service as of May 1, 2014, shall be permitted to be credited with additional years of benefit service, provided the total service credited to the participant does not exceed 30 years. For the purpose of determining such a participant's average monthly compensation, the plan shall take into account compensation paid after May 1, 2014, through the participant's last day of employment under this restriction.

Social Security Integration Level

The annual Social Security integration level equals \$4,800.

Average Monthly Compensation

"Average monthly compensation" means the participant's monthly compensation averaged over the highest 60-consecutive-month period out of the last 120 months.

Compensation

For the purposes of the Plan, "compensation" means the participant's earnings for the plan year. The Plan takes into account W-2 wages for federal income tax withholding purposes including 401(k) and similar contributions, but subject to the Code section 401(a)(17) dollar limitation. Compensation excludes wages payable after employment termination under a severance agreement.

The Plan does not take into account:

- Deferrals under or distributions from a nonqualified deferred compensation plan
- Moving expenses
- Expense allowances or reimbursements
- Welfare benefits to the extent includable in compensation
- Taxable fringe benefits (including group term life insurance in excess of \$50,000, auto insurance)

Accrued Benefit

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula, but based upon the participant's compensation and benefit service to date as restricted under the normal retirement pension formula.

Retirement Payment Options

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- **Lifetime Pension**
- **Joint and Survivor Pension** with 100%, 75%, 66⅔%, or 50% survivor pension

If the present value of the vested pension does not exceed \$5,000, a lump sum is the only payment option. If the present value of the vested pension does not exceed \$1,000, the Plan will automatically distribute the benefit in cash if there is no election.

The York Water Company Pension Plan for General and Administrative Employees
Actuarial Valuation as of January 1, 2024

Summary of Plan Provisions

If the participant is married at the time payments are to begin, the automatic form of payment will be a Joint and 50% Survivor Pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a Lifetime Pension.

Employment after Retirement. If a participant in pay status returns to employment, retirement benefits will not be suspended.

Late Retirement

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires. The late retirement benefit is the normal retirement benefit determined under the pension formula using compensation and benefit service to date.

Early Retirement

A participant is eligible for early retirement after attainment of age 62 and completion of 25 years of vesting service. The early retirement pension is the pension accrued to the date of early retirement. Also, a participant is eligible for early retirement after attainment of age 55 and completion of 5 years of vesting service. The early retirement pension is the actuarial equivalent of the pension accrued to the date of early retirement.

Disability Benefit

The participant is entitled to receive a disability benefit if he meets all of the following requirements as of the date he becomes disabled:

- Is actively employed.
- Becomes disabled.
- Completes 10 years of vesting service.

A participant is disabled if he is eligible for Social Security disability benefits. The benefit will be payable in the form of a Lifetime Pension until the earliest of: recovery, death, or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred. The disability benefit will not be less than a Lifetime Pension of \$1,000.00 per month.

Death Benefit

Preretirement Survivor Benefit

If a participant dies after he has become vested under the Plan but before he begins to receive a retirement pension benefit, his surviving spouse will receive a survivor benefit if he has been married at least one year. The spouse may elect to commence payments as of the first day of any month within a reasonable period after the participant's death. The amount of the surviving spouse's benefit is equal to 50% of the benefit payable under the lifetime pension option, based upon his accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

The York Water Company Pension Plan for General and Administrative Employees
Actuarial Valuation as of January 1, 2024

Summary of Plan Provisions

Termination Of Employment Benefits

Vesting in Accrued Pension

If employment terminates other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

Years of Vesting Service	Vesting Percentage
0–4 Years	0%
5 or More Years	100%

Time of Payment

The participant may elect payment after his early retirement date, reduced to reflect the early commencement of benefits. No pension payment is available under the Plan prior to early retirement, disability, or death, with one exception. If the present value of the vested accrued benefit does not exceed \$5,000, the lump sum value can be paid following termination of employment. If the present value of the participant's vested accrued benefit does not exceed \$1,000, the Plan will automatically distribute the amount in cash, if the participant does not elect a rollover to an IRA or another qualified plan.

Forfeitures and Restoration

Forfeiture occurs when the participant terminates employment before being vested. If a participant terminates employment after he is 100% vested and receives a distribution of his accrued pension, he will be permitted to return his distribution to the Plan if he is reemployed during the restoration period. However, before repayment, in determining a participant's accrued benefit, the Plan will reduce the benefit by the accrued benefit previously distributed.

SERVICE RULES

Vesting Service Rules

Vesting service is determined using the elapsed time method. Fractional years of vesting service will be credited to the completed day.

Benefit Service Rules

A participant is credited with a year of benefit service for each 12-month period he is employed by the employer. Fractional years of benefit service will be credited to the completed day.

For the purpose of determining years of benefit service, the Plan excludes the following service:

- Service when the employee is not a member of the eligible class of employees.
- Service after May 1, 2014, as described in the normal retirement pension formula.

The York Water Company Pension Plan for General and Administrative Employees
Actuarial Valuation as of January 1, 2024

Summary of Plan Provisions

Actuarial Equivalence

Actuarial equivalence is determined based on the following mortality and interest rate assumptions:

Mortality table:	Preretirement	–	UP1984 (set back 4 years for the participant, forward 1 year for the beneficiary)
	Postretirement	–	UP1984 (set back 4 years for the participant, forward 1 year for the beneficiary)
Interest rate:	Preretirement	–	7%
	Postretirement	–	7%

For the purpose of determining the amount of a lump sum payment, the actuarial equivalence determination uses the Code section 417 mortality table and the Code section 417 interest rates.

Early Retirement – For the purpose of determining an early retirement benefit the accrued benefit is adjusted by the early retirement factors. The accrued benefit is reduced by 5/9 of 1% for each of the first 60 months by which the early retirement date precedes the normal retirement date and is further reduced by 5/18 of 1% for each month in excess of 60 months by which the early retirement date precedes the normal retirement date.

The lump sum payment option payable upon early retirement will be equal to the greater of the present value of the early retirement benefit or the present value of the normal retirement benefit, in each instance subject to the Code section 417 mortality table and the Code section 417 interest rates requirements.

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Transitional Segment Rates for the second month preceding the first day of the plan year that contains the annuity starting date.

Changes In Plan Provisions Since the Last Valuation

None

Significant Events That Occurred During the Year

None

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: The York Water Company Pension Plan for General and Administrative Employees
Employer I.D. #: 23-1242500
Plan Number: 001

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.