Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1956

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)
THE GRIFFIN HOSPITAL

130 DIVISION STREET
DERBY, CT 06418

2b Employer Identification Number (EIN) 06-0647014

2c Plan Sponsor's telephone number 203-735-7421

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	DAVID MURCKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	DAVID MURCKO
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1398
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	405
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 05/31/2024

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE GRIFFIN HOSPITAL

D Employer Identification Number (EIN)
06-0647014

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:

a Market value	**2a**	75441741
b Actuarial value	**2b**	75441741

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	633	60116248	60116248
b For terminated vested participants	362	10732957	10732957
c For active participants	405	15116149	15134691
d Total	1400	85965354	85983896

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.19 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1111857
c Target normal cost	**6c**	1111857

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

06/26/2025
Date

JEFFREY C. LITER, PHD, EA, MAAA
Type or print name of actuary

23-06544
Most recent enrollment number

THE ANGELL PENSION GROUP, INC.
Firm name

401-438-9250
Telephone number (including area code)

88 BOYD AVENUE
EAST PROVIDENCE, RI 02914
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	3312717
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	3312717
10	Interest on line 9 using prior year's actual return of 11.99 %	0	397194
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3800
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 5.36 %		203
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		4003
d	Portion of (c) to be added to prefunding balance		4003
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	3713914

Part III Funding Percentages

14	Funding target attainment percentage	14	83.42 %
15	Adjusted funding target attainment percentage	15	83.42 %
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	80.00 %
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
04/10/2024	663718	0			
06/05/2024	663718	0			
08/27/2024	200000	0			
09/13/2024	30605	0			
09/16/2024	15868	0			
09/24/2024	303120	0			
			Totals ► 18(b)	1877029	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	1779593

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1111857
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	14256069	919043
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**	2030900

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	663718	663718

36 Additional cash requirement (line 34 minus line 35)	**36**	1367182
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1779593

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

a Total (excess, if any, of line 37 over line 36)	**38a**	412411
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	412411
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GRIFFIN HOSPITAL

D Employer Identification Number (EIN)
06-0647014

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).. . . . . [X] 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

ALLSPRING GOVERNMENT MONEY MKT FUND
525 MARKET STREET
12TH FLOOR
SAN FRANCISCO, CA 94105

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

AMERICAN FUNDS EUROPACIFIC GROWTH
AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

BAIRD AGGREGATE BOND FUND
C/O U.S. BANK GLOBAL FUND SVC LLC
615 E. MICHIGAN ST, 3RD FL
MILWAUKEE, WI 53202

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

BLACKROCK STRATEGIC INC OPP PORTF
PARK AVENUE PLAZA
55 E 52ND STREET
NEW YORK, NY 10055

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

CONESTOGA SMALL CAP FUND

CROSSPOINT AT VALLEY FORGE
550 EAST SWEDESFORD RD, STE 120
WAYNE, PA 19087

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

DWS RREEF REAL ASSETS FD

430 WEST 7TH STREET
SUITE 219151
KANSAS CITY, MO 64105-1407

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

FIDELITY 500 INDEX FD

245 SUMMER STREET
BOSTON, MA 02210

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

FIDELITY MID CAP INDEX FD

245 SUMMER STREET
BOSTON, MA 02210

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

GQG PARTNERS EMRGNG MKT EQUITY FD

GQG FUNDS
430 WEST 7TH STREET
KANSAS CITY, MO 64105

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

HOTCHKIS & WILEY SML CAP DVSFD VAL

601 SOUTH FIGUEROA ST, 39TH FL
LOS ANGELES, CA 90017

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

IRONWOOD INSTITUTIONAL LTD

67 BATTERYMARCH STREET
BOSTON, MA 02110

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

METRO WEST TOTAL RETURN BOND FD

METWEST FUNDS
865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

MFS INSTITUTIONAL INTL EQUITY FD

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7610

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

PIMCO RAE EMRGNG MKTS FD

PIMCO INVESTMENTS LLC DISTRIBUTOR
1633 BORADWAY
NEW YORK, NY 10019

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

VANGUARD INTERMEDIATE TERM FD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

VANGUARD LONG TERM GOVT BOND IND FD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

VANGUARD LONG TERM INV GRD FD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

VANGUARD REAL ESTATE INDEX FD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

VANGUARD SHORT-TERM TERM INV GRD FD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

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

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

FIDUCIENT ADVISORS

100 NORTHFIELD DRIVE
WINDSOR, CT 06095

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	61509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL TRUST COMPANY

711 HIGH STREET
DES MOINES, IA 50392

(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?
15 21 63	NONE	48693	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: MARCUM LLP
b EIN: 11-1986323
c Position: AUDITOR
d Address: 185 ASYLUM STREET
25TH FLOOR
HARTFORD, CT 06103
e Telephone: 860-760-0600

Explanation: PREDECESSOR FIRM MERGED OUT OF EXISTENCE AND AS A RESULT MANAGEMENT SELECTED NEW AUDITORS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GRIFFIN HOSPITAL

D Employer Identification Number (EIN)
06-0647014

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	170931
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2902336	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2543	212950
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	574213	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67350039	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4713498	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	75542629	383881
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	383881
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	383881
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	75542629	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1877029	
	(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)		1877029
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	638999	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		638999
	(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)	2096899	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2096899
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	92673800	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	92473143	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		200657
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		9576234
c Other income	2c		17698
d Total income. Add all **income** amounts in column (b) and enter total	2d		14407516
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40253705	
(2) To insurance carriers for the provision of benefits	2e(2)	48205122	
(3) Other	2e(3)	648712	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		89107539
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)	61509	
(6) Bank or trust company trustee/custodial fees	2i(6)	33263	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	22923	
(11) Other expenses	2i(11)	724911	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		842606
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		89950145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-75542629
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) [X] 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) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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.)	**4a**		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.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541422.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE GRIFFIN HOSPITAL

D Employer Identification Number (EIN)
06-0647014

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): 94-1347393 51-0099493

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** 771

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

AS OF SEPTEMBER 30, 2024 (IN LIQUIDATION) AND 2023 (ONGOING)

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

CONTENTS

Independent Auditors' Report 1-4

Financial Statements

Statements of Net Assets Available for Benefits 5
Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7-16

Supplemental Schedule

Schedule H, Line 4j – Schedule of Reportable Transactions 17-18

Independent Auditors' Report

To the Plan Administrator of
Retirement Plan for Employees of The Griffin Hospital

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements

We have performed audit of the financial statements of the Retirement Plan for Employees of The Griffin Hospital (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 September 30, 2024 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2024 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 audit 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 a certification from a qualified institution as of September 30, 2024 (in liquidation), and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2024 Financial Statements section:

- The amounts and disclosures in the accompanying 2024 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 2024 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).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 on the 2024 financial statements.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, on April 25, 2024, the Board of Directors adopted a resolution to terminate the Plan effective May 31, 2024, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the ongoing plan basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the 2024 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 2024 financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the 2024 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 financial statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is 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 2024 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 2024 financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our 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 2024 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 2024 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.

Other Matter - 2024 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2024, is presented for purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

- The information in the supplemental schedule 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).

Other Matter - Auditors' Report on the 2023 Financial Statement

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated July 15, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).



Shelton, Connecticut
July 10, 2025

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF SEPTEMBER 30, 2024 AND 2023

	September 30, 2024 (in Liquidation)	September 30, 2023 (Ongoing)
Assets		
Cash and cash equivalent	$ 170,931	$ --
Investments, at fair value	--	72,637,750
Employer contributions receivable	--	2,902,336
Other receivable	202,708	--
Accrued interest	10,242	2,543
Total Assets	383,881	75,542,629
Liabilities		
Accrued expenses	383,881	--
Total Liabilities	383,881	--
Net Assets Available for Benefits	$ --	$ 75,542,629

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	September 30, 2024 (in Liquidation)	September 30, 2023 (Ongoing)
Additions		
Investment income		
Net appreciation in fair value of investments	$ 9,776,891	$ 6,438,634
Interest and dividend income	2,753,596	1,729,137
Total investment income	12,530,487	8,167,771
Contributions		
Employer contributions	1,877,029	2,902,336
Total Additions	14,407,516	11,070,107
Deductions		
Benefits paid to participants or beneficiaries	35,759,323	6,026,842
Transfers to another plan	4,494,382	--
Annuity purchase	48,205,122	--
Reverted back to Griffin Hospital	213,162	--
PBGC transfer	648,712	--
Administrative expenses	629,444	1,111,857
Total Deductions	89,950,145	7,138,699
Net (Decrease) Increase	(75,542,629)	3,931,408
Net Assets Available for Benefits Beginning of the year	75,542,629	71,611,221
End of the year	$ --	$ 75,542,629

The accompanying notes are an integral part of these financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following brief description of the Retirement Plan for Employees of The Griffin Hospital (the Plan) is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a non-contributory defined benefit pension plan that covered substantially all employees of Griffin Hospital and Planetree International, Inc., (collectively, the Hospital or Employer) until the Plan was frozen in March 2016. The Plan provides for retirement and death benefits. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's Finance Committee administers the Plan.

Credited service accruals under the Plan were frozen for the period from April 1, 2010 to March 31, 2012. Participants continued to earn vesting service during the freeze period and pay increases during the freeze period were reflected in the participant's final earnings calculation, however, no credited service was earned for the period from April 1, 2010 to March 31, 2012. Effective April 1, 2012, the Plan freeze was terminated and credit service accruals were reestablished at a reduced rate.

The Hospital froze the Plan effective March 31, 2016 and introduced an Employer 403(b) match and core contribution to the Hospital's existing 403(b) Retirement Savings Plan. Effective with the freeze, no further benefits would accrue to Plan participants.

On April 25, 2024, the board of directors of Griffin Hospital formally approved a resolution for the termination of the Plan effective May 31, 2024 (Termination Date), according to the standard termination rules under Section 4041(b) of ERISA and subsequently determined that the Plan termination is imminent under generally accepted accounting principles per the definitions applicable to Accounting Standards Codification (ASC) 960. An application was filed with the Internal Revenue Service (the "IRS") in April 2024 for termination as to whether the Plan meets the qualification requirements of the Internal Revenue Code ("the Code") section 401(a). The application was approved by the IRS in November 2024.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Approximately $82.4 million of Plan assets were distributed by September 3, 2024. The Plan assets were distributed either via lump sum payment to each active or deferred vested participant who elected such form (approximately $34.2 million) or via an annuity contract underwritten by Pacific Life Insurance Company (approximately $48.2 million). In September 2024, there was an asset transfer to the PBGC for any lost or unresponsive Plan participants or beneficiaries (approximately $649,000) as of the asset distribution date. All participants who received periodic benefits will continue to receive their benefit payments, per the remaining applicable terms of the originally elected form of payment, without disruption under the terms of the aforementioned annuity contract. The rights of plan participants to their accrued benefits to date are non-forfeitable. Through these payments, the obligations to all plan participants were satisfied. See Notes 3 and 4.

PENSION BENEFITS

Eligible employees with one or more years of service (as defined by the Plan) are entitled to annual pension benefits beginning at normal retirement age equal to the accrued benefit determined according to the formula, as described in the Plan agreement, in effect as of April 1, 1989, which is the sum of 1.25% of average annual compensation up to a participant's covered compensation level multiplied by years of credited service (to a maximum of 35 years of credited service) plus 1.75% of such average annual compensation, which is greater than the participant's covered compensation level, multiplied by years of credited service (to a maximum of 35 years of credited service). The Plan permits early retirement at ages 55-64 with at least fifteen years of service. The early retirement pension benefit is based on the accrued benefit, as defined in the Plan agreement, as of the date of termination. Such amount will be reduced by 6.6% for each of the first five years and by 3.3% for each of the next five years by which the participant's early retirement date precedes the normal retirement date. Employees who terminate prior to retirement will have a vested right to 100% of their accrued benefits upon completion of the five years of service or attainment of age 65, whichever is earlier.

1 – DESCRIPTION OF THE PLAN (CONTINUED)

Effective April 1, 2012, the Plan amended the annual pension benefit calculation to a reduced rate equal to 0.5% of the five year average monthly compensation (FAC) multiplied by the number of years of credited service during the period occurring on or after April 1, 2012, up to 35 years plus 0.2% of FAC in excess of social security covered compensation multiplied by the number of years of credited service, during the period occurring on or after April 1, 2012, up to 35 years (less than the years of credited service during the period ending immediately before May 1, 2010).

The accrued benefit of any participant in the Plan as of the Termination Date, to the extent it was not frozen prior to that date, were frozen as of and after that date.

DEATH AND DISABILITY BENEFITS

No benefits are payable in the event of death before an active or inactive employee has earned a vested benefit. If a participant who is vested dies prior to commencement of annuity payments, his or her spouse shall receive, for the remainder of such spouse's lifetime, a monthly benefit equal to 50% of the amount payable under the 50% joint and survivor form had the participant retired on his or her date of death or earliest retirement age under the Plan, if later. Payments to a surviving spouse will commence on a participant's early or normal retirement date, whichever is applicable, provided the spouse and participant have been married for at least one year. There are no disability benefits paid from the Plan regardless of whether a participant is vested or not.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared in accordance with generally accepted accounting principles in the United States of America. The 2024 financial statements have been prepared on the liquidation basis of accounting. As a result of the Plan's termination, the basis of accounting changed from an ongoing plan basis presentation in 2023 to the liquidation basis of accounting in 2024, under which Plan assets are stated at their estimated net realizable values and liabilities are stated at their net settlement accounts.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

RISK AND UNCERTAINTIES

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimate and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the Plan's financial statements.

The Plan invests in a money market fund, mutual funds, and other investments. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 Plan's statements of net assets available for benefits.

INVESTMENT VALUATION AND INCOME RECOGNITION

Plan investments are stated at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Plan's Finance Committee determines the Plan's investment policies utilizing information provided by the Trustee. See Note 5 for a discussion of fair value measurements.

NOTE 2 – SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

FUNDING POLICY

The Hospital's funding policy is to make contributions to the Plan, which are, at a minimum, sufficient to annually fund the Plan's normal cost and to amortize the unfunded actuarial accrued liability over the number of years consistent with the minimum funding requirements contained in ERISA.

The Hospital met the minimum funding requirements of ERISA for the years ended September 30, 2024 and 2023.

PAYMENTS OF BENEFITS

Benefit payments to participants or beneficiaries are recorded when paid.

ADMINISTRATIVE EXPENSES

Certain costs of administering the Plan, such as professional fees, salaries and fringe benefits of Hospital personnel, are paid by the Hospital and are excluded from these financial statements. Certain other fees, such as investment management, Pension Benefit Guarantee Corporation (PBGC) and actuary fees, are paid by the Plan. Investment related expenses are included in net appreciation in fair value of investments.

SUBSEQUENT EVENTS

Subsequent events were evaluated through July 10, 2025, the date the financial statements were available to be issued. No events were identified that required recognition or disclosure in these financial statements.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits, including vested benefits (to which participants are entitled, regardless of future service to the Hospital) and nonvested benefits, are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date, as defined in the Plan agreement.

Accumulated plan benefits include benefits expected to be paid to (a) retired or vested terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries.

Benefits payable under all circumstances including retirement, death, and termination of employment, are considered to the extent they are deemed attributable to employees' service rendered through the valuation date.

As of September 30, 2024 due to the termination and settlement of obligations described in Note 1, there is no accumulated plan benefits remaining.

NOTE 4 – PLAN TERMINATION

Substantially all of the Plan's holdings were fully liquidated by Griffin Hospital in 2024. Upon liquidation, the net assets of the Plan were distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document. See Note 1.

After the assets of the Plan were withdrawn and allocated in accordance with the terms above, and all expenses payable by the Plan were paid, any amount remaining in the Plan will be returned to Griffin Hospital.

NOTE 5 – FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy are described as follows:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than quoted prices included in Level 1, such as quoted prices for markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

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 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

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. In determining fair value, the Plan utilizes valuation techniques that maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used as of September 30, 2024 and 2023.

Money Market Fund: Valued at the quoted market price on the last business day of the plan year.

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Mutual Funds: Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Other Investments: Other investments represent the Plan's investment in Ironwood Institutional Ltd Class A4 Series 5 shares which is recorded at NAV. Ironwood Institutional Ltd has invested substantially all of its assets in the Ironwood Partners L.P. The Plan may only liquidate shares subject to a 5% early redemption fee as of the last business day of the sixth month following the subscription date or as of the last business day of each six-month period thereafter with at least 95 days' prior written notices. There were no unfunded commitments as of September 30, 2024 and 2023.

There were no Plan assets at fair value as of September 30, 2024.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value, as of September 30, 2023:

	September 30, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 574,213	$ --	$ --	$ 574,213
Mutual funds	67,350,039	--	--	67,350,039
Total assets in the fair value hierarchy	67,924,252	--	--	67,924,252
Investments measured at net asset value *				
Other investments	--	--	--	4,713,498
	$ 67,924,252	$ --	$ --	$ 72,637,750

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

For the years ended September 30, 2024 and 2023, there were no transfers in or out of Levels 1, 2 or 3.

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

With the exception of information pertaining to other investments described below, all investment information in the accompanying financial statements and supplemental schedules, including investments held at September 30, 2024 and 2023, and net appreciation in fair value of investments and interest and dividend income for the years ended September 30, 2024 and 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee of the Plan.

The following investment information was not certified by the Trustee as of and for the year ended:

	September 30, 2023		
	Net Asset Value	Net Appreciation in Fair Value	Interest and Dividend Income
Other investments	$ 4,713,498	$ 273,200	$ --

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

During the years ended September 30, 2024 and 2023, there were transactions involving the investment of Plan assets in investment funds maintained by the Trustee, who is considered party-in-interest as defined in Section 3(14) of ERISA.

NOTE 8 – INCOME TAX STATUS

The Plan has received a determination letter from the IRS dated November 16, 2015 that the Plan qualifies under Section 401(a) of the Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

Subsequent to year end the Plan received a determination letter from the IRS dated November 21, 2024, stating the terminated Plan continues to be qualified under the Code, and therefore, the Plan is exempt from taxation. This determination letter also stated that the termination of the Plan does not affect its qualified status.

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 (or asset) if the Plan has taken an uncertain position that more than likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress.

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2024

EIN: 06-0647014
Plan: 001

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - A single transaction in excess of five percent of the Plan's net assets available for benefits					
* Ironwood Institutional Ltd Class A4 Series 5	$ --	$ 4,054,155	$ 3,682,030	$ 4,054,155	$ 372,125
* Allspring Government Money Market Fund	21,468,613	--	21,468,613	21,468,613	--
* Allspring Government Money Market Fund	3,851,447	--	3,851,447	3,851,447	--
* Allspring Government Money Market Fund	55,224,415	--	55,224,415	55,224,415	--
* Allspring Government Money Market Fund	--	48,205,122	48,205,122	48,205,122	--
* Allspring Government Money Market Fund	--	29,928,417	29,928,417	29,928,417	--
* Allspring Government Money Market Fund	--	4,494,382	4,494,382	4,494,382	--
* Baird Aggregate Bond Fund	--	4,106,360	4,764,639	4,106,360	(658,279)
* Blackrock Strategic Income Opportunities Portfolio Class K	--	4,378,280	4,604,173	4,378,280	(225,893)
* Europacific Growth Fund Class R6	--	7,903,795	7,472,105	7,903,795	431,690
* Fidelity 500 Index Fund	--	18,237,246	13,773,905	18,237,246	4,463,341
* Fidelity Midcap Index Fund	--	4,985,442	4,264,629	4,985,442	720,813
* MFS Institutional International Equity Fund	--	7,733,334	5,785,907	7,733,334	1,947,427
* Metropolitan West Total Return Bond Fund	--	3,751,067	4,427,744	3,751,067	(676,677)
* Vanguard Long-Term Investment Grade Fund	14,580,000	--	14,580,000	14,580,000	--
* Vanguard Long-Term Investment Grade Fund	--	19,670,634	19,442,424	19,670,634	228,210
* Vanguard Intermediate-Term Fund Investment Grade Fund	19,855,000	--	19,855,000	19,855,000	--
* Vanguard Intermediate-Term Fund Investment Grade Fund	--	26,067,139	25,353,948	26,067,139	713,191
* Vanguard Short-Term Investment Grade Fund	5,850,000	--	5,850,000	5,850,000	--
* Vanguard Short-Term Investment Grade Fund	--	7,385,178	7,242,314	7,385,178	142,864

* Denotes a party-in-interest to the Plan.
There were no category (ii) or (iv) transactions during 2024.
"Lease Rental" and "Expenses Incurred with Transaction" columns are not applicable.

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2024

EIN: 06-0647014
Plan: 001

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of transactions in excess of five percent of the Plan's net assets available for benefits					
* Ironwood Institutional Ltd Class A4 Series 5	$ --	$ 4,914,155	$ 4,500,000	$ 4,914,155	$ 414,155
* Allspring Government Money Market Fund	87,185,434	--	87,185,434	87,185,434	--
* Allspring Government Money Market Fund	--	87,759,647	87,759,647	87,759,647	--
* Baird Aggregate Bond Fund	66,175	--	66,175	66,175	--
* Baird Aggregate Bond Fund	--	4,106,360	4,764,639	4,106,360	(658,279)
* Blackrock Strategic Income Opportunities Portfolio Class K	82,771	--	82,771	82,771	--
* Blackrock Strategic Income Opportunities Portfolio Class K	--	4,798,280	5,067,563	4,798,280	(269,283)
* Europacific Growth Fund Class R6	255,055	--	255,055	255,055	--
* Europacific Growth Fund Class R6	--	7,943,795	7,512,750	7,943,795	431,045
* Fidelity 500 Index Fund	133,318	--	133,318	133,318	--
* Fidelity 500 Index Fund	--	19,292,246	14,636,764	19,292,246	4,655,482
* Fidelity Midcap Index Fund	51,684	--	51,684	51,684	--
* Fidelity Midcap Index Fund	--	5,075,442	4,348,056	5,075,442	727,386
* MFS Institutional International Equity Fund	122,910	--	122,910	122,910	--
* MFS Institutional International Equity Fund	--	7,818,334	5,852,840	7,818,334	1,965,494
* Metropolitan West Total Return Bond Fund	69,909	--	69,909	69,909	--
* Metropolitan West Total Return Bond Fund	--	4,071,067	4,832,497	4,071,067	(761,430)
* Vanguard Long-Term Investment Grade Fund	15,019,765	--	15,019,765	15,019,765	--
* Vanguard Long-Term Investment Grade Fund	--	19,670,634	19,442,424	19,670,634	228,210
* Vanguard Intermediate-Term Investment Grade Fund	20,377,553	--	20,377,553	20,377,553	--
* Vanguard Intermediate-Term Investment Grade Fund	--	26,067,139	25,353,948	26,067,139	713,191
* Vanguard Short-Term Investment Grade Fund	5,979,793	--	5,979,793	5,979,793	--
* Vanguard Short-Term Investment Grade Fund	--	7,385,178	7,242,314	7,385,178	142,864

* Denotes a party-in-interest to the Plan.
There were no category (ii) or (iv) transactions during 2024.
"Lease Rental" and "Expenses Incurred with Transaction" columns are not applicable.

See independent auditors' report.

Plan Name: **Retirement Plan for Employees of The Griffin Hospital**
EIN: **06-0647014**
Plan Number: **001**

Schedule SB, Line 26a -- Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		6		10		4		0		0		0		0		0	
35 to 39	0		0		7		14		6		2		0		0		0		0	
40 to 44	0		0		2		16		15		10		0		0		0		0	
45 to 49	0		0		7		16		15		7		4		0		0		0	
50 to 54	0		0		2		12		17		10		13		4		4		0	
55 to 59	0		0		6		13		26		11		3		4		5		0	
60 to 64	0		0		2		15		12		11		9		7		8		11	
65 to 69	0		0		1		15		10		8		2		1		3		8	
70 & up	0		0		2		2		1		2		1		1		2		0	
Total	**0**		**0**		**35**		**113**		**106**		**61**		**32**		**17**		**22**		**19**	

*The plan is "hard frozen", and average annual accrued benefits are reported in lieu of average annual compensation.

SECTION XII
ACTUARIAL COST METHODS

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets - Market Value.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

1. Segment Rate 1 for Years 1 Through 5	4.75%
2. Segment Rate 2 for Years 6 Through 20	5.00%
3. Segment Rate 3 for Years After 20	5.74%

Maximum Deductible Contribution (June 2022 rates with 4-month look-back):

1. Segment Rate 1 for Years 1 Through 5	3.03%
2. Segment Rate 2 for Years 6 Through 20	4.11%
3. Segment Rate 3 for Years After 20	4.27%

Plan Effective Interest Rate 5.19%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

1. Pre-Retirement Discount Rate:	7.50%
2. Post-Retirement Discount Rate:	7.50%

Mortality Tables

1. Employee Mortality - Male	Pri-2012 Male Employee Projected Generationally with Scale MP-2021
Employee Mortality - Female	Pri-2012 Female Employee Projected Generationally with Scale MP-2021
2. Healthy Annuitant Mortality - Male	Pri-2012 Male Retiree Projected Generationally with Scale MP-2021
Healthy Annuitant Mortality - Female	Pri-2012 Female Retiree Projected Generationally with Scale MP-2021
3. Beneficiary Mortality - Male	Pri-2012 Male Contingent Survivor Projected Generationally with Scale MP-2021
Beneficiary Mortality - Female	Pri-2012 Female Contingent Survivor Projected Generationally with Scale MP-2021

Salary Scale Assumption: Salary increases were not assumed in the valuation.

Taxable Wage Base Increase Assumption: No TWB increase was assumed in the valuation.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Social Security CPI Assumption: No CPI increase was assumed in the valuation.

Plan Benefit COLA Assumption: No COLA increase was assumed in the valuation.

Retirement Rates Retirement Rates were assumed in the valuation.

Age	Males	Females
55	0.010	0.010
56	0.010	0.010
57	0.010	0.010
58	0.010	0.010
59	0.010	0.010
60	0.010	0.010
61	0.010	0.010
62	0.070	0.070
63	0.070	0.070
64	0.070	0.070
65	0.250	0.250
66	0.300	0.300
67	0.300	0.300
68	0.150	0.150
69	0.150	0.150
70	0.350	0.350
71	1.000	1.000

Termination Rates Termination Rates were assumed in the valuation. The following are sample termination rates for various ages.

Age	Males	Females
20	0.120	0.120
25	0.116	0.116
30	0.113	0.113
35	0.107	0.107
40	0.097	0.097
45	0.083	0.083
50	0.070	0.070
55	0.070	0.070
60	0.070	0.070

Disability Rates Disability Rates were not assumed in the valuation.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: 2023 IRS Non-Annuitant Male

Female: 2023 IRS Non-Annuitant Female

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000194	0.000082
25	0.000276	0.000101
30	0.000321	0.000143
35	0.000436	0.000217
40	0.000542	0.000299
45	0.000750	0.000423
50	0.001169	0.000654
55	0.001898	0.001100
60	0.003483	0.001865
65	0.006759	0.002929
70	0.011740	0.005055
75	0.020625	0.009171

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: 2023 IRS Annuitant Male

Female: 2023 IRS Annuitant Female

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.003903	0.002380
60	0.005773	0.003965
65	0.008992	0.006378
70	0.014211	0.010311
75	0.023860	0.017832
80	0.042409	0.032611
85	0.076650	0.061163
90	0.139404	0.113553
95	0.222904	0.189259
100	0.318715	0.282507
105	0.417508	0.383361
110	0.496973	0.469951

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Administrative Expenses	$1,111,857
Percent Married	80% of males and 80% of females are assumed to be married.
Age of Spouse	Spouses of Males are assumed to be 3 years younger than the participant. Spouses of Females are assumed to be 3 years older than the participant.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 5.00% Segment 3: 5.74%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates, subject to a 5% floor per the American Rescue Plan Act ("ARPA") and then further adjusted via a corridor.	The segment 1, segment 2 and segment 3 interest rates remained unchanged from 4.75%, 5.18%, and 5.92%, respectively as of the prior measurement date, October 1, 2022. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, October 1, 2023, by 1.48%.
Segment Interest Rates for Maximum Contribution	Segment 1: 3.03% Segment 2: 4.11% Segment 3: 4.27%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 1.02%, 2.80%, and 3.38%, respectively as of the prior measurement date, October 1, 2022, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, October 1, 2023, by 11.69%.
ASC 960 Interest Rate	7.50%	Griffin Hospital	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Inflation Rate	N/A	N/A	Plan benefits are frozen.	None
Salary Scale	N/A	N/A	Plan benefits are frozen and do not depend on future salary.	None
Taxable Wage Base Increase	N/A	N/A	Plan benefits are frozen and do not depend on future taxable wage base.	None
IRC 415 and 401(a)(17) Limit Projection	N/A	N/A	Projected increases to benefit and pay limits are not applicable under the Actuarial Funding Method used for the Funding Target Liability and the ASC 960 Actuarial Present Value of Accrued Benefits.	None
Pre-Retirement Mortality	2023 IRS Non-Annuitant (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2022 IRS Non-Annuitant (M/F) tables as of the prior measurement date, October 1, 2022, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, increased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, October 1, 2023, by 0.48% and 0.52%, respectively.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Post-Retirement Mortality	2023 IRS Annuitant (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using an adjusted Projection Scale MP-2021.	The mortality tables changed from the 2022 IRS Annuitant (M/F) tables as of the prior measurement date, October 1, 2022, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, increased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, October 1, 2023, by 0.48% and 0.52%, respectively.
Pre-Retirement Mortality for ASC 960	Pri-2012 Total Employee Table projected generationally with Scale MP-2021 (M/F)	Griffin Hospital	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables have been updated to include projections of mortality improvement via Scale MP-2021.	None
Post-Retirement Mortality for ASC 960	Pri-2012 Healthy Retiree and Contingent Survivor Table projected generationally with Scale MP-2021 (M/F)	Griffin Hospital	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables have been updated to include projections of mortality improvement via Scale MP-2021.	None
Disability Mortality	None	The Angell Pension Group, Inc.	The plan removed the disability benefit effective April 1, 1989.	None
Disability Rates	None	The Angell Pension Group, Inc.	The plan removed the disability benefit effective April 1, 1989.	None
Withdrawal Rates	Employees are assumed to terminate in accordance with the ultimate rates shown below: Age Rate 20 0.120 30 0.113 40 0.097 50 0.070 60 0.070	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Retirement Rates	Inactive participants are assume to retire at age 65 and Active participants were assumed to retire in accordance with the rates shown below: Age Rate 55-61 0.01 62-64 0.07 65 0.25 66-67 0.30 68-69 0.15 70 0.35 71 1.00	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Administrative Expenses	Equals the amount of Plan-related expenses paid from Plan assets in the prior Plan year.	The Angell Pension Group, Inc.	Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. Our best estimate of these expenses is the actual amount of Plan-related expenses paid from Plan assets in the prior Plan year.	None
Percent Married	80% of males and 80% of females are assumed to be married.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None
Form of Payment Assumption	100% of active and terminated vested participants are assumed to take a life annuity.	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.	None

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1956

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)

THE GRIFFIN HOSPITAL

130 DIVISION STREET

DERBY CT 06418

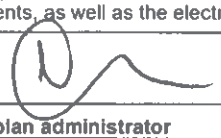
2b Employer Identification Number (EIN) 06-0647014

2c Plan Sponsor's telephone number 203-735-7421

2d Business code (see instructions) 622000

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

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

SIGN HERE		7/10/2025	DAVID MURCKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/10/2025	DAVID MURCKO
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	1,398
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**)		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	405
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	(1) [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	(2) [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	(3) [X]	Trust
(4) [ ]	General assets of the sponsor	(4) [ ]	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) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2024

EIN: 06-0647014
Plan: 001

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - A single transaction in excess of five percent of the Plan's net assets available for benefits					
* Ironwood Institutional Ltd Class A4 Series 5	$ --	$ 4,054,155	$ 3,682,030	$ 4,054,155	$ 372,125
* Allspring Government Money Market Fund	21,468,613	--	21,468,613	21,468,613	--
* Allspring Government Money Market Fund	3,851,447	--	3,851,447	3,851,447	--
* Allspring Government Money Market Fund	55,224,415	--	55,224,415	55,224,415	--
* Allspring Government Money Market Fund	--	48,205,122	48,205,122	48,205,122	--
* Allspring Government Money Market Fund	--	29,928,417	29,928,417	29,928,417	--
* Allspring Government Money Market Fund	--	4,494,382	4,494,382	4,494,382	--
* Baird Aggregate Bond Fund	--	4,106,360	4,764,639	4,106,360	(658,279)
* Blackrock Strategic Income Opportunities Portfolio Class K	--	4,378,280	4,604,173	4,378,280	(225,893)
* Europacific Growth Fund Class R6	--	7,903,795	7,472,105	7,903,795	431,690
* Fidelity 500 Index Fund	--	18,237,246	13,773,905	18,237,246	4,463,341
* Fidelity Midcap Index Fund	--	4,985,442	4,264,629	4,985,442	720,813
* MFS Institutional International Equity Fund	--	7,733,334	5,785,907	7,733,334	1,947,427
* Metropolitan West Total Return Bond Fund	--	3,751,067	4,427,744	3,751,067	(676,677)
* Vanguard Long-Term Investment Grade Fund	14,580,000	--	14,580,000	14,580,000	--
* Vanguard Long-Term Investment Grade Fund	--	19,670,634	19,442,424	19,670,634	228,210
* Vanguard Intermediate-Term Fund Investment Grade Fund	19,855,000	--	19,855,000	19,855,000	--
* Vanguard Intermediate-Term Fund Investment Grade Fund	--	26,067,139	25,353,948	26,067,139	713,191
* Vanguard Short-Term Investment Grade Fund	5,850,000	--	5,850,000	5,850,000	--
* Vanguard Short-Term Investment Grade Fund	--	7,385,178	7,242,314	7,385,178	142,864

* Denotes a party-in-interest to the Plan.
There were no category (ii) or (iv) transactions during 2024.
"Lease Rental" and "Expenses Incurred with Transaction" columns are not applicable.

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2024

EIN: 06-0647014
Plan: 001

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of transactions in excess of five percent of the Plan's net assets available for benefits					
* Ironwood Institutional Ltd Class A4 Series 5	$ --	$ 4,914,155	$ 4,500,000	$ 4,914,155	$ 414,155
* Allspring Government Money Market Fund	87,185,434	--	87,185,434	87,185,434	--
* Allspring Government Money Market Fund	--	87,759,647	87,759,647	87,759,647	--
* Baird Aggregate Bond Fund	66,175	--	66,175	66,175	--
* Baird Aggregate Bond Fund	--	4,106,360	4,764,639	4,106,360	(658,279)
* Blackrock Strategic Income Opportunities Portfolio Class K	82,771	--	82,771	82,771	--
* Blackrock Strategic Income Opportunities Portfolio Class K	--	4,798,280	5,067,563	4,798,280	(269,283)
* Europacific Growth Fund Class R6	255,055	--	255,055	255,055	--
* Europacific Growth Fund Class R6	--	7,943,795	7,512,750	7,943,795	431,045
* Fidelity 500 Index Fund	133,318	--	133,318	133,318	--
* Fidelity 500 Index Fund	--	19,292,246	14,636,764	19,292,246	4,655,482
* Fidelity Midcap Index Fund	51,684	--	51,684	51,684	--
* Fidelity Midcap Index Fund	--	5,075,442	4,348,056	5,075,442	727,386
* MFS Institutional International Equity Fund	122,910	--	122,910	122,910	--
* MFS Institutional International Equity Fund	--	7,818,334	5,852,840	7,818,334	1,965,494
* Metropolitan West Total Return Bond Fund	69,909	--	69,909	69,909	--
* Metropolitan West Total Return Bond Fund	--	4,071,067	4,832,497	4,071,067	(761,430)
* Vanguard Long-Term Investment Grade Fund	15,019,765	--	15,019,765	15,019,765	--
* Vanguard Long-Term Investment Grade Fund	--	19,670,634	19,442,424	19,670,634	228,210
* Vanguard Intermediate-Term Investment Grade Fund	20,377,553	--	20,377,553	20,377,553	--
* Vanguard Intermediate-Term Investment Grade Fund	--	26,067,139	25,353,948	26,067,139	713,191
* Vanguard Short-Term Investment Grade Fund	5,979,793	--	5,979,793	5,979,793	--
* Vanguard Short-Term Investment Grade Fund	--	7,385,178	7,242,314	7,385,178	142,864

* Denotes a party-in-interest to the Plan.
There were no category (ii) or (iv) transactions during 2024.
"Lease Rental" and "Expenses Incurred with Transaction" columns are not applicable.

See independent auditors' 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

2023

This Form Is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 05/31/2024

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF THE GRIFFIN HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE GRIFFIN HOSPITAL

D Employer Identification Number (EIN)
06-0647014

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2023

2 Assets:

a Market value	**2a**	75,441,741
b Actuarial value	**2b**	75,441,741

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	633	60,116,248	60,116,248
b For terminated vested participants	362	10,732,957	10,732,957
c For active participants	405	15,116,149	15,134,691
d Total	1,400	85,965,354	85,983,896

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.19%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,111,857
c Target normal cost	**6c**	1,111,857

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

June 26, 2025
Date

JEFFREY C. LITER, PHD, EA, MAAA
Type or print name of actuary

2306544
Most recent enrollment number

THE ANGELL PENSION GROUP, INC.
Firm name

401-438-9250
Telephone number (including area code)

88 BOYD AVENUE

EAST PROVIDENCE RI 02914
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	3,312,717
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	3,312,717
10	Interest on line 9 using prior year's actual return of 11.99 %	0	397,194
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,800
	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 5.36 %		203
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		4,003
	d Portion of (c) to be added to prefunding balance		4,003
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	3,713,914

Part III Funding Percentages

14	Funding target attainment percentage	14	83.42 %
15	Adjusted funding target attainment percentage	15	83.42 %
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	80.00 %
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
04/10/2024	663,718	0			
06/05/2024	663,718	0			
08/27/2024	200,000	0			
09/13/2024	30,605	0			
09/16/2024	15,868	0			
09/24/2024	303,120	0			
			Totals ► 18(b)	1,877,029	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	1,779,593

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.00 %	5.74 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	1,111,857
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	14,256,069	919,043
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**	2,030,900

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	663,718	663,718

36 Additional cash requirement (line 34 minus line 35)	**36**	1,367,182
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,779,593
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	412,411
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	412,411
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

Retirement Plan for Employees of The Griffin Hospital
EIN: 06-0647014; Plan Number: 001
2023 Schedule SB, line 22 - Description of Weighted Average Retirement Age

(1) Age	(2) Absolute Retirement Rate	(3) Cumulative Probability of Not Having Retired	(4) Probability of Employee Age 55 Retiring at Age(x)	(5) (1) x (4)	
55	1%	99.00%	1.00%	0.55	
56	1%	98.01%	0.99%	0.55	
57	1%	97.03%	0.98%	0.56	
58	1%	96.06%	0.97%	0.56	
59	1%	95.10%	0.96%	0.57	
60	1%	94.15%	0.95%	0.57	
61	1%	93.21%	0.94%	0.57	
62	7%	86.68%	6.52%	4.05	
63	7%	80.61%	6.07%	3.82	
64	7%	74.97%	5.64%	3.61	
65	25%	56.23%	18.74%	12.18	
66	30%	39.36%	16.87%	11.13	
67	30%	27.55%	11.81%	7.91	
68	15%	23.42%	4.13%	2.81	
69	15%	19.91%	3.51%	2.42	
70	35%	12.94%	6.97%	4.88	
71	100%	0.00%	12.94%	9.19	
TOTALS:			100.00%	**65.94**	*

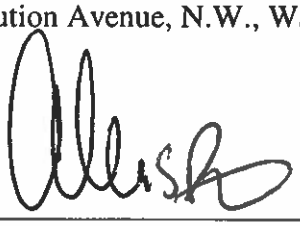
* Average Assumed Retirement Age

Notice to Terminated Accountant

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2022 Form 5500, Annual Return/Report of Employee Benefit Plan, for the Retirement Plan for Employees of The Griffin Hospital. This Form 5500 is identified in line 2b by the nine-digit EIN 06-0647014 and in line 1b by the three-digit PN 001.

Explanation: The transfer of auditing responsibilities from Marcum LLP to Baker Tilly US, LLP, since the predecessor firm merged out of existence and as a result management selected new auditors.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



Signed

7/11/25

Dated

APPENDIX A
SUMMARY OF PLAN PROVISIONS

Plan Effective Date: April 1, 1956

Date of Last Amendment The plan was amended effective May 31, 2024 to terminate.

Eligibility Requirements: Service: 1 year of eligibility service
Age: 21

Plan Entry Date: An eligible employee will enter the plan on April 1 or October 1 coincident or next following completion of these requirements. The plan was amended to freeze participation on April 1, 2016.

Vesting Service: A year of Vesting Service will be credited for each Plan Year during which an employee has 1,000 or more hours of service.

Credited Service: Credited Service includes any year of Vesting Service plus, if the Participant is not credited with a full year of Credited Service in the first Plan Year of employment or in any year of Termination , credit shall be given to the nearest $1/12^{th}$ of a year of Credited Service.

A participant shall not be credited with a Year of Credited Service for the Plan Years beginning on April 1, 2010 and April 1, 2011, regardless of the actual hours of service completed by the Participant during such Plan Year except that a Participant shall be eligible to receive a partial Year of Credited Service for the month of April, 2010. Effective April 1, 2012, a Participant will be credited with a Year of Credited Service if he or she has 1,000 or more hours of service.

The plan was amended to freeze credited service on April 1, 2016.

Normal Retirement Date: The first of the month coincident with or next following the attainment of age 65.

Compensation: Salary or Wages paid or accrued to an employee for services rendered during the calendar, excluding overtime, bonuses or differentials, not to exceed limits of Internal Revenue Code Section 401(a)(17). In addition, annual compensation shall not include any compensation of any employee in excess of $170,000. Annual compensation after March 31, 2016 shall not be considered.

Average Compensation: The five highest consecutive calendar years of compensation out of the last ten calendar years.

Vesting: Based on years of service, subject to the following schedule:

Years of Service	Vested Percentage
Less than 5 years	0%
5 years or more	100%

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

SUMMARY OF PLAN PROVISIONS (continued)

Normal Retirement Benefit:

One-twelfth of the sum of A, B, C, and D, where:

A: 1.25% of Average Annual Compensation determined as of March 31, 2012, up to Social Security Covered Compensation, multiplied by Credit Service during the period ending immediately before May 1, 2010, up to 35 years, plus

B: 1.75% of Average Annual Compensation determined as of March 31, 2012, in excess of Social Security Covered Compensation, multiplied by Credited Service during the period ending immediately before May 1, 2010, up to 35 years.

C: 0.5% of Average Annual Compensation, multiplied by the number of years of Credited Service during the period occurring on or after April 1, 2012 (up to 35 years),

D: 0.2% of Average Annual Compensation in excess of Social Security Covered Compensation multiplied by the number of years of Credited Service, during the period occurring on or after April 1, 2012, up to 35 years (less than the years of Credited Service during the period ending immediately before May 1, 2010).

Effective March 31, 2016, the plan is frozen.

Normal Form of Benefit: Life Annuity. Lump sum is paid automatically if value of benefit is less than $5,000.

Early Retirement: A participant who has attained age 55 and 15 years of Service may elect Early Retirement. The Early Retirement Benefit is equal to the Accrued Normal Retirement Benefit, reduced 6.6% for each of first five year and 3.3% for each of the next 5 years by which commencement precedes age 65.

Death Benefit: The surviving spouse of a deceased participant, who was married with 5 years of Vesting Service at the time of death, is eligible for the Qualified Pre-retirement Survivor Annuity under ERISA, actuarially adjusted for survivorship form and for early retirement.

Disability Benefit: Does not apply to participants who become disabled on or after April 1, 1999.

Late Retirement Benefit: A participant who retires after age 65 will be entitled to the greater of the Accrued Benefit based on Credited Service and Average Compensation as of the actual date of retirement, and the actuarial equivalence of the Participant's Accrued Benefit at Normal Retirement Age.

SECTION V
AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Shortfall Amortization Bases

Description	Date Base Established	Initial Base	Initial Years	Remaining Years	Present Value of Remaining Payments	Amortization Amount
2023 Shortfall	10/01/2023	$ (2,176,502)	15	15	$ (2,176,502)	$ (199,326)
2022 Shortfall	10/01/2022	17,074,625	15	14	16,432,571	1,577,891
Subtotal - Shortfall Bases					$ 14,256,069	$ 919,043*
Total Amortization Bases					**$ 14,256,069**	**$ 919,043***

** Due to the plan termination effective May 31, 2024, a short plan year is created and the shortfall amortization payments are prorated as follows: ($1,577,891 - $199,326) x (244/366) = $919,043.*

Changes In Actuarial Methods

Automatic approval under IRS Regulation 1.430(a)-(1)(b)(5) for short plan year as a result of plan termination.