

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

<p>1a Name of plan <u>WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WESTERN CONNECTICUT HEALTH NETWORK, INC.</u></p> <p><u>100 RESERVE ROAD, 3RD FLOOR J POD</u> <u>DANBURY, CT 06810-6099</u></p>	<p>1c Effective date of plan <u>09/30/1966</u></p> <p>2b Employer Identification Number (EIN) <u>22-2594977</u></p> <p>2c Plan Sponsor's telephone number <u>203-739-4593</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	JACLYN DEMAIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2025	JACLYN DEMAIO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8880
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1570
	6a(2)	1570
	6b	4089
	6c	2861
	6d	8520
	6e	258
	6f	8778
	6g(1)	0
	6g(2)	0
h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan <u>WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WESTERN CONNECTICUT HEALTH NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>22-2594977</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>878999756</u>
	b Actuarial value	2b	<u>966899731</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>4158</u>	<u>520009425</u>
	b For terminated vested participants	<u>3012</u>	<u>162163581</u>
	c For active participants	<u>1730</u>	<u>201646362</u>
	d Total	<u>8900</u>	<u>883819368</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.22 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1700000</u>
	c Target normal cost	6c	<u>1700000</u>

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

SIGN HERE			
	Signature of actuary	<u>07/02/2025</u>	Date
	<u>MICHAEL E. CLARK</u>	<u>23-06659</u>	Most recent enrollment number
	<u>PRINCIPAL FINANCIAL GROUP</u>	<u>412-394-9383</u>	Telephone number (including area code)
	<u>PO BOX 9394 DES MOINES, IA 50306-9394</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4177985	66693289
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)	4177985	66693289
10	Interest on line 9 using prior year's actual return of <u>1.17</u> %	48882	780311
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	4226867	67473600

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.05 %
15	Adjusted funding target attainment percentage	15	109.06 %
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	110.14 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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	1700000
b Excess assets, if applicable, but not greater than line 31a	31b	1700000

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

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

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

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

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

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

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONNECTICUT HEALTH NETWORK, INC.	D Employer Identification Number (EIN) 22-2594977	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

MARCUM LLP

11-1986323

(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?
10 50	ACCOUNTANT	59385	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC LLC

26-1429809

(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?
17 50	CONSULTING	1416182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	273374	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL COSTODIAL SOLUTIONS

51-0099493

(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?
25 50	TRUSTEE	364378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEI TRUST COMPANY

94-6751924

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	1086851	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name: CHRISTOPHER META	b EIN: 42-0127290
c Position: ENROLLED ACTUARY	
d Address: PO BOX 9394 DES MOINES, IA 50306-9394	e Telephone: 515-247-5111

Explanation: REASSIGNMENT OF WORKLOAD WITHIN PRINCIPAL LIFE INSURANCE COMPANY

a Name: MARCUM LLP	b EIN: 11-1986323
c Position: ACCOUNTANT	
d Address: 1185 ASYLUM S 25TH FLOOR HARTROD, 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:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WESTERN CONNECTICUT HEALTH NETWORK, INC.</u>	D Employer Identification Number (EIN) <u>22-2594977</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA US TREASURY INDEX NL ST

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

c EIN-PN <u>85-1553502-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62026620</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREASURY INDEX LENDING

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

c EIN-PN <u>04-0025081-479</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>174622734</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE 100% HEDGED TO USD

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

c EIN-PN <u>90-0337987-455</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10010229</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 FLAGSHIP NON LENDING

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

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28054341</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INTL VALUE EQUITY

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS

c EIN-PN <u>36-7045783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6996416</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA FTSE RAF US 1000 INDEX

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

c EIN-PN <u>04-0025081-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16806805</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INV GRADE INT

b Name of sponsor of entity listed in (a): WELLINGTON TRUST CO

c EIN-PN <u>04-6913417-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>89470725</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MKTS EQUITY		
b Name of sponsor of entity listed in (a): NEPC COLLECTIVE INVESTMENT TRUST		
c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16241937
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY		
b Name of sponsor of entity listed in (a): NEPC COLLECTIVE INVESTMENT TRUST		
c EIN-PN 86-6497312-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25418363
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERSIFIED CREDIT CLASS A		
b Name of sponsor of entity listed in (a): NEPC COLLECTIVE INVESTMENT TRUST		
c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18650573
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CLASS A		
b Name of sponsor of entity listed in (a): NEPC COLLECTIVE INVESTMENT TRUST		
c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13022893
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE LONG CREDIT COLLECTIVE		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 46-2596644-062	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159007835
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONNECTICUT HEALTH NETWORK, INC.	D Employer Identification Number (EIN) 22-2594977

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5379000	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	406252	224011
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58768565	28176564
(2) U.S. Government securities	1c(2)		56670838
(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)	378238821	620329469
(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)	198714980	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	239061963	258717369

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	880569581	964118251
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		1075733
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1075733
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	880569581	963042518

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	2326544	
(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)		2326544
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	10458167	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10458167
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	93575986	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	137626698	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-44050712
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	171752126	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		171752126

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		140486125

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53960538	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		53960538
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)	273374	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	59385	
(5) Investment advisory and investment management fees	2i(5)	1416182	
(6) Bank or trust company trustee/custodial fees	2i(6)	1451229	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	852480	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4052650
j Total expenses. Add all expense amounts in column (b) and enter total	2j		58013188

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82472937
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541812.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONNECTICUT HEALTH NETWORK, INC.	D Employer Identification Number (EIN) 22-2594977	

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): <u>42-1466678</u>		
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	24

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 65.0 %
 High-Yield Debt: 2.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 8.0 % Other: 25.0 %

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 _____.

Structured AttachmentDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Schedule SB, line 26b
Schedule of Projection of Expected
Benefit Payments**2023****This Form is Open to**
Public Inspection

Name of Plan	WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	22-2594977	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	5534213	8431896	50398728	64364837
2024	7903770	3374364	49312373	60590507
2025	9399444	4449596	48152433	62001473
2026	11060504	5744130	46902785	63707419
2027	12216161	6866510	45583152	64665823
2028	13090548	8216742	44188900	65496190
2029	13957146	9159096	42701953	65818195
2030	14489148	9926431	41088169	65503748
2031	14950419	10530040	39352356	64832815
2032	15299725	11067419	37594747	63961891
2033	15571530	11658651	35774359	63004540
2034	15876842	12166453	33907892	61951187
2035	15961506	12582522	31979398	60523426
2036	16019433	12958998	30005942	58984373
2037	16013066	13134525	27968909	57116500
2038	15881653	13338269	25923974	55143896
2039	15708543	13371539	23871079	52951161
2040	15380936	13301905	21821301	50504142
2041	15018640	13309526	19792154	48120320
2042	14601991	13248269	17801970	45652230
2043	14080065	13077355	15869427	43026847
2044	13533804	12875011	14013052	40421867
2045	12930256	12616038	12250506	37796800
2046	12281297	12294756	10597898	35173951
2047	11636319	11880266	9068947	32585532

Name of Plan	WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	22-2594977	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2048	10902369	11430908	7674236	30007513
2049	10176163	10919725	6420664	27516552
2050	9455006	10378790	5311127	25144923
2051	8714897	9808335	4344387	22867619
2052	7982364	9182846	3515328	20680538
2053	7268981	8537325	2815617	18621923
2054	6584948	7890797	2234477	16710222
2055	5928342	7250760	1759474	14938576
2056	5307709	6625299	1377259	13310267
2057	4727288	6021453	1074288	11823029
2058	4188625	5443996	837464	10470085
2059	3692692	4896711	654653	9244056
2060	3239378	4382378	515020	8136776
2061	2827894	3902832	409223	7139949
2062	2456809	3458998	329472	6245279
2063	2124207	3050979	269450	5444636
2064	1827798	2678156	224160	4730114
2065	1565041	2339347	189737	4094125
2066	1333293	2032969	163250	3529512
2067	1129899	1757177	142521	3029597
2068	952241	1510015	125946	2588202
2069	797804	1289501	112357	2199662
2070	664211	1093687	100905	1858803
2071	549243	920718	90979	1560940
2072	450849	768826	82143	1301818

Western Connecticut Health Network Pension Plan

Financial Statements and
Supplemental Schedules

September 30, 2024 and 2023

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

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Independent Auditors' Report

To The Board of Directors of
Western Connecticut Health Network Pension Plan

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Western Connecticut Health Network Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of September 30, 2024, 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.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

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 2024 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 audit opinion on the 2024 financial statements.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

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

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of September 30, 2024 and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended September 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter - Auditors' Report on the 2023 Financial Statement

The financial statements of Western Connecticut Health Network Pension Plan as of September 30, 2023, were audited by other auditors whose report, dated July 15, 2024, expressed an unmodified opinion on those statements.

Baker Tilly US, LLP

Shelton, Connecticut
July 15, 2025

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
Assets		
Investments - at fair value		
Cash	\$ --	\$ 5,379,000
Money market accounts	28,176,564	58,768,565
Fixed income securities	56,670,838	--
Mutual funds	--	198,714,980
Common collective trusts	620,329,469	378,238,821
Other investments	<u>258,717,369</u>	<u>239,061,963</u>
Total Investments	963,894,240	880,163,329
Unsettled Security Transactions	<u>224,011</u>	<u>406,252</u>
Total Assets	<u>964,118,251</u>	<u>880,569,581</u>
Due to Broker	<u>(1,075,733)</u>	<u>--</u>
Net Assets Available for Benefits	<u>\$ 963,042,518</u>	<u>\$ 880,569,581</u>

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

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
Additions		
Investment Income		
Dividends and interest	\$ 18,635,711	\$ 18,766,419
Net appreciation in fair value of investments	<u>121,850,414</u>	<u>--</u>
Total Additions	<u>140,486,125</u>	<u>18,766,419</u>
Deductions		
Net depreciation in fair value of investments	--	2,052,961
Benefits paid directly to participants	53,960,538	51,426,095
Administrative expenses	<u>4,052,650</u>	<u>2,917,201</u>
Total Deductions	<u>58,013,188</u>	<u>56,396,257</u>
Net Increase (Decrease) Before Transfers	82,472,937	(37,629,838)
Transfers		
Putnam Hospital Retirement Plan	<u>--</u>	<u>48,785,291</u>
Net Increase	82,472,937	11,155,453
Net Assets Available for Benefits - Beginning	<u>880,569,581</u>	<u>869,414,128</u>
Net Assets Available for Benefits - Ending	<u>\$ 963,042,518</u>	<u>\$ 880,569,581</u>

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

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Western Connecticut Health Network Pension Plan (the Plan) is a defined benefit plan that covers eligible employees of participating affiliates of the Western Connecticut Health Network, Inc. (WCHN or plan sponsor). In April 2019, WCHN and Health Quest Systems, Inc. combined to form a new non-profit health system named Nuvance Health. The Plan is administered by Nuvance Health's Board of Directors.

On February 28, 2024, Nuvance Health entered into an affiliation agreement with Northwell Health, Inc. ("Northwell"), pursuant to which Northwell or an affiliated entity would become the active parent and sole corporate member of Nuvance Health. This transaction was subject to the receipt of regulatory approvals and the satisfaction of closing conditions. Effective May 1, 2025, the parties closed the transaction and Northwell, Inc. (which is the ultimate sole corporate member of Northwell) became the sole corporate member of Northwell Health System, Inc., which became the parent entity of Nuvance Health. The impact of this transaction on the Plan, if any, has not yet been determined.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA). The Board of Directors has overall responsibility for the operation and administration of the Plan. The Board of Directors determines the appropriateness of the Plan's investment offerings and monitors investment performance.

WCHN has agreed to contribute such amounts as are considered necessary to provide sufficient assets to meet the benefits to be paid to Plan members.

The funding policy is to make annual contributions to the Plan in amounts as determined by the actuary that are estimated to provide for the required employees' pension benefits. The annual contributions are to be equal to or exceed the amount required by the "minimum funding standard" of the Internal Revenue Code (the Code) Section 412. Minimum funding under the ERISA requirements has been met for 2024 and 2023.

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

- a) Each member's annual accrued benefit derived from member contributions, if any.
- b) Equally among individuals in the following two categories:
 - 1) In the case of each benefit of a retired member, spouse or beneficiary which was in a pay status as of the beginning of the three-year period ending on the date of termination or partial termination of this Plan, to the extent that such benefits are not otherwise provided for under (a) above, to each such benefit, based upon the provisions of this Plan (as in effect during the five-year period ending on such date) under which such benefit would be the least.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

- 2) In the case of a benefit of a member, terminated member, retired member, spouse or beneficiary (other than a benefit described in (1) above) which would have been in pay status as of the beginning of such three-year period if the member had retired prior to the beginning of such three-year period and if his benefits had commenced (in a form which conforms to the provisions of Article V of the plan document) as of the beginning of such period, to the extent that such benefits are not otherwise provided for under (a) above, to each such benefit based on the provisions of this Plan (as in effect during the five-year period ending on such date) under which such benefit would be the least.
- c) In the case of all other benefits guaranteed under Title IV of ERISA which are not otherwise provided for under (a) and (b) above, to each such benefit based upon the provisions of this Plan (in a form which conforms to the provisions of Article V of the plan document) but subject to such limitations on amounts of such benefits as shall then be applicable under ERISA.
- d) In the case of all other benefits which were nonforfeitable immediately prior to the date of termination or partial termination of this Plan which are not otherwise provided for under (a), (b) or (c) above, to each such benefit based on the provisions of this Plan (in a form which conforms to the provisions of Article V of the plan document).
- e) In the case of all other benefits under this Plan which are not otherwise provided for under (a), (b), (c) or (d) above, to each such benefit based upon the provisions of this Plan (in a form which conforms to the provisions of Article V of the plan document).

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

The following description is provided for general information purposes only. Participants should refer to the plan document for more complete information. Participants are generally entitled to pension benefits upon retirement, after five years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

The Plan provides for normal retirement upon reaching age 65 and for early retirement at ages 55-64, subject to eligibility provisions. Upon retirement, the amount of annual benefits under the Plan is generally equal to 1.2% of a participant's average compensation of the five highest consecutive years, multiplied by years of credited service not in excess of 35 years. Benefits are payable in the form of a single life annuity, a 50% joint and survivor annuity, or years certain annuity option. Information about the plan document, the vesting, the benefit provisions, and the PBGC's benefit guarantee is available from the Nuvance Health Human Resources Department.

On December 22, 2011, the Board of Directors approved the Fifth Amendment to the Plan, which stated that the Plan would be frozen as of the "Freeze Effective Date", which is the later of December 31, 2011, or the date a "Grandfathered Member" terminates employment. A "Grandfathered Member" is one who is an active employee, has attained age 54.5, and has at least five years of vesting service.

On September 24, 2012, the Board of Directors approved the Sixth Amendment to the Plan, which froze benefit accruals for all remaining "Grandfathered Members" in the Plan as of December 31, 2012.

Effective September 30, 2015, the Board of Directors approved the merger of the New Milford Hospital, Inc. Retirement Plan (NMH Plan) into the Plan. Accordingly, NMH Plan's net assets of approximately \$51.2 million were transferred into the Plan.

Effective December 31, 2015, the Board of Directors approved the merger of the Retirement Plan for Employees of Norwalk Hospital (NHA Plan) into the Plan. Accordingly, NHA Plan's net assets of approximately \$202.6 million were transferred into the Plan.

Effective October 1, 2022, the Plan was amended and restated to adopt certain amendments and to reflect the merger of the Putnam Hospital Center Retirement Plan (Putnam Plan) into the Plan effective December 31, 2022. Accordingly, Putnam Plan's net assets of approximately \$48.7 million were transferred into the Plan. On December 31, 2022, \$46,011,424 of assets were transferred to the Plan, and the remaining assets of \$2,773,867 were transferred to the Plan in January and February 2023.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value of investments. The Board of Directors determines the Plan's valuation policies utilizing information provided by its investment advisers, trustees and fund managers.

Purchases and sales of investments are recorded on the trade-date basis. Dividend income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses (realized and unrealized) on investments bought and sold as well as held during the year.

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' average final compensation, as defined. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date.

Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

USE OF ESTIMATES

The preparation of the accompanying financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded upon distribution.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

EXPENSES

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

SUBSEQUENT EVENTS

Subsequent events have been evaluated through July 15, 2025, representing the date on which the financial statements were available to be issued. There are no subsequent events, other than the disclosure in Note 1, that have been identified requiring recognition or disclosure in the financial statements.

NOTE 3 - ACCUMULATED PLAN BENEFITS

The actuary for the Plan estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the beginning of the plan year is as follows:

	October 1, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 499,496,604
Other participants	<u>355,423,915</u>
	854,920,519
Nonvested benefits	<u>1,917,688</u>
	<u>\$ 856,838,207</u>

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 3 - ACCUMULATED PLAN BENEFITS (CONTINUED)

Below is a reconciliation of the Plan's change in accumulated plan benefits:

	Year Ended September 30, 2023
Actuarial present value of accumulated plan benefits as of October 1, 2022	\$ 781,060,156
Changes during the year due to:	
Benefits accumulated and plan experience	5,569,193
Interest due to decrease in the discount period	43,453,123
Change in assumptions	19,282,257
Benefits paid	(51,426,095)
Plan merger	58,899,573
Actuarial present value of accumulated plan benefits as of September 30, 2023	<u>\$ 856,838,207</u>

Significant assumptions underlying the actuarial computation at October 1, 2023 and 2022 were as follows:

Actuarial method	Unit Credit Method
Discount rate	2023 – 5.50%; 2022 – 5.75%
Mortality basis	Pri-2012 total dataset base rate mortality table projected generationally using MP-2021
Retirement Age	Rates varying by age

The effect of the changes in the discount rate for the year ended September 30, 2023 is included in the change in assumptions line item in the reconciliation above.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 3 - ACCUMULATED PLAN BENEFITS (CONTINUED)

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

The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2023. Had the valuation been performed as of September 30, 2023, there would be no material differences.

NOTE 4 - INCOME TAX STATUS

The Plan obtained its latest determination letter dated March 14, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by 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.

NOTE 5 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. 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 statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, 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 financial statements.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 6 - FAIR VALUE MEASUREMENT

The framework for measuring fair value establishes a three-level fair value hierarchy that prioritizes the inputs used to measure fair value. This hierarchy requires entities to maximize the use of observable inputs and minimize the use of unobservable inputs. The levels of the fair value hierarchy are as follows:

Level 1 – Values are unadjusted quoted prices for identical assets in active markets accessible at the measurement date.

Level 2 – Inputs include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves. 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 – Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the reporting date.

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

Investments in money market accounts and fixed income securities are stated at fair value which equals the quoted market price on the last business day of the plan year. Mutual fund investments are valued at the 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. Investments in common collective trusts and other investments are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The Plan's investments in common collective trusts are valued at NAV based on the stated unit values of the funds, which are derived from the fair values of the underlying investments.

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

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

The following table sets forth the Plan's investments at fair value as of September 30, 2024 by level within the fair value hierarchy:

Description	September 30, 2024			Total
	Level 1	Level 2	Level 3	
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	
Money market accounts	\$ 28,176,564	\$ --	\$ --	\$ 28,176,564
Fixed income securities	<u>56,670,838</u>	<u>--</u>	<u>--</u>	<u>56,670,838</u>
Total assets in the fair value hierarchy	84,847,402	--	--	84,847,402
Investments measured at net asset value (a)	<u>--</u>	<u>--</u>	<u>--</u>	<u>879,046,838</u>
Investments at fair value	<u>\$ 84,847,402</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 963,894,240</u>

The following table sets forth the Plan's investments at fair value as of September 30, 2023 by level within the fair value hierarchy:

Description	September 30, 2023			Total
	Level 1	Level 2	Level 3	
	Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs	
Cash	\$ 5,379,000	\$ --	\$ --	\$ 5,379,000
Money market accounts	58,768,565	--	--	58,768,565
Mutual funds	<u>198,714,980</u>	<u>--</u>	<u>--</u>	<u>198,714,980</u>
Total assets in the fair value hierarchy	262,862,545	--	--	262,862,545
Investments measured at net asset value (a)	<u>--</u>	<u>--</u>	<u>--</u>	<u>617,300,784</u>
Investments at fair value	<u>\$ 262,862,545</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 880,163,329</u>

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

- (a) In accordance with Subtopic 820-10 of the FASB Accounting Standards Codification, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

TRANSFERS BETWEEN LEVELS

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

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended September 30, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE

The following table summarizes investments measured at fair value based on NAV per share with redemption restrictions:

	Value at September 30,		Redemption Frequency (if Currently Eligible)	Redemption Notice Period
	2024	2023		
Common Collective Trusts				
Domestic Equity	\$ 57,884,039	\$ 46,876,329	Daily/Weekly	2 days
International Equity	17,006,645	15,179,582	Daily	1-2 days
Global Equity	25,418,363	26,327,701	Daily	1-5 days
Emerging Markets	16,241,937	13,089,928	Daily	2-4 days
Fixed Income	503,778,485	276,765,281	Daily/Bimonthly	2-15 days
Other Investments				
Hedge funds	57,492,341	51,429,176	Monthly/Quarterly	30-65 days
Private debt	43,945,469	41,843,372	Not Eligible	N/A
Private equity	151,552,911	138,222,619	Not Eligible	N/A
Public equity	5,726,648	5,850,140	Monthly	15 days

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

NOTE 6 - FAIR VALUE MEASUREMENT (CONTINUED)

FAIR VALUE OF INVESTMENTS THAT CALCULATE NET ASSET VALUE (CONTINUED)

Private debt and private equity generally have lifecycles with distributions not expected for several years. Some investments noted above may require an extended waiting period to receive a remainder portion of the redemption. The Plan has unfunded commitments of \$78,259,241 and \$93,171,379 as of September 30, 2024 and 2023, respectively.

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 investments managed by NEPC Investment, LLC, parties in interest as defined in Section 3(14) of ERISA.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

EIN: 22-2594977

Plan: 001

Identity of Issuer, Borrower, Lessor or Similar Party	Units, Par or Shares Held	Cost	Current Value
Money Market Accounts			
Vanguard Federal Money Market Fund	114,301	\$ 114,301	\$ 114,301
Allspring Government Money Market Fund	28,062,263	28,062,263	28,062,263
		<u>28,176,564</u>	<u>28,176,564</u>
Fixed Income Securities			
US TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2054 912810UA4	7,400	7,998,648	8,155,980
US TREASURY BOND DTD 05/15/18 0.000 05/15/2048 912803FD0	13,400	4,524,376	4,891,536
US TREASURY BOND DTD 05/15/09 4.250 05/15/2039 912810QB7	12,100	12,135,449	12,704,068
US TREASURY BOND DTD 05/15/10 4.375 05/15/2040 912810QH4	4,000	4,041,719	4,246,740
UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 05/15/2008 ZERO CPN 05/15/2038 912803DD2	23,400	13,149,553	13,898,898
US TREASURY BOND/NOTE STRIPPED ZERO DTD 08/15/07 05/15/2035 912833X88	16,200	10,078,220	10,621,206
US TREASURY SEC STRIPPED DTD 11/16/09 11/15/2039 912803DJ9	3,900	2,026,713	2,152,410
		<u>53,954,678</u>	<u>56,670,838</u>
Common Collective Trusts			
SSgA US Treasury Index NL Strategy	6,780,348	59,487,144	62,026,620
SSgA Long US Treasury Index Non-Lending Fund	7,629,112	197,582,431	174,622,734
SSgA MSCI EAFE 100% Hedged to USD Index Non-Lending Fund	449,817	7,587,596	10,010,229
SSgA S&P 500 Flagship Non-Lending Fund CM111	18,011	19,314,439	28,054,341
SSgA FTSE RAF US 1000 Index NL CFT	351,754	12,431,130	16,806,805
Silchester International Value Equity Group Trust	33,960	5,509,220	6,996,416
Metlife Long Credit	13,054,830	150,000,000	159,007,833
* NEPC Emerging Markets Equity CIT-Class A	1,669,761	15,962,085	16,241,937
* NEPC Global Equity CIT-Class A	2,046,781	19,828,863	25,418,363
* NEPC Diversified Credit CIT-Class A	1,663,982	16,636,683	18,650,573
* NEPC US Small Cap Equity CIT-Class A	1,014,694	10,146,944	13,022,893
WTC CIF II US Inv Grade Intermediate Corporate	9,725,079	88,644,840	89,470,725
		<u>603,131,375</u>	<u>620,329,469</u>

See independent auditors' report.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

EIN: 22-2594977

Plan: 001

Identity of Issuer, Borrower, Lessor or Similar Party	Units, Par or Shares Held	Cost	Current Value
Other Investments			
Hedge Funds			
Accumulus Fund	38,051	\$ 9,483,725	\$ 11,784,105
Glazer Enhanced Offshore Fund, Ltd.	4,699	13,559,848	16,007,671
Point 72 Capital International	157,243	20,483,064	29,700,565
		<u>43,526,637</u>	<u>57,492,341</u>
Private Debt			
Biopharma Credit Investments V LP	12,908,777	12,908,777	13,412,384
Brookside Mezzanine Fund IV LP	6,128,526	6,128,526	6,344,860
Carlyle Credit Solutions, Inc.	335,228	6,717,009	6,453,148
Carlyle Diversified Private Investments LP	1,974,191	1,974,191	2,307,840
HIG Bayside Loan Opportunity Feeder Fund IV LP	2,143,818	2,143,818	1,489,462
HIG Bayside Loan Opportunity Feeder Fund V LP	4,075,263	4,075,263	4,346,827
HIG Whitehorse Offshore Loan Feeder Fund LP	1,357,838	1,357,838	863,747
HIG Whitehorse Principal Lending Terra Feeder Fund LP	3,624,793	3,624,793	3,598,261
Nut Tree Drawdown Offshore Fund LP	1,832,803	1,832,803	2,805,650
Trive Structured Capital Fund I-A LP	2,150,545	2,150,545	2,323,290
		<u>42,913,563</u>	<u>43,945,469</u>
Private Equity			
Arsenal Capital Partners VI-B LP	4,606,834	4,606,834	3,690,184
Bain Capital JMM Fund LP	18,751	18,751	18,751
Bain Capital Fund XI -A LP	4,715,916	4,715,916	2,707,575
Bain Capital Fund XII-A LP	3,789,763	3,789,763	5,385,993
Bain Capital Fund XIII LP	4,138,227	4,138,227	4,488,758
Blackstone Tactical Opportunities Fund III LP	14,120,002	14,120,002	12,608,556
Cambridge Innovation Capital PLC	8,555,516	8,555,516	11,490,805
Carlyle Europe Partners V	11,065,041	11,065,041	12,547,886
Carlyle Partners VII LP	7,950,028	7,950,028	12,414,052
Chicago Pacific Founders Fund II-A	6,768,188	6,768,188	16,029,058
Commerce Street Carlyle Private Equity Fund	346,554	346,554	1,747,971
Great Hill Equity Partners VII-Pref, LP	3,478,004	3,478,004	3,410,232
Great Hill Equity Partners VIII-Pref, LP	2,865,811	2,865,811	2,601,430
HIG Advantage Buyout Fund LP	12,952,920	12,952,920	11,452,132
Highcape Partners QP LP	1,582,060	1,582,060	639,663
Point 406 Ventures IV LP	3,702,962	3,702,962	4,900,616
Point 406 Ventures V LP	1,560,000	1,560,000	1,145,147
Sinovation Fund IV LP	7,480,256	7,480,256	7,789,259
Siris Partners IV LP	5,359,953	5,359,953	11,848,252
Strategic Partners Offshore VIII LP	6,292,499	6,292,499	9,764,628

See independent auditors' report.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

EIN: 22-2594977

Plan: 001

Identity of Issuer, Borrower, Lessor or Similar Party	Units, Par or Shares Held	Cost	Current Value
Other Investments (Continued)			
Private Equity (Continued)			
Trive Capital Fund IV-A LP	6,038,575	\$ 6,038,575	\$ 8,215,291
Warburg Pincus Private Equity XII LP	3,880,721	3,880,721	4,000,134
WI Harper Fund VIII LP	2,439,286	2,439,286	2,656,538
		123,707,867	151,552,911
Other			
Global Alpha International Small Cap Fund LP	5,300,000	5,300,000	5,726,648
		5,300,000	5,726,648
Total Other Investments		215,448,067	258,717,369
		\$ 900,710,684	\$ 963,894,240

* A party in interest as defined by ERISA

See independent auditors' report.

WESTERN CONNECTICUT HEALTH NETWORK PENSION PLAN

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

YEAR ENDED SEPTEMBER 30, 2024

EIN: 22-2594977

Plan: 001

Identity of Party Involved	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) – Single transactions in excess of 5% of Plan assets</u>						
Allspring Government		\$ --	\$ 53,739,013	\$ 53,739,013	\$ 53,739,013	\$ --
Allspring Government		207,956,271	--	207,956,271	207,956,271	--
Allspring Government		--	200,091,404	200,091,404	200,091,404	--
Metlife Long Credit		150,000,000	--	150,000,000	150,000,000	--
Pimco Long Duration Total Return		--	207,956,271	284,465,984	207,956,271	(76,509,713)
SSGA Long U.S. Treasury		50,000,000	--	50,000,000	50,000,000	--
<u>Category (iii) – Series of transactions in excess of 5% of Plan assets</u>						
Allspring Government		\$ 415,452,589	\$ --	\$ 415,452,589	\$ 415,452,589	\$ --
Allspring Government		--	445,887,220	445,887,220	445,887,220	--
Pimco Long Duration Total Return		--	303,257,921	221,956,271	303,257,921	81,301,650

There were no category (ii) or (iv) reportable transactions during fiscal year 2024.

Lease Rental and "Expenses Incurred with Transaction" columns are not applicable.

See independent auditors' report.

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Western Connecticut Health Network Pension Plan

EIN 22-2594977

PLAN NUMBER 001

PLAN YEAR 10/01/2022 to 09/30/2024

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Cash Allspring MMKT	240		\$316,704,265.41		\$0.00
Cash Allspring MMKT		247		\$319,319,261.67	\$0.00
Cash Allspring Gov MMKT	153		\$139,818,150.47		\$0.00
Cash Allspring Gov MMKT		121		\$169,519,272.87	\$0.00
Common Collective SSGA Long US Treasury	1		\$50,000,000.00		\$0.00
Common Collective SSGA Long US Treasury		5		\$22,657.79	\$5,852.93
Common Collective Metlife Long Credit Collective	1		\$150,000,000.00		\$0.00
Registered Investment Pimco Long Duration	9		\$4,079,007.93		\$0.00
Registered Investment Pimco Long Duration		3		\$221,956,271.21	\$81,301,649.67
Gov Sec US Treasury Notes		1		\$11,563,312.50	\$505,156.25

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

Schedule SB, Line 26A - Schedule of Active Participant Data
 Western Connecticut Health Network Pension Plan
 EIN 22-2594977 Plan No. 001

Form 5500 - Schedule of Active Participation Data											Valuation Date 10/01/2023									
YEARS OF CREDITED SERVICE																				
Attained Age	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	
	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.	No.	Avg. Acc. Ben.
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		11		1		0		0		0		0		0		0		0	
35 to 39	1		45	1,645	23	3,554	0		0		0		0		0		0		0	
40 to 44	0		46	1,844	66	4,987	22	7,523	1		0		0		0		0		0	
45 to 49	0		46	3,336	72	6,565	64	9,296	9		0		0		0		0		0	
50 to 54	0		57	3,269	83	8,632	75	11,158	33	14,653	19		4		0		0		0	
55 to 59	2		55	2,027	89	5,754	82	9,667	54	16,160	52	17,944	36	19,624	4		0		0	
60 to 64	4		48	1,753	70	6,392	77	10,152	54	19,269	61	20,255	68	23,781	31	29,989	0		0	
65 to 69	1		18		43	6,722	52	14,274	15		28	30,253	24	43,525	22	36,377	8		0	
70 & up	0		5		13		5		5		8		16		1		0		1	

Assumptions prescribed by law

Mortality [Before benefit payment period](#)
 IRS Prescribed Mortality - Static Non-annuitant, male and female.

[During benefit payment period](#)
 IRS Prescribed Mortality - Static Annuitant, male and female.

Assumptions selected by actuary

Inflation 2.40% increase per year.
 Our long-term inflation assumption considered the current economic environment, recent and historical data, and forecasts from Federal Reserve Bank FOMC, Congressional Budget Office, and Survey of Professional Forecasters. See Long-Term Capital Market Assumptions link.

Asset return 5.75% for the current plan year.
 The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Expected expense The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.

Retirement Active participants of the Legacy Norwalk plan are assumed to retire with the following table of rates:

Age	Probability of retirement
65 – 67	25%
68 – 69	50%
70	100%

Active participants of the Legacy Putnam plan are assumed to retire with the following table of rates:

Age	Probability of retirement
55 – 59	2%
60 – 61	5%
62	15%
63 – 64	10%
65	100%

All other active participants are assumed to retire with the following

table of rates:

Age	Probability of retirement	Age	Probability of retirement
55 – 59	1%	65	60%
60 – 61	2%	66 – 69	40%
62	20%	70	100%
63	10%		
64	5%		

Inactive participants are assumed to retire at age 65.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption study performed by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience, we will continue to monitor and make appropriate adjustments to this assumption in the future.

Upcoming year salary increase

N/A. While there are two legacy New Milford participants still accruing benefits, they have reached age 70 and are assumed to retire immediately.

Disability

Legacy Danbury and Legacy New Milford participants are assumed to become disabled at the following rates:

Age	Male	Female
25	0.278%	0.417%
30	0.275%	0.413%
35	0.288%	0.432%
40	0.323%	0.485%
45	0.405%	0.608%
50	0.574%	0.861%
55	0.868%	1.302%
60	1.363%	2.045%

Legacy Norwalk participants and Legacy Putnam participants have no assumed disability decrement.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience, we will continue to monitor and make appropriate adjustments to this assumption in the future.

Marriage

Legacy Danbury participants assume 50% married; male is 3 years older than female. Legacy Norwalk, Legacy New Milford, and Legacy

Putnam participants assume 80% married; male is 3 years older than the female.

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience, we will continue to monitor and make appropriate adjustments to this assumption in the future.

Withdrawal

Legacy Danbury and Legacy New Milford selected rates of withdrawal are shown below:

Age	Rate of withdrawal
25	14.00%
30	12.80%
35	9.60%
40	8.00%
45	7.40%
50	6.00%
55	0.00%

Legacy Putnam selected rates of withdrawal are shown below:

Age	Rate of withdrawal
25	17.50%
30	15.53%
35	11.16%
40	4.21%
45	1.53%
50	0.21%
55	0.00%

Legacy Norwalk Selected rates of withdrawal are shown below:

Age	Rate of withdrawal with 5+ Years of Service - Males	Rate of withdrawal with 5+ Years of Service - Females
25	12.80%	16.70%
30	10.00%	12.20%
35	7.75%	7.75%
40	6.35%	6.35%
45	4.23%	4.23%
50	1.55%	1.55%
55	0.15%	0.15%

Due to our short tenure as actuaries on this plan, we don't have the experience necessary to set this assumption and we are relying on the assumption set by the prior actuary. This assumption is reasonable with the plan's design and as we gain experience, we will continue to monitor and make appropriate adjustments to this assumption in the future.

Wage base increase

N/A. While there are two legacy New Milford participants still accruing benefits, they have reached age 70 and are assumed to retire

	immediately.
Compensation limit increase	N/A. While there are two legacy New Milford participants still accruing benefits, they have reached age 70 and are assumed to retire immediately.
Form of benefit	Participants are assumed to receive their benefits on the normal form at the assumed retirement age. This assumption is based on the results of recent experience analysis and anticipated future experience.
Cash balance interest crediting rate	4.00% compounded annually The plan ties the crediting rate to the annual yield on 5-year Treasury Constant maturities but no less than 4%. Given expected 5-year Treasury yields, the minimum crediting rate is assumed.
Methods prescribed by law	
Liability measure	Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.
Benefit accrual	All benefits paid at decrement are considered in total and then split to determine how much is included in funding target. The following pieces are included in the funding target. The portion based on the plan's definition of accrued benefit. The benefit portion in excess of the accrued benefit based on the ratio of the participant's years of service on the valuation date to the years of service the participant will have at the time of decrement. The benefits included in target normal cost are calculated similarly, by splitting the benefits. The target normal cost is based on the difference between the amount included in funding target and an amount calculated assuming the participant accrues service through the end of the plan year.

Methods selected by plan sponsor

Asset method

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

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

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

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

Segment rates

24-month average with no weighting to prior law basis. Use rates where May is the last month included in the average.

PBGC premium basis

Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 10/01/2022 plan year and the method must be used for five years before a change can be made.

Segment 1 years 0-5	Segment 2 years 5-20	Segment 3 years 20+
5.58%	5.66%	5.56%

Methods elected by actuary

Retirees

Assets and liabilities for current and future retirees are included.

Vested benefits

A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

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

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

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.

Mortality base rates

Before benefit payment period
Employee amount-weighted, male and female

During benefit payment period
Retirees and disabled retirees - Retiree amount-weighted, male and female
Contingent survivors - Contingent survivor amount-weighted, male and female. Participants in pay status who cannot be identified as survivors use the same table as retirees.

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

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 2" is reasonable for this plan.

Mortality improvement MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities 5.50%

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

Treatment of administrative expenses

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

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024


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

A Name of plan <u>Western Connecticut Health Network Pension Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Western Connecticut Health Network, Inc.</u>	D Employer Identification Number (EIN) <u>22-2594977</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>878999756</u>
b Actuarial value	2b		<u>966899731</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>4158</u>	<u>520009425</u>	<u>520009425</u>
b For terminated vested participants	<u>3012</u>	<u>162163581</u>	<u>162163581</u>
c For active participants	<u>1730</u>	<u>201646362</u>	<u>203654328</u>
d Total	<u>8900</u>	<u>883819368</u>	<u>885827334</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.22 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>1700000</u>
c Target normal cost	6c		<u>1700000</u>

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

SIGN HERE	 Signature of actuary	<u>07/02/2025</u> Date
	<u>Michael E. Clark</u> Type or print name of actuary	<u>2306659</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>412-394-9383</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4177985	66693289
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)	4177985	66693289
10 Interest on line 9 using prior year's actual return of <u>1.17</u> %	48882	780311
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.39</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4226867	67473600

Part III	Funding Percentages	
14 Funding target attainment percentage	14	101.05 %
15 Adjusted funding target attainment percentage	15	109.06 %
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	110.14 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

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	1700000
b Excess assets, if applicable, but not greater than line 31a	31b	1700000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

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

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

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

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

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

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

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

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

Schedule SB, Line 2a - Explanation of Assets
Western Connecticut Health Network Pension Plan
EIN 22-2594977 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF due to an immaterial change to the audited asset value after the valuation was completed.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 Western Connecticut Health Network Pension Plan
 EIN 22-2594977 Plan No. 001

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	473.2420	0.0085	4.0148	220.8131
56	529.6008	0.0084	4.4629	249.9249
57	583.5341	0.0084	4.9263	280.7981
58	652.8761	0.0086	5.5927	324.3790
59	727.9017	0.0083	6.0751	358.4283
60	786.7827	0.0174	13.7134	822.8057
61	833.2566	0.0175	14.5675	888.6192
62	903.2323	0.1441	130.1401	8,068.6888
63	837.1718	0.0698	58.4397	3,681.7026
64	845.4188	0.0381	32.1926	2,060.3257
65	878.8072	0.7649	672.1573	43,690.2217
66	250.7799	0.4622	115.9120	7,650.1893
67	178.8703	0.4671	83.5481	5,597.7236
68	121.3060	0.4544	55.1224	3,748.3244
69	84.6559	0.4284	36.2624	2,502.1042
70	67.7603	1.0000	67.7603	4,743.2232
71	16.0000	1.0000	16.0000	1,136.0000
72	10.0000	1.0000	10.0000	720.0000
73	8.0000	1.0000	8.0000	584.0000
74	1.0000	1.0000	1.0000	74.0000
75	3.0000	1.0000	3.0000	225.0000
76	2.0000	1.0000	2.0000	152.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	1.0000	1.0000	1.0000	79.0000
Total			1,346.8877	87,935.2716
Average				65.29

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

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document.

Danbury Provisions

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked.
Class	All common law employees regularly employed by Danbury Hospital.
Entry date	Participation is frozen as of December 31, 2011 and there are no new entrants in the plan after this date.

Normal retirement benefit

Age	Attained age 65.
Service	5 years of vesting service.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	One-twelfth of 1.2% of average compensation up to covered compensation plus 1.7% of Average Compensation in excess of Covered Compensation multiplied by pension service up to 35 years. For participants affected by the limit on pensionable earnings as of December 31, 1993, the extended wear-away method is to be used. The benefits were frozen as of December 31, 2011 for non-Grandfathered participants and December 31, 2012 for Grandfathered participants.

Early retirement benefit

Schedule SB, Part V - Summary of Plan Provisions
 Western Connecticut Health Network Pension Plan
 EIN 22-2594977 Plan No. 001

Age Attained age 55.

Service 5 years of vesting service.

Form Same as normal retirement benefit.

Amount Accrued benefit on early retirement date reduced according to the following tables:
 Participants terminating before age 60 with less than 20 years of vesting service:

Age	Early retirement factor	Age	Early retirement factor
55	50%	60	81%
56	57%	61	86%
57	64%	62	91%
58	71%	63	94%
59	76%	64	97%

Participants terminating after age 60 or with 20 or more years of vesting service:

Age	Early retirement factor	Age	Early retirement factor
55	59%	60	90%
56	67%	61	92%
57	75%	62	94%
58	80%	63	96%
59	85%	64	98%

Late retirement benefit

Age No maximum age.

Form Same as normal retirement benefit.

Amount Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage 100% after five years of vesting service.

Form Same as normal retirement benefit

Amount Accrued Benefit on date of termination multiplied by the Vesting Percentage and reduced for early payment according to the early retirement provisions.

Disability benefit

Eligibility	Disability as defined under the Social Security Act
Form	Same as normal retirement benefit
Amount	Monthly pension benefit based on pension service to normal retirement date and final average earnings over one year instead of five years. This benefit is payable on the later of the participant's attainment of age 65 and the date benefits cease from WCHN's long-term disability plan or as early as age 45, reduced for early payment.

Survivor annuity death benefit (a vested benefit)

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

Pre-retirement death benefit

Eligibility	Qualified married participant age 45 with 10 years of vesting service or age 55.
Form	Monthly annuity payable to spouse immediately upon death of the participant.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the normal retirement benefit unreduced.

Definitions

Average compensation	The monthly average of total pay received for the 5 consecutive years out of the 10 latest years before retirement date which gives the highest average. For plan years beginning on or after October 1, 1994 the maximum compensation limit is set at \$190,000 without indexing.
Covered compensation	The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period ending with the year in which the employee attains social security retirement age.

Grandfathered participant	A participant who, as of December 31, 2011, was an active employee at least age 54.5 with at least 5 years of vesting service.
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Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 5, 10, or 15 years certain and life
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50 or 75

The optional form conversion basis is 7.5% interest and the 1971 GAM mortality table blended to a unisex table weighted 30% male and 70% female.

New Milford Provisions

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked.
Class	Any person currently employed by the employer or an affiliated employer.
Entry date	There are no new entrants in the plan as of February 1, 2010.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	<p>As of January 31, 2010, the benefit of each non-grandfathered participant is frozen. the benefit determined below for each non-grandfathered participant shall be calculated based on final average monthly compensation, primary Social Security Benefit, and credited service as of January 31, 2010. As of October 31, 2012 the benefit of each grandfathered participant who is a highly compensated employee (HCE) is frozen. Each participant who becomes an HCE in a plan year will be frozen as of the end of the previous plan year.</p> <p>(A) Participants who have attained age 55 on or before September 30, 1988.</p> <ol style="list-style-type: none">Hired before January 1, 1983. 1.25% of final average monthly compensation not in excess of \$400 plus 2.5% of the excess of final average monthly compensation over \$400 all multiplied by credited service not in excess of thirty years.Hired on or after January 1, 1983 and before October 1, 1988. 2% of final average monthly compensation less 1 2/3% of primary Social Security Benefit with the difference multiplied by credited service not in excess of thirty years. <p>(B) Participants who have not yet attained age 55 on September 30, 1988 but were hired prior to January 1, 1983 will have a benefit equal to the sum</p>

of:

- a. 1.25% of final average monthly compensation not in excess of \$400 plus 2.5% of the excess of final average monthly compensation over \$400 all multiplied by credited service as of September 30, 1988.
- b. 1% of final average monthly compensation multiplied by credited service earned after September 30, 1988.

In no event shall the sum of credited service used in computing (a) and (b)

exceed thirty years. If the sum does exceed thirty years, the calculation for (b) will use the difference of thirty years and the amount of credited service as of September 30, 1988.

(C) Participants who have not yet attained age 55 on September 30, 1988 and hired after January 1, 1983 will have a benefit equal to the sum of:

- a. 2% of final average monthly compensation less 1 2/3% of primary Social Security benefit with the difference multiplied by credited service he or she would have if he or she continues to be employed to his or her normal retirement date not in excess of thirty years and further multiplied by the ratio of the participant's credited service as of September 30, 1988, to the credited service he or she would have if he or she continues to be employed to his or her normal retirement date.
- b. 1% of final average monthly compensation multiplied by credited service earned after September 30, 1988.

In no event shall the sum of credited service used in computing (a) and (b) exceed thirty years. If the sum does exceed thirty years, the calculation for (b) will use the difference of thirty years and the amount of credited service as of September 30, 1988.

In no event shall the benefit determined in (A), (B), or (C) above be less than the participant's monthly accrued pension determined as of September 30, 1988 in accordance with the provisions as in effect on that date.

Early retirement benefit

Age	Attained age 60.
Service	5 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 5/9ths of 1% for each month that the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
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Form Same as normal retirement benefit.
Amount Accrued benefit on late retirement date

Termination benefit

Vesting percentage 100% after 5 years of vesting service.
Form Same as normal retirement benefit with income deferred until normal retirement date
Amount Accrued benefit on date of termination multiplied by the Vesting Percentage.

Disability benefit

Service 10 years of vesting service.
Form Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount Accrued benefit on date of disability.

Survivor annuity death benefit (a vested benefit)

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

Definitions

Final average monthly The monthly average of total pay received for the 5 highest consecutive years before retirement date.

compensation

Primary Social Security benefit	Estimated annual benefit a participant would be entitled to receive at age 65 under the Social Security Act.
Grandfathered participant	A participant who, as of December 31, 2009, was an active employee at least age 56 with at least 10 years of vesting service.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none"> • Monthly annuity payable for life or 10 years certain and life • Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75 or 100 <p>The optional form conversion basis is 7.0% interest and the UP-1984 mortality table set back three years for participants.</p>

Norwalk Provisions

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked.
Class	Participation is frozen as of December 31, 2006 and there are no new entrants in the plan after this date.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	<p>Effective January 1, 2004, the normal retirement benefit is amended to the greater of (A) and (B):</p> <p>(A) The sum of i. and ii.:</p> <ol style="list-style-type: none"> The greater of: <ul style="list-style-type: none"> • The benefit accrued to 12/31/2003 under the formula in effect at the time. • For each Year of credited service prior to 12/31/2003 (35 year maximum), 1% of Average Compensation up to 2003 covered compensation based upon participant's date of birth plus 1.65% of Average Compensation in excess of 2003 covered compensation based upon participant's date of birth. For each Year of credited service after 12/31/2003, 1% of that year's earnings, plus for each Year of credited service (not greater than 35 years) 0.65% of that year's earnings in excess of Covered Compensation. <p>(B) The benefit attributable to a cash balance:</p> <ul style="list-style-type: none"> • For each Year of credited service to 12/31/1988, the cash balance is 3% of 3-year average earnings prior to January 1, 1989.

- For each year after December 31, 1988, a contribution of 3% of that year's earnings is added to the cash balance account. Interest is added to the cash balance account at a rate based on the average yield on 5-year Treasury notes for the month of October preceding the plan year (not less than 4%).

As of September 30, 2013, benefit accruals are frozen for non-union participants. As of December 31, 2017, benefit accruals are frozen for all employees.

Early retirement benefit

Age	Attained age 55.
Service	Completed 5 years of vesting service.
Form	Same as normal retirement benefit.
Amount	For employees born before January 1, 1955 the early retirement benefit is the accrued benefit as of that date reduced 6-1/2% per year for the first 3 years preceding age 65 and 4% for each additional year. For employees born after December 31, 1954 the early retirement benefit is the accrued benefit as of that date reduced 8% per year for the first 3 years preceding age 65 and 4% for each additional year. The early retirement reduction shall be no greater than 1/15th for the first five years and 1/30th for the next five years that the early retirement date precedes the normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on late retirement date

Termination benefit

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

Death benefit

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
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Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to sum of (A) and (B): (A) The amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. (B) Single sum equal to the excess, if any, of the annuity converted cash balance minus the annuity payable in part (A) above. The death benefit for unmarried participants is the cash balance account.

Definitions

Average compensation	Effective January 1, 2004, the average of the participant's earnings for the highest consecutive 3 years of the last 10 years ending on or before December 31, 2003.
Covered compensation	The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period prior to the current valuation year as if the participant attained Social Security Retirement Age in such year.
Optional forms of benefit payments	The optional forms of benefit payments are: <ul style="list-style-type: none">• Monthly annuity payable for life, or 5, 10, or 15 years certain and life• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 66 2/3, 75 or 100• Social Security level income option• Single sum payment equal to the present value of the cash balance account with the excess, if any, paid in one of the annuity forms listed above. The optional form conversion basis is based on the plan document appendix tables A through J.

Putnam Provisions

Plan eligibility

Schedule SB, Part V - Summary of Plan Provisions
Western Connecticut Health Network Pension Plan
EIN 22-2594977 Plan No. 001

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked.
Class	SEIU 1199 employees are not eligible to participate in the plan effective 01/31/2005. Participation is frozen as of December 31, 2007 and there are no new entrants in the plan after this date.

Normal retirement benefit

Age	Attained age 65.
Service	5 years of participation.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	The sum of (A) and (B): (A) 1.25% of average monthly compensation multiplied by years of credited service (not to exceed 30 years) (B) 0.52% of average monthly compensation in excess of the integration level multiplied by credited service (not to exceed 30 years)

As of 01/31/2005, all future benefit accruals for participants in SEIU 1199 are frozen.

As of December 31, 2007, future benefit accruals are frozen for all employees.

Early retirement benefit

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

Late retirement benefit

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

Termination benefit

Vesting percentage	100% after three years of vesting service. All employees are 100% vested when they reach early retirement date. All eligible employees covered by SEIU 1199 and are active participants as of 01/31/2005 are 100% vested.
Form	Same as normal retirement benefit with income deferred until normal retirement date
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

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

Definitions

Average compensation	Dividing the total compensation received during the 5 consecutive complete plan years out of the last 10 consecutive complete plan years for which
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	compensation is highest by 60.
Covered compensation	The monthly average of the social security taxable wage bases in effect under section 230 of the Social Security Act for each year in the 35 year period prior to the current valuation year as if the participant attained Social Security retirement age.
Integration level	The covered compensation for an individual that attains age 65 in the year of determination.
Optional forms of benefit payments	<p>The optional forms of benefit payments are:</p> <ul style="list-style-type: none">• Monthly annuity payable for life, or 5, 10, or 15 years certain and life• Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100• Single sum payment equal to the present value of the retirement benefit. This option is available only in the case of a participant who is a Craig House Center employee and is terminated due to the discontinuation of the Craig House Center. <p>The optional form conversion basis is 8% interest and the 1983 Group Annuity Mortality table for payments other than lump sums.</p> <p>For lump sum payments, the optional form conversion basis uses the applicable interest rate and applicable mortality table as set forth in Code Section 417.</p>

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 25 – Change in Method
Western Connecticut Health Network Pension Plan
EIN 22-2594977 Plan No. 001

The Employee Retirement Income Security Act of 1974, Section 103(c)(4), requires the plan administrator to furnish an explanation of a change in the enrolled actuary as part of the annual report. There was a change in enrolled actuaries since last year. The actuarial valuation work continues to be done by Principal Life Insurance Company. However, the individual involved with this plan as the enrolled actuary has changed due to a change in the plan assignment among enrolled actuaries at Principal Life Insurance Company.

Schedule SB, Line 24 – Change in Actuarial Assumptions
Western Connecticut Health Network Pension Plan
EIN 22-2594977 Plan No. 001

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

The assumed asset return for the current year has decreased from 6.25% to 5.75%. This rate is used in the calculation of the actuarial value of plan assets.

Western Connecticut Health Network Pension Plan
Plan 001
Form 5500 Schedule H Line 4i
Schedule of Assets Held 10-01-2023 to 09-30-2024

Party in (a)(b) Identity of issue	Rate	Maturity	(d) Cost	(e) Current Value
Int Cash				
Allspring Money Market Fund			28,062,263.00	28,062,263.00
Vanguard Money Market Fund			114,301.42	114,301.42
Total			28,176,564.42	28,176,564.42
Common Collective				
SSGA US Treasury Index NL Strategy			59,487,144.24	62,026,620.28
SSGA Long US Treasury Index NL Fund			197,582,431.38	174,622,733.60
SSGA MSCI EAFE 100% Hedge			7,587,595.57	10,010,228.72
SSGA S&P 500 R Flagship			19,314,438.61	28,054,340.66
SSGA FTSE RAF US 1000 Index			12,431,129.66	16,806,805.21
Silchester Int Value			5,509,220.00	6,996,416.00
NEPC Emergings Mkts			15,962,084.70	16,241,936.73
Metlife Long Credit Collective Trust			150,000,000.00	159,007,832.90
NEPC Global Eq			19,828,863.21	25,418,362.59
NEPC Diversified Credit CIT Class A			16,636,682.77	18,650,573.13
NEPC US Small Cap Equity CIT Class A			10,146,944.32	13,022,892.75
WTC CIF II US			88,644,840.00	89,470,724.50
Total			603,131,374.46	620,329,467.07
Government				
US Tres Bond 912810UA	4.625	05/15/2054	7,998,648.44	8,155,980.00
US Tres Bond 912803FDO		05/15/2048	4,524,376.00	4,891,536.00

US Tres Bond 912810QB	4.25	05/15/2039	12,135,449.22	12,704,068.00
US Tres Bond 912810GH	4.375	05/15/2040	4,041,718.75	4,246,740.00
US tres Strip 912803DD2		05/15/2038	13,149,553.02	13,898,898.00
US Tres Strip 912833X88		05/15/2035	10,078,220.12	10,621,206.00
US Tres Strip 912803DJ9		11/15/2039	2,026,713.00	2,152,410.00
Total			53,954,678.55	56,670,838.00
Other				
Accumulus Fund			9,483,724.89	11,784,104.73
Glazer Enhanced Offshore Fund			13,559,848.30	16,007,671.22
Point 72 Capital Inter			20,483,064.23	29,700,565.20
Total			43,526,637.42	57,492,341.15
Private Debt				
Biopharma Credit Investments			12,908,776.51	13,412,384.00
Brookside Mezzanine Fund			6,128,526.00	6,344,860.03
Carlyle Credit Solutions			6,717,008.80	6,453,147.56
Carlyle Diversified Private			1,974,190.86	2,307,840.31
H.I.G. Bayside Loan Opp V			4,075,263.11	4,346,827.07
H.I.G. Bayside Loan Opp IV			2,143,818.11	1,489,462.01
H.I.G. Whitehorse Offshore			1,357,837.65	863,747.21
H.I.G. Whitehorse Prin Lending TF Fund			3,624,792.67	3,598,261.15
Nut Tree Drawdown Offshore			1,832,802.50	2,805,649.61
Trive Structured Capital Fund			2,150,545.00	2,323,290.00
RPS Biopharma Holdings				
Total			42,913,561.21	43,945,468.95

Private Equity

Arsenal Capital Partners	4,606,834.00	3,690,184.00
Holdback-Bain Cap JMM Fund	18,751.00	18,751.00
Bain Capital Fund XI	4,715,916.00	2,707,575.00
Bain Capital Fund XII	3,789,763.00	5,385,993.00
Bain Capital Fund XIII	4,138,227.00	4,488,758.00
Blackstone Tactical Opp Fund	14,120,001.93	12,608,556.00
Cambridge Innovation Capital	8,555,515.50	11,490,805.00
Carlyle Europe Partners V	11,065,041.00	12,547,886.00
Carlyle Partners VII LP	7,950,028.00	12,414,052.00
Chicago Pacific Founders	6,768,188.00	16,029,058.00
Commerce Street Carlyle	346,553.53	1,747,971.37
Great Hill Equity Partners VII	3,478,003.75	3,410,232.48
Great Hill Equity Partners VIII	2,865,811.07	2,601,429.83
H.I.G. Advantage Buyout Fund	12,952,920.10	11,452,132.00
Highcape Partners QP	1,582,060.00	639,662.99
Point 406 Ventures IV	3,702,962.00	4,900,616.00
Point 406 Ventures V	1,560,000.00	1,145,147.00
Siris Partners IV	5,359,953.00	11,848,252.00
Strategic Partners Offshore	6,292,498.52	9,764,627.97
Sinovation Fund IV LP	7,480,256.00	7,789,259.00
Trive Capital Fund	6,038,575.09	8,215,291.00
Warburg Pincus Private Eq	3,880,721.35	4,000,134.02
WI Harper Fund VII	2,439,286.00	2,656,538.01
Total	123,707,865.84	151,552,911.67
Other		
Global Alpha Intnl Small Cap	5,300,000.00	5,726,648.36
Total	5,300,000.00	5,726,648.36