

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program [ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK, INC. RETIREMENT PLAN 1b Three-digit plan number (PN) 001

1c Effective date of plan 05/01/1968

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) 2b Employer Identification Number (EIN) 15-0536614

VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK DBA NASCENTIA HEALTH AT HOME

2c Sponsor's telephone number 315-476-3101

1050 WEST GENESEE STREET SYRACUSE, NY 13204-2215

2d Business code (see instructions) 621610

3a Plan administrator's name and address [X] Same as Plan Sponsor. 3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d PN

a Sponsor's name c Plan Name

5a Total number of participants at the beginning of the plan year 5a 68

b Total number of participants at the end of the plan year 5b 68

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 5c(1)

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c(2)

d(1) Total number of active participants at the beginning of the plan year 5d(1) 22

d(2) Total number of active participants at the end of the plan year 5d(2) 19

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/25/2025, MARY KATE ROLF. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....  Yes  No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) .....  Yes  No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? .....  Yes  No  Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539827. (See instructions.)

| <b>Part III Financial Information</b>  |              |                              |                        |
|--|--------------|------------------------------|------------------------|
| <b>7</b> Plan Assets and Liabilities   |              | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total plan assets .....   | <b>7a</b>    | 3835039                      | 3809998                |
| <b>b</b> Total plan liabilities .....  | <b>7b</b>    | 22641                        | 0                      |
| <b>c</b> Net plan assets (subtract line 7b from line 7a) .....                                       | <b>7c</b>    | 3812398                      | 3809998                |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year  |              | <b>(a) Amount</b>            | <b>(b) Total</b>       |
| <b>a</b> Contributions received or receivable from:  |              |                              |                        |
| <b>(1)</b> Employers .....   | <b>8a(1)</b> | 358860                       |                        |
| <b>(2)</b> Participants .....  | <b>8a(2)</b> |                              |                        |
| <b>(3)</b> Others (including rollovers) .....  | <b>8a(3)</b> |                              |                        |
| <b>b</b> Other income (loss) .....   | <b>8b</b>    | 130735                       |                        |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                  | <b>8c</b>    |                              | 489595                 |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) ..... | <b>8d</b>    | 388938                       |                        |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions) .                         | <b>8e</b>    |                              |                        |
| <b>f</b> Administrative service providers (salaries, fees, commissions) .....                        | <b>8f</b>    | 103057                       |                        |
| <b>g</b> Other expenses .....  | <b>8g</b>    |                              |                        |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....   | <b>8h</b>    |                              | 491995                 |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c) .....                                     | <b>8i</b>    |                              | -2400                  |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                       | <b>8j</b>    |                              |                        |

| <b>Part IV Plan Characteristics</b> |   |
|-------------------------------------|---|
| <b>9a</b>                           | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1A 1C 1I |
| <b>b</b>                            | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:             |

| <b>Part V Compliance Questions</b>  |            |            |           |               |
|---|------------|------------|-----------|---------------|
| <b>10</b> During the plan year:   |            | <b>Yes</b> | <b>No</b> | <b>Amount</b> |
| <b>a</b> 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) ..... | <b>10a</b> |            | X         |               |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....  | <b>10b</b> |            | X         |               |
| <b>c</b> Was the plan covered by a fidelity bond? .....   | <b>10c</b> | X          |           | 500000        |
| <b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....   | <b>10d</b> |            | X         |               |
| <b>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) .....   | <b>10e</b> |            | X         |               |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....  | <b>10f</b> |            | X         |               |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....  | <b>10g</b> |            | X         |               |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....  | <b>10h</b> |            |           |               |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....   | <b>10i</b> |            |           |               |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below.  Yes  No

**a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

**b PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 \_\_\_\_\_

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.  Yes  No

**a** 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 letter ruling granting the waiver. \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

**b** Enter the minimum required contribution for this plan year **12b**

**c** Enter the amount contributed by the employer to the plan for this plan year **12c**

**d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline?  Yes  No  N/A

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year?  Yes  No

**a** If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  Yes  No

**c** 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.)

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |

**Part VIII IRS Compliance Questions**

**14a** 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

**14b** 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

**15** 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 \_\_\_\_\_.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

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

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK, INC. RETIREMENT PLAN</u>                                      | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK</u>         | <b>D</b> Employer Identification Number (EIN)<br><u>15-0536614</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>3826585</u>            |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>3826585</u>            |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>14</u>                  | <u>3217348</u>            |
|          | <b>b</b> For terminated vested participants .....   | <u>32</u>                  | <u>1777527</u>            |
|          | <b>c</b> For active participants .....  | <u>22</u>                  | <u>1365783</u>            |
|          | <b>d</b> Total .....  | <u>68</u>                  | <u>6360658</u>            |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</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 ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>5.12 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>80000</u>              |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>80000</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.

|                  |   |                     |  |
|------------------|---|---------------------|--|
| <b>SIGN HERE</b> |   |                     |  |
|                  | Signature of actuary  | <u>09/24/2025</u>   | Date                                   |
|                  | <u>MICHAEL T. ALBINO</u>  | <u>23-07074</u>     | Most recent enrollment number          |
|                  | <u>BPAS ACTUARIAL &amp; PENSION SERVICES</u>                      | <u>315-703-8995</u> | Telephone number (including area code) |
|                  | <u>706 N. CLINTON STREET<br/>SUITE 200<br/>SYRACUSE, NY 13204</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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 26308                  |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 26308                  |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>10.10</u> % .....  | 0                     | 2657                   |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 0                      |
| <b>b(1)</b>  | 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>5.18</u> % ..... |                       | 0                      |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance .....   |                       | 0                      |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 0                     | 28965                  |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 59.70 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 67.80 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 66.41 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | 60.16 % |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 04/15/2024  | 94813                          | 0  |                       |                                |                              |              |   |
| 07/12/2024  | 94813                          | 0  |                       |                                |                              |              |   |
| 10/21/2024  | 94813                          | 0  |                       |                                |                              |              |   |
| 01/15/2025  | 74421                          | 0  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 358860                       | <b>18(c)</b> | 0 |

|  |  |   |         |
|--|--|---|---------|
| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |         |
| <b>a</b>   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b> 0  |         |
| <b>b</b>   | Contributions made to avoid restrictions adjusted to valuation date .....  | <b>19b</b> 0  |         |
| <b>c</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 347338   |         |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |         |
| <b>a</b>   | Did the plan have a "funding shortfall" for the prior year? .....  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>b</b>   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         |
| <b>c</b>   | If line 20a is "Yes," see instructions and complete the following table as applicable:                                     |   |         |
| Liquidity shortfall as of end of quarter of this plan year |  |   |         |
| (1) 1st  | (2) 2nd  | (3) 3rd   | (4) 4th |
| 0  | 0  | 0   | 0       |

|  |                        |                        |   |
|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>  |                        |                        |   |
| <b>21</b> Discount rate:   |                        |                        |   |
| <b>a</b> Segment rates:  | 1st segment:<br>4.75 % | 2nd segment:<br>4.96 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....   |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

|   |  |  |             |
|---|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  | <b>30</b> 0 |

|  |                     |                    |                  |
|--|---------------------|--------------------|------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |                  |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |                  |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    | <b>31a</b> 80000 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    | <b>31b</b> 0     |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |                  |
| <b>a</b> Net shortfall amortization installment .....  | 2563038             | 250760             |                  |
| <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                  |
| <b>33</b> 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 ..... |                     |                    | <b>33</b>        |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    | <b>34</b> 330760 |
|  | Carryover balance   | Prefunding balance | Total balance    |
| <b>35</b> Balances elected for use to offset funding requirement .....   |                     |                    | 0                |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    | <b>36</b> 330760 |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    | <b>37</b> 347338 |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |                  |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    | <b>38a</b> 16578 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    | <b>38b</b> 0     |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    | <b>39</b> 0      |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0      |

|  |  |  |  |
|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |

The Visiting Nurse Association of Central New York, Inc. Retirement Plan  
 Schedule SB, Line 26 - Schedule of Active Participant Data  
 EIN/PN: 15-0536614/001

| Attained<br>Age    | Years of Credited Service |        |        |          |          |          |          |          |          |         | Summary |    |
|--------------------|---------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|---------|----|
|                    | 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 |         |    |
| <b>Under 25</b>    | 0                         | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 0  |
| <b>25 to 29</b>    | 0                         | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 0  |
| <b>30 to 34</b>    | 0                         | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 0  |
| <b>35 to 39</b>    | 0                         | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 0  |
| <b>40 to 44</b>    | 0                         | 3      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 3  |
| <b>45 to 49</b>    | 0                         | 2      | 3      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 5  |
| <b>50 to 54</b>    | 0                         | 0      | 2      | 1        | 2        | 0        | 0        | 0        | 0        | 0       | 0       | 5  |
| <b>55 to 59</b>    | 0                         | 1      | 1      | 0        | 1        | 1        | 0        | 0        | 0        | 0       | 0       | 4  |
| <b>60 to 64</b>    | 0                         | 0      | 0      | 0        | 2        | 0        | 0        | 0        | 0        | 0       | 0       | 2  |
| <b>65 to 69</b>    | 0                         | 1      | 1      | 0        | 1        | 0        | 0        | 0        | 0        | 0       | 0       | 3  |
| <b>70 &amp; up</b> | 0                         | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0       | 0  |
| <b>Total</b>       | 0                         | 7      | 7      | 1        | 6        | 1        | 0        | 0        | 0        | 0       | 0       | 22 |

## Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

### Funding Target Liability

**Valuation Date:** January 1, 2024

**Demographic Information:** The demographic information was provided as of January 1, 2024 by Nascentia Health. Although we did not audit the data, we did review the data for reasonableness.

**Actuarial Cost Method:** As required by PPA, the Traditional Unit Credit Cost Method was used.

**Asset Valuation Method:** Market Value of Assets

**Actuarial Valuation Software:** For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

**Interest Rates for Minimum Required Contribution:** The January 2024 funding segment rates were utilized as prescribed by IRC Section 430(h) and elected by Nascentia Health. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

| Segment   | Interest Rate |
|-----------|---------------|
| Segment 1 | 4.75%         |
| Segment 2 | 4.96%         |
| Segment 3 | 5.59%         |

| Effective Interest Rate |
|-------------------------|
| 5.12%                   |

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Interest Rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv):** Below, please find the segment rates without reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv). These rates were utilized to determine the low-default risk obligation measurement (“LDRM”) of the accrued benefits as of the Valuation Date.

| Segment   | Interest Rate |
|-----------|---------------|
| Segment 1 | 4.37%         |
| Segment 2 | 4.96%         |
| Segment 3 | 4.95%         |

| Effective Interest Rate |
|-------------------------|
| 4.91%                   |

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Rate of Compensation Increase:** N/A

**Pre-Retirement Mortality:** Pre-Retirement mortality was deemed to be immaterial and therefore was not assumed in the valuation.

**Post-Retirement Mortality for Healthy Lives:**

*Base mortality table:* The sex distinct RP-2014 mortality tables for healthy annuitants, adjusted backward to 2006 with Scale MP-2014.

*Mortality improvements:* The base mortality table is adjusted by projecting mortality improvements using the IRS 2024 Adjusted Scale MP-2021 from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

**Retirement Incidence:** Age 65 with 5 years of service or attained age, if greater, based on the Plan’s definition of normal retirement age.

**Turnover:** Rates of turnover were deemed to be immaterial and therefore were not assumed.

**Disability:** Rates of disability were not assumed in the valuation because the Plan does not have additional disability benefits

**Interest Crediting Rate for Determining Projected Cash Accumulation Plan Account Balance:** 6.00% per year, based on the Plan’s definition of the interest crediting rate.

**Assumptions used to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts:** In accordance with IRS Regulation 1.430(d)-1(f)(5)(ii)(B), the Cash Accumulation Plan Account Balance is converted to an annuity using the current applicable mortality table under IRC Section 417(e)(3) that would apply to a distribution with an annuity starting date occurring on the valuation date and the underlying valuation interest rates under IRC Section 430(h)(2).

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees or PBGC fees, paid out of the trust during the previous plan year, plus the current year PBGC premium, rounded to the nearest thousand.

**Form of Benefit:** 50% of participants are assumed to elect a lump sum distribution and 50% are assumed to elect a life annuity upon retirement. This assumption was selected after a review of the Plan experience from the January 1, 2010 through January 1, 2015 actuarial valuations. Future experience is not expected to deviate significantly from these results.

## Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

**Interest Rate:** 4.50%, based on a review of the Plan's asset allocation, investment policy (as shown in the annual funding notice), and expected returns using recent capital market assumptions published by leading financial organizations.

**Interest (to Annuitize Cash Balance Accounts and Convert Annuities to Actuarially Equivalent Lump Sum Amounts):** The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under IRC Section 417(e) for the plan year beginning on the valuation date.

| Segment   | Interest Rate |
|-----------|---------------|
| Segment 1 | 5.01%         |
| Segment 2 | 5.13%         |
| Segment 3 | 5.15%         |

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Post-Retirement Mortality:** The sex-distinct Pri-2012 Mortality Tables for healthy annuitants with mortality improvements using Scale MP-2021 on a fully generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

The Visiting Nurse Association of Central New York, Inc. Retirement Plan  
 Schedule SB, Line 19 - Discounted Employer Contributions  
 EIN/PN: 15-0536614/001

| Date Due      | Date Made  | Plan year | Contribution Amount | Applicable Effective Interest Rate | Interest Adjusted Contribution |
|---------------|------------|-----------|---------------------|------------------------------------|--------------------------------|
| 04/15/2024    | 04/15/2024 | 2024      | \$74,421            | 5.12%                              | \$73,345                       |
| 07/15/2024    | 04/15/2024 | 2024      | \$20,392            | 5.12%                              | \$20,097                       |
| 07/15/2024    | 07/12/2024 | 2024      | \$53,773            | 5.12%                              | \$52,338                       |
| 10/15/2024    | 07/12/2024 | 2024      | \$41,040            | 5.12%                              | \$39,945                       |
| 10/15/2024    | 10/21/2024 | 2024      | \$32,865            | 10.12%                             | \$31,542                       |
| 01/15/2025    | 10/21/2024 | 2024      | \$61,948            | 5.12%                              | \$59,422                       |
| 01/15/2025    | 01/15/2025 | 2024      | \$11,826            | 5.12%                              | \$11,227                       |
| 09/15/2025    | 01/15/2025 | 2024      | \$62,595            | 5.12%                              | \$59,422                       |
| <i>Totals</i> |            |           | \$358,860           |                                    | \$347,338                      |

**SCHEDULE SB  
(Form 5500)**

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

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

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

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

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>VISITING NURSE ASSOCIATION OF CENTRAL NEW YORK, INC.<br>RETIREMENT PLAN  | <b>B</b> Three-digit plan number (PN) ▶                         | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Visiting Nurse Association of Central New York                          | <b>D</b> Employer Identification Number (EIN)<br><br>15-0536614 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |   |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |   |     |

| Part I Basic Information   |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| 2 Assets:  |                            |                           |                          |
| a Market value.....  | <b>2a</b>                  |                           | 3,826,585                |
| b Actuarial value.....   | <b>2b</b>                  |                           | 3,826,585                |
| 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.....  | 14                         | 3,217,348                 | 3,217,348                |
| b For terminated vested participants .....   | 32                         | 1,777,527                 | 1,777,527                |
| c For active participants.....   | 22                         | 1,365,783                 | 1,365,783                |
| d Total.....   | 68                         | 6,360,658                 | 6,360,658                |
| 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 .....   | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| 5 Effective interest rate .....  | <b>5</b>                   |                           | 5.12%                    |
| 6 Target normal cost   |                            |                           |                          |
| a Present value of current plan year accruals .....  | <b>6a</b>                  |                           | 0                        |
| b Expected plan-related expenses .....   | <b>6b</b>                  |                           | 80,000                   |
| c Target normal cost .....   | <b>6c</b>                  |                           | 80,000                   |

**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.

|                  |   |  |
|------------------|---|--|
| <b>SIGN HERE</b> | Michael T. Albino <span style="float: right; color: blue; font-family: cursive;">MTA</span> | 09/24/2025                             |
|                  | Signature of actuary  | Date                                   |
|                  | Michael T. Albino   | 2307074                                |
|                  | Type or print name of actuary   | Most recent enrollment number          |
|                  | BPAS Actuarial & Pension Services   | 315-703-8995                           |
|                  | Firm name   | Telephone number (including area code) |
|                  | 706 N. Clinton Street<br>Suite 200<br>Syracuse NY 13204                                     |  |
|                  | 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



|   |   |   |   |                                     |
|---|---|---|---|-------------------------------------|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |   |   |   |                                     |
| <b>21</b>   | Discount rate:                              |   |   |                                     |
|   | <b>a</b> Segment rates:                     | 1st segment:<br>4.75 %                              | 2nd segment:<br>4.96 %                                    | 3rd segment:<br>5.59 %              |
|   |   | <input type="checkbox"/> N/A, full yield curve used |   |                                     |
|   | <b>b</b> Applicable month (enter code)..... |   | <b>21b</b>  | 0                                   |
| <b>22</b>   | Weighted average retirement age .....       |   | <b>22</b>   | 65                                  |
| <b>23</b>   | Mortality table(s) (see instructions)       | <input type="checkbox"/> Prescribed - combined      | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

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

|   |   |  |           |   |
|---|---|--|-----------|---|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |   |  |           |   |
| <b>28</b>   | Unpaid minimum required contributions for all prior years .....   |  | <b>28</b> | 0 |
| <b>29</b>   | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  | <b>29</b> | 0 |
| <b>30</b>   | Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  | <b>30</b> | 0 |

|   |  |                     |                    |                   |
|---|--|---------------------|--------------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b> |  |                     |                    |                   |
| <b>31</b>   | Target normal cost and excess assets (see instructions):   |                     |                    |                   |
|   | <b>a</b> Target normal cost (line 6c).....   |                     | <b>31a</b>         | 80,000            |
|   | <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     | <b>31b</b>         | 0                 |
| <b>32</b>   | Amortization installments:   | Outstanding Balance | Installment        |                   |
|   | <b>a</b> Net shortfall amortization installment .....  | 2,563,038           | 250,760            |                   |
|   | <b>b</b> Waiver amortization installment.....  | 0                   | 0                  |                   |
| <b>33</b>   | 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 ..... |                     |                    | <b>33</b>         |
| <b>34</b>   | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   |                     |                    | <b>34</b> 330,760 |
|   |  | Carryover balance   | Prefunding balance | Total balance     |
| <b>35</b>   | Balances elected for use to offset funding requirement .....   |                     |                    | 0                 |
| <b>36</b>   | Additional cash requirement (line 34 minus line 35).....   |                     |                    | <b>36</b> 330,760 |
| <b>37</b>   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    | <b>37</b> 347,338 |
| <b>38</b>   | Present value of excess contributions for current year (see instructions)  |                     |                    |                   |
|   | <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     | <b>38a</b>         | 16,578            |
|   | <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     | <b>38b</b>         | 0                 |
| <b>39</b>   | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....   |                     |                    | <b>39</b> 0       |
| <b>40</b>   | Unpaid minimum required contributions for all years .....  |                     |                    | <b>40</b> 0       |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |  |  |  |  |
| <b>41</b>   | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |  |  |  |

The Visiting Nurse Association of Central New York, Inc. Retirement Plan  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age  
EIN/PN: 15-0536614/001

All participants were assumed to retire at age 65.

## Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

**Plan Sponsor:** Nascentia Health  
**EIN/PN:** 15-0536614/001

**Effective Date:**

May 1, 1968.

**Effective Date of Latest Amendment:**

The Plan was last amended effective January 1, 2017. The Plan was amended to retroactively credit interest at 6.00% on account balances effective January 1, 2011 and later.

**Eligibility for Participation:**

Employees become eligible to participate on the first day of the month coincident with or next following the attainment of age 21 and completion of one year of service. Effective February 29, 2012, no new employees will become eligible to enter the Plan.

**Compensation:**

Employee wages reported on W-2, including business, commissions, overtime, gross income attributable to use of an employer-provided vehicle and to group-term life insurance, and amounts excluded from gross income pursuant to a salary reduction agreement.

**Average Annual Earnings:**

Average Annual Earnings is the amount determined by averaging the annual compensation for the five completed years of participation out of the 10 completed years of participation immediately preceding the year in which the participant retires (or otherwise terminated) which produces the highest average.

**Grandfathered Participant:**

A Grandfathered Participant is a participant who as of December 31, 1998 (July 31, 1999 for former participants of Home Health Providers, Inc.) had either:

- (1) Attained age 50 with at least 5 Years of Service for vesting purposes, or
- (2) Had at least 15 Years of Service for vesting purposes.

**Years of Service:**

For purposes of determining a participant's retirement benefit under the plan, Years of Service shall mean plan years in which the employee is a participant and earns at least 1,000 hours of credit. Grandfathered Participants are entitled to a full or partial year of credit in the year of employment, retirement or termination based on hours worked. All non-grandfathered participants hired before May 1, 2000 are entitled to a full or partial year of credit in the year of employment based on hours worked.

**Account Balance:**

The account balance is a bookkeeping account which consists of the service credits and interest credits earned to date.

**Service Credit:** 5% of Compensation for each year in which a participant earns a Year of Service. Service Credits are credited to a participant's Account Balance at the end of each play year. All participants will be entitled to a Service Credit in their year of retirement, termination or death. Effective February 29, 2012, no new Service Credits will be earned by any participant.

**Interest Credits:** Effective January 1, 2011, interest shall be credited to a participant's Account Balance at the end of each plan year (prior to adding any Service Credits earned for the year) at a rate of 6.00%. Partial Interest Credits are earned for any participant who dies, terminates, or retires during a given plan year. Prior to January 1, 2011, interest was credited at the rate of 1.75% of the participant's Account Balance at the end of each quarter.

**Normal Retirement:**

Eligibility requirements – age 65 and the completion of 5 Years of Service.

Benefit for Non-Grandfathered Participants – an annuity which is actuarially equivalent to the participant's Account Balance.

Benefit for Grandfathered Participants – the greater (1) or (2):

- (1) An annuity which is actuarially equivalent to the participant's Account Balance.
- (2) 1.35% of the Average Annual Earnings up to \$9,000, plus 2% of such Average Annual Earnings in excess of \$9,000, multiplied by the Years of Service up to retirement date. Years of Service are limited to 35 for this purpose. Effective February 29, 2012, Years of Service and Compensation after that date will not count towards determining the accrued benefit.

In no event can the annuity for grandfathered or non-grandfathered participants be less than the accrued benefit under the prior Plan as of December 31, 1998. (July 31, 1999 for participants formerly employed by Home Health Providers, Inc. as of that date). In addition, in no event can the annuity for grandfathered or non-grandfathered participants who terminate employment on or after January 1, 2003 be less than \$1,500 per year (\$125 per month).

**Early Retirement:**

Eligibility requirements – age 55 and the completion of 10 Years of Service.

Benefit for Non-Grandfathered Participants – the normal retirement benefit reduced by 5/12% for each full month that the Early Retirement Date precedes the Normal Retirement Date.

Benefit for Grandfathered Participants – the greater of (1) or (2):

- (1) the normal retirement benefit (based on the participant's Account Balance) reduced by 5/12% for each full month that the Early Retirement Date precedes the Normal Retirement Date.
- (2) the benefit based on applying the Base percentage and Excess percentage contained in Section 5.3 of the Plan's document, using Compensation and Years of Service through the Early Retirement Date.

**Deferred Retirement:**

If employment continues after Normal Retirement Date, pension payments do not commence until the first day of the month following actual retirement. The late retirement benefit is the greater of the normal retirement benefit actuarially increased to actual retirement date or the retirement benefit based upon Compensation and Years of Service to actual retirement date.

**Benefits Upon Termination of Employment:**

Eligibility requirements – 100% vesting upon completion of 3 Years of Service.

Amount of Benefit – Accrued benefit payable for life, commencing at normal retirement date, or in a reduced amount at an early retirement date. Participants may elect a single lump sum distribution, payable immediately, in lieu of an annuity.

**Form of Benefits at Retirement:**

Normal form of benefits is life annuity, subject to Qualified Joint and Survivor Annuity requirements applicable to married participants.

At retirement a participant's benefit will be paid in the form of a reduced joint and 50% survivor optional benefit with his spouse as contingent annuitant unless elected otherwise by the participant.

Optional forms available at retirement include various contingent annuitant options, a 5-year certain and life option, a 10-year certain and life option, and a single lump sum distribution option and are provided on an actuarially equivalent basis.

**Death Benefits:**

Pre-Retirement – a life annuity is payable to the surviving spouse (beneficiary, if not married) of a member whose death occurs after becoming vested, but prior to retirement. The amount payable to the surviving spouse or beneficiary is the participant's Account Balance as of their date of death. The surviving spouse or beneficiary may elect an annuity in lieu of the single lump sum distribution. For a Grandfathered Participant, the amount payable to the surviving spouse or beneficiary may not be less than the actuarial equivalent of 50% of the participant's accrued benefit under the prior plan benefit formula reduced for early retirement and joint and survivor option election.

Post-Retirement – None, other than the benefit available under a selected optional form.

The Visiting Nurse Association of Central New York, Inc. Retirement Plan  
 Schedule SB, Line 32 - Schedule of Amortization Bases  
 EIN/PN: 15-0536614/001

| Amortization Schedule as of January 1, 2024 |                |                |                  |                  |                |
|---|----------------|----------------|------------------|------------------|----------------|
| Year Established                            | Initial Period | Initial Amount | Remaining Period | Remaining Amount | Annual Payment |
| 2024  | 15 Years       | (\$ 92,896)    | 15 Years         | (\$ 92,896)      | (\$ 8,490)     |
| 2023  | 15 Years       | \$ 2,128,785   | 14 Years         | \$2,034,093      | \$ 194,956     |
| 2022  | 15 Years       | \$ 411,104     | 13 Years         | \$ 376,137       | \$ 37,991      |
| 2021  | 15 Years       | \$ 282,098     | 12 Years         | \$ 245,704       | \$ 26,303      |
| Total                                       |                |                |                  | \$2,563,038      | \$ 250,760     |