

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
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>BROOKS-TLC HOSPITAL SYSTEM, INC.</u> <u>529 CENTRAL AVENUE</u> <u>DUNKIRK, NY 14048</u>	1c Effective date of plan <u>01/01/1991</u> 2b Employer Identification Number (EIN) <u>16-0743301</u> 2c Plan Sponsor's telephone number <u>716-366-1111</u> 2d Business code (see instructions) <u>622000</u>

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.	10/10/2025	TRACIE LUTHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	261
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	87
a(2) Total number of active participants at the end of the plan year		6a(2)	92
b Retired or separated participants receiving benefits.....		6b	83
c Other retired or separated participants entitled to future benefits		6c	89
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	264
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	269
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	3
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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BROOKS-TLC HOSPITAL SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>16-0743301</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u> Year <u>2024</u>
2	Assets:		
	a Market value	2a	<u>16186063</u>
	b Actuarial value	2b	<u>16186063</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>86</u>	<u>9879460</u>
	b For terminated vested participants	<u>89</u>	<u>2831958</u>
	c For active participants	<u>87</u>	<u>6924989</u>
	d Total	<u>262</u>	<u>19636407</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>5.26 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>706649</u>
	b Expected plan-related expenses	6b	<u>252914</u>
	c Target normal cost	6c	<u>959563</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>10/04/2025</u>
	<u>KEITH L. NICHOLS, M.A.A.A.</u>	Date
	Type or print name of actuary	<u>23-04725</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>724-934-2790</u>
	<u>6 PPG PLACE, SUITE 200</u>	Telephone number (including area code)
	<u>PITTSBURGH, PA 15222</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1206636
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1206636
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.46</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		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>5.34</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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.09 %
15	Adjusted funding target attainment percentage	15	82.09 %
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	77.09 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/15/2024	295623	0					
07/15/2024	303502	0					
10/15/2024	292642	0					
01/14/2025	292642	0					
09/15/2025	169649	0					
			Totals ▶	18(b)	1354058	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1300631

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 959563
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3530862	341068	
b Waiver amortization installment.....	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 1300631
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)			36 1300631
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 1300631
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
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

A Name of plan BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BROOKS-TLC HOSPITAL SYSTEM, INC.	D Employer Identification Number (EIN) 16-0743301	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MANNING & NAPIER

200 WOODCLIFF DRIVE
FAIRPORT, NY 14450

16-0993736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	83655	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)

BURKE GROUP

80 LINDEN OAKS DRIVE
SUITE 210
ROCHESTER, NY 14625

80-0688755

(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?
19	NONE	57944	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)

USI CONSULTING GROUP

06-1053228

(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?
11 17	NONE	31350	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"/>

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)

COMPASS ONE

83-2095475

(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?
18	NONE	6354	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BROOKS-TLC HOSPITAL SYSTEM, INC.	D Employer Identification Number (EIN) 16-0743301

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7879	462291
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	166089	131858
(2) U.S. Government securities	1c(2)	2120916	1235309
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	4373162	6299503
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9529276	9327290
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16197322	17456251
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16197322	17456251

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)	1354058	
(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)		1354058
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14120	
(B) U.S. Government securities.....	2b(1)(B)	46965	
(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)		61085
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	396729	
(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)		396729
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	156507	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		156507
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	616139	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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		2584518

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	924762	
(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)		924762
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	141598	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	31350	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses.....	2i(11)	227879	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		400827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1325589

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1258929
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: **LUMSDEN & MCCORMICK LLP**

(2) EIN: **16-0765486**

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		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 544129.

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

A Name of plan <u>BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BROOKS-TLC HOSPITAL SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>16-0743301</u>	

Part I	Distributions
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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
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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): 04-2647786

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
---	--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**BROOKS MEMORIAL HOSPITAL
UNION EMPLOYEES' PENSION PLAN**

**FINANCIAL STATEMENTS
WITH ADDITIONAL INFORMATION**

December 31, 2024

INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Brooks Memorial Hospital Union Employees' Pension Plan

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

We have performed audits of the financial statements of Brooks Memorial Hospital Union Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(c) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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 Financial Statements

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

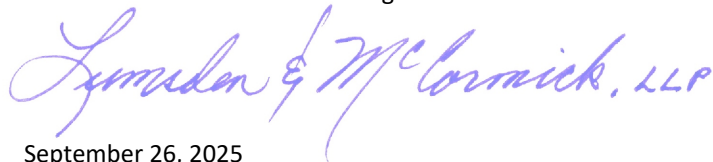
Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

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


September 26, 2025

BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN

Statements of Net Assets Available for Benefits

December 31,	2024	2023
Investments (Note 3)	\$ 16,993,960	\$ 16,189,443
Contributions receivable	<u>462,291</u>	<u>7,879</u>
Net assets available for benefits	<u>\$ 17,456,251</u>	<u>\$ 16,197,322</u>

BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

For the years ended December 31,	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investment assets	\$ 772,646	\$ 1,253,063
Interest and dividends	457,814	400,916
Employer contributions	1,354,058	7,879
Total additions	<u>2,584,518</u>	<u>1,661,858</u>
Deductions from net assets attributed to:		
Benefits paid to participants	924,762	884,287
Administrative expenses	400,827	380,786
Total deductions	<u>1,325,589</u>	<u>1,265,073</u>
Net change	1,258,929	396,785
Net assets available for benefits:		
Beginning of year	<u>16,197,322</u>	<u>15,800,537</u>
End of year	<u>\$ 17,456,251</u>	<u>\$ 16,197,322</u>

Notes to Financial Statements

1. Plan Description:

The following description of Brooks Memorial Hospital Union Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

A. General:

The Plan is a defined benefit plan of Brooks-TLC Hospital System, Inc. (the System) covering essentially all of its employee members of the New York State Nurses Association and employees not covered under any other pension plan to which the System contributes. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

B. Pension Benefits:

Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to 1¼% of average monthly earnings (as defined) multiplied by years of credited service on or after January 1, 1991. The Plan permits early retirement at ages 55 - 64 for employees with 15 years or more of credited service. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. In certain circumstances, employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

C. Death Benefits:

If an active employee dies at age 55 or older, a death benefit equal to 50% of the value of the employee's accumulated pension benefits is paid to the employee's beneficiary.

2. Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared on the accrual basis.

Investment Valuation and Income Recognition:

The trustee has discretionary authority for purchase and sale transactions and has certified as complete and accurate all investment balances, transactions, and investment income within these financial statements and supplemental schedules. Investments are stated at fair value as generally determined by quoted prices in active markets. Investments are maintained by Reliance Trust Company, the trustee of the Plan.

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

Payment of Benefits:

Benefits are recorded when paid.

Subsequent Events:

The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through September 26, 2025 (the date the financial statements were available to be issued).

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results may differ from those estimates.

3. Investments and Related Information Certified by the Trustee (Unaudited):

Investment assets:

	<u>2024</u>	<u>2023</u>
Bonds and notes	\$ 1,235,309	\$ 2,120,916
Mutual funds	9,327,290	9,529,276
Common stock	6,299,503	4,373,162
Interest bearing cash	131,858	166,089
	<u>\$ 16,993,960</u>	<u>\$ 16,189,443</u>

Investment income:

	<u>2024</u>	<u>2023</u>
Net appreciation in fair value of investment assets	\$ 772,646	\$ 1,253,063
Interest and dividends	457,814	400,916

Additional Information:

Schedule of Assets Held for Investment Purposes	Page 9
Schedule of Reportable Transactions	Page 20

4. Tax Status:

The Internal Revenue Service has issued a favorable determination letter regarding the tax-exempt status of the Plan. Accordingly, no provision has been made for income taxes.

5. Actuarial Method and Funding Policy:

The actuarial cost method used to determine Plan funding requirements is the projected unit credit cost method. Under this method, an actuarial accrued liability is determined as the actuarial present value of the portion of projected benefits which is allocated to service prior to the valuation date. In addition, a normal cost is determined as the actuarial present value of the portion of projected benefits which is allocated to service in the current plan year for each active participant under the assumed retirement age. The System has agreed to contribute such amounts as annually determined by actuarial calculations necessary to prevent a funding deficiency as defined by ERISA.

6. Termination of the Plan:

The System has the right to terminate the Plan and discontinue contributions. In the event of a termination and after final expenses, each participant's accrued benefit shall be fully vested to the extent funded. Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC. Any assets remaining after the satisfaction of liabilities shall be distributed to the System.

7. Actuarial Present Value of Accumulated Plan Benefits and Actuarial Assumptions:

The actuarial present value of accumulated plan benefits is determined by consulting actuaries, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2023 are (a) life expectancy of participants (Pri-2012 Total Dataset Mortality Projected with Scale MP-2021), (b) retirement age assumptions (100% at age 65), (c) investment return of 6.0% per annum. Significant changes in actuarial assumptions were the discount rate (6.00% in 2023; 7.50% in 2022) and the interest rates used to determine the funding target (4.75%, 5.00%, and 5.74% in 2023; 4.75%, 5.18%, and 5.92% in 2022).

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

Vested:	
Participants currently receiving payments	\$ 9,118,651
Other participants	8,738,250
	<u>17,856,901</u>
Non-vested	175,800
Total actuarial present value of accumulated plan benefits	<u>\$ 18,032,701</u>

The change in the actuarial present value of all accrued benefits during the year ended December 31, 2023 is:

Value – beginning of year	\$ 14,686,914
Benefit payments	(884,287)
Change in actuarial assumptions	2,874,031
Other (includes benefits accumulated)	1,356,043
Value – end of year	<u>\$ 18,032,701</u>

8. Administrative Expenses:

Plan administration and investment related expenses are generally paid by the Plan. In 2024 and 2023, the Plan paid Pension Benefit Guaranty Corporation premiums totaling \$206,194 and \$177,674.

9. Fair Value Measurements:

Investment assets are measured at fair value on a recurring basis on the statements of net assets available for benefits. The fair values at December 31, 2024 and 2023 were determined as described in Note 2.

10. Risks and Uncertainties:

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

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

Exhibit XIII

Age and Service Distribution

Age Near Year	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
<25	1	4										5
25-29	2	5	2									9
30-34	1	5	3	2								11
35-39	2	3	3	3								11
40-44		2	4	1	3	2						12
45-49	2	1		3	1	2						9
50-54		2	1	2	1	2	3					11
55-59						1		5	2	1		9
60-64		2					1		1	1		5
65-69						3				1		4
70+						1						1
Total	8	24	13	11	5	11	4	5	3	3		87



Appendix B

Statement of Actuarial Assumptions and Methods

<p>Minimum Funding Annual Interest Rates</p>	<p>24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) and adjusted to reflect ARPA:</p> <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 4.75% • Segment 2 (5 to 20 years) 4.96% • Segment 3 (more than 20 years) 5.59% • Effective Interest Rate 5.26%
<p>Maximum Deductible Annual Interest Rates</p>	<p>24-month segment rates averaged through the end of December 2023 and published in January 2024 (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 4.21% • Segment 2 (5 to 20 years) 4.86% • Segment 3 (more than 20 years) 4.87% • Effective Interest Rate 4.84%
<p>PBGC and LDRM Annual Interest Rates</p>	<p>Spot segment rates averaged through the end of December 2023 and published in January 2024 using the Standard Method (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none"> • Segment 1 (0 – 5 years) 5.01% • Segment 2 (5 to 20 years) 5.13% • Segment 3 (more than 20 years) 5.15% • Effective Interest Rate 5.14%
<p>ASC 960 Discount Rate</p>	<p>Discount Rate 6.00%</p> <p>Rationale: as selected by the Plan Sponsor to match the expected rate of return on assets.</p>
<p>Salary Scale</p>	<p>Future salaries are projected using the appropriate salary scale below. For accrued benefits actual individual pay histories have been used with missing years filled in using the appropriate salary scale below.</p> <p>Funding and ASC 960-20: 4.00%</p> <p>Rationale: based on anticipated salary increases and recent past experience.</p>
<p>Mortality</p>	<p>Funding: Mortality as provided in Notice 2022-22 male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).</p> <p>ASC 960-20: Pri-2012 Total Dataset Mortality by participant status, projected with Scale MP-2021.</p> <p>Rationale: To reflect the most recent mortality assumption published.</p>



Appendix B (Continued)

Rates of Retirement	<u>Age</u>	<u>Factor</u>
	62	20%
	63	15%
	64	30%
	65	100%

Rationale: Based on historical experience and monitored annually for consistency.

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover	Sample termination rates for ages and service times are given below:						
	<u>Age</u>	<u><1 Yrs.</u>	<u>1 Yrs.</u>	<u>2 Yrs.</u>	<u>3 Yrs.</u>	<u>4 Yrs.</u>	<u>5+ Yrs.</u>
	20	0.30000	0.24000	0.18000	0.12000	0.06000	0
	30	0.24383	0.19507	0.14630	0.09753	0.04877	0
	40	0.19026	0.15221	0.11415	0.07610	0.03805	0
	50	0.13918	0.11134	0.08351	0.05567	0.02784	0
	60	0.09050	0.07240	0.05430	0.03620	0.01810	0

Rationale: Based on historical experience and monitored annually for consistency.

Rates of Disability None

Assumptions Made In Valuing Spouse's Benefit Eighty-five percent of employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses The expected administrative (i.e. non-investment) expenses, if any, that will be paid from the assets, which were assumed to equal actual administrative expenses paid during the prior year plus the PBGC premium for the current plan year were added to the Target Normal Cost for minimum contribution purposes.

2023	\$202,958
2024	\$252,914

Asset Method Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.



Appendix B (Continued)

Funding Method	Pure Unit Credit
	<p>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.</p>
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The interest rates used for determining the funding target were 4.75%, 5.00% and 5.74%. These rates were updated to the rates required for the current plan year.</p>
	<p>The ASC 960 discount rate was changed from 7.50% to 6.00% due to a change in the expected Long Term Rate of Return.</p>
	<p>The mortality table for the funding target was changed as required under PPA '06.</p>
Justification for Changes in Actuarial Assumptions	<p>The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."</p>



BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN

EIN: 16-0743301
Plan Number 002
Additional Information - Schedule H, Line 4j
Schedule of Reportable Transactions

For the year ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value on Transaction Date	(i) Net Gain or (Loss)
Reliance Trust Company*	Fidelity Cash Reserves	\$ 5,930,432	\$ -	\$ 5,930,432	\$ 5,930,432	\$ -
Reliance Trust Company*	Fidelity Cash Reserves	-	5,964,663	5,964,663	5,964,663	-

* Series of transactions exceeding 5%, as defined.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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


A Name of plan BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BROOKS-TLC HOSPITAL SYSTEM, INC.		D Employer Identification Number (EIN) 16-0743301	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	16,186,063	
b Actuarial value	2b	16,186,063	
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	86	9,879,460	9,879,460
b For terminated vested participants	89	2,831,958	2,831,958
c For active participants	87	6,924,989	7,005,507
d Total	262	19,636,407	19,716,925
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.26%	
6 Target normal cost			
a Present value of current plan year accruals	6a	706,649	
b Expected plan-related expenses	6b	252,914	
c Target normal cost	6c	959,563	

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		10/4/2025
	Signature of actuary	Date
KEITH L. NICHOLS, M.A.A.A.	Type or print name of actuary	2304725
		Most recent enrollment number
USI Consulting Group	Firm name	724-934-2790
		Telephone number (including area code)
6 PPG Place, Suite 200		
Pittsburgh PA 15222	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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 64

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	959,563
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	3,530,862	341,068
b Waiver amortization installment		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	1,300,631
---	-----------	-----------

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			1,300,631
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			1,300,631

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	

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 22 – Description of Weighted Average Retirement Age
Brooks Memorial Hospital Union Employees' Pension Plan
January 1, 2024 Valuation
EIN/PN: 16-0743301 / 002

Rates of Retirement

<u>Age</u>	<u>Factor</u>
62	20%
63	15%
64	30%
65	100%

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Brooks-TLC Hospital System, Inc.
EIN/PN	16-0743301/002
Effective Date	January 1, 1991
Plan Year	The 12-month period beginning each January 1.
Participation	All Eligible Employees shall participate in the plan on the first day of the month following the completion of 1 year of service (12 consecutive months with 780 hours or more), attainment of age 21 and being a member of the New York State Nurses Association.
Vesting Service	A plan year in which the employee is credited with at least 780 Hours of Service.
Benefit Service	A plan year in which the employee is credited with at least 780 Hours of Service, excluding: <ul style="list-style-type: none"> i. All periods prior to January 1, 1991 ii. Any period in which the employee was not a plan participant iii. Any service by the participant while in a class of employees who were not eligible to participate in the plan
Average Annual Earnings	Average of the highest consecutive, complete five years of Earnings out of the last 15 year period preceding termination.
Normal Retirement Benefit	1.25% of the participant's Average Annual Earnings multiplied by Years of Credited Service earned by the Normal Retirement Date.
Early Retirement Benefit	All participants who have attained age 55 and completed 15 Years of Service shall be eligible for a monthly benefit equal to their accrued benefit reduced by a percentage based on the number of years the early retirement date precedes the participant's normal retirement date.



Appendix A (Continued)

Early Retirement Benefit (continued)	<u>Years Early</u>	<u>Percentage of Accrued Benefit</u>
	1	93.00%
	2	86.70%
	3	80.90%
	4	75.70%
	5	71.00%
	6	66.60%
	7	62.70%
	8	59.00%
	9	55.70%
	10	52.60%

Termination Benefit A participant shall be 100% vested in his accrued benefit upon completion of 5 Years of Vesting Service

Death Benefit Pre-Retirement:

The spouse of a married participant with a vested accrued benefit shall be entitled to a monthly annuity equal to 50% of the actuarially reduced Joint & 50% Survivorship benefit, commencing on the later of the first day of the month following the participant's Early Retirement Date or the date of death

Post Retirement:

In accordance with payment form elected

Optional Forms of Benefit The normal form of benefit payment is a Life Annuity for unmarried participants and the actuarially equivalent 50% Joint and Survivor benefit for married participants. The following optional forms are available under this plan:

Single Life Annuity
Life Annuity with 5 or 10 Years Guaranteed
50%, 66.6%, 75% or 100% Joint and Survivor Annuity
Lump sum less than \$5,000

Maximum Benefit Limit The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Plan Compensation Limit The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions None.



SCHEDULES

BROOKS MEMORIAL HOSPITAL UNION EMPLOYEES' PENSION PLAN

EIN: 16-0743301
Plan Number 002
Additional Information - Schedule H, Line 4i
Schedule of Assets Held for Investment Purposes

December 31, 2024

(a)	(b)	(c)	(d)	(e)
*	Identity of Issue	Share/Par Value	Cost	Current Value
	Reliance Trust Company Account M36327 (see attached detail at pages 10 - 19)			<u>\$ 16,993,960</u>
	Total investments			<u>\$ 16,993,960</u>

* There are no investments with parties-in-interest.

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M36327
RELIANCE TRUST CO, TRUSTEE
BROOKS MEMORIAL HOSPITAL UNION
EMPLOYEE PENSION PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INVESTMENTS					
131,857.92	FIDELITY CASH RESERVES	131,857.92	131,857.92	1	0.00
		131,857.92	131,857.92	1	0.00
U S GOVERNMENT OBLIGATIONS					
176,000	U S TREASURY BOND DTD 05/15/2017 3% 05/15/2047	130,064.00	142,196.17	1	685.52
229,000	U S TREASURY BOND DTD 02/15/2020 2% 02/15/2050	132,973.43	155,370.18	1	1,729.95
364,000	U S TREASURY NOTE DTD 05/15/2018 2.875% 05/15/2028	347,692.80	372,218.44	2	1,358.72
7,000	U S TREASURY NOTE DTD 11/15/2018 3.125% 11/15/2028	6,698.23	6,841.02	0	28.40
245,000	UNITED STATES TREAS DTD 08/31/2020 .5% 08/31/2027	221,970.00	237,556.09	1	419.43
314,000	UNITED STATES TREAS DTD 09/30/2023 4.625% 09/30/2030	316,917.06	321,566.27	2	3,710.42
		1,156,315.52	1,235,748.17	7	7,932.44
COLLATERALIZED MORTGAGE OBLIGATIONS					
66,000	UNITED STATES TREAS (TIPS) DTD 01/15/2021 .125% 01/15/2031	71,023.09	70,764.48	0	37.89
		71,023.09	70,764.48	0	37.89
COMMON STOCK					
603	ALBEMARLE CORP	51,906.24	66,817.67	0	244.22

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1,159	ALPHABET INC CAP STK CL A	219,398.70	106,858.58	1	0.00
965	AMAZON COM INC SR COM	211,711.35	118,405.66	1	0.00
153	ANALOG DEVICES INC	32,506.38	21,097.97	0	0.00
416	APPLIED MATERIALS INC COM	67,654.08	79,891.81	0	0.00
212	ARCHER-DANIELS-MIDLAND CO	10,710.24	11,274.82	0	0.00
1,318	BANK OF AMERICA CORP	57,926.10	40,476.07	0	0.00
68	BECTON DICKINSON & CO	15,427.16	15,731.59	0	0.00
135	WR BERKLEY CORP	7,900.20	7,332.07	0	0.00
94	BLACKROCK INC COM	96,360.34	81,814.86	1	0.00
568	BRISTOL-MYERS SQUIBB CO	32,126.08	30,158.80	0	0.00
918	CBRE GROUP INC CL A	120,524.22	116,521.11	1	0.00
3,158	CSX CORP	101,908.66	104,512.69	1	0.00
245	COTERRA ENERGY INC COM	6,257.30	6,802.00	0	0.00
289	CADENCE DESIGN SYSTEMS INC	86,832.94	84,642.81	1	0.00
124	CATERPILLAR INC	44,982.24	24,922.09	0	0.00
289	CHEVRON CORP COM	41,858.76	48,203.22	0	0.00
934	CISCO SYSTEMS INC	55,292.80	42,642.94	0	0.00
558	CITIGROUP INC	39,277.62	34,416.11	0	0.00
2,013	COCA-COLA CO	125,329.38	109,536.89	1	0.00
168	COGNIZANT TECHNOLOGY SOLUTIONS CORP	12,919.20	10,823.57	0	0.00

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228	CONOCOPHILLIPS	22,610.76	24,805.77	0	0.00
1,718	COPART INC	98,596.02	57,314.58	1	0.00
57	CUMMINS INC	19,870.20	11,391.86	0	0.00
57	DEERE & CO	24,150.90	22,650.92	0	92.34
200	EBAY INC	12,390.00	10,475.03	0	0.00
583	ELECTRONIC ARTS INC	85,292.90	57,031.96	1	0.00
407	EPAM SYS INC COM	95,164.74	77,593.02	1	0.00
1,221	EVERGY INC	75,152.55	68,742.13	0	0.00
488	EXTRA SPACE STORAGE INC	73,004.80	83,169.98	0	0.00
487	EXXON MOBIL CORP	52,386.59	56,827.53	0	0.00
472	META PLATFORMS INC CL A	276,360.72	179,999.79	2	0.00
66	FEDEX CORP	18,567.78	16,139.21	0	91.08
45	FERGUSON PLC COMMON STOCK	7,810.65	9,661.35	0	37.35
328	FIFTH THIRD BANCORP	13,867.84	10,411.69	0	121.36
286	FISERV INC	58,750.12	44,270.91	0	0.00
213	GENERAL MILLS INC	13,583.01	11,862.83	0	0.00
70	GENUINE PARTS CO	8,173.20	7,654.36	0	70.00
369	GILEAD SCIENCES INC	34,084.53	25,991.75	0	0.00
282	HALLIBURTON CO	7,667.58	10,023.50	0	0.00
93	HARTFORD FINL SVCS GROUP INC GROUP INC	10,174.20	9,022.91	0	48.36

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59	HERSHEY CO COM	9,991.65	10,786.07	0	0.00
181	HONEYWELL INTERNATIONAL INC	40,886.09	29,590.78	0	0.00
516	HUNTINGTON BANCSHARES INC	8,395.32	6,823.23	0	79.98
269	INTERCONTINENTAL EXCHANGE INC COM	40,083.69	27,540.03	0	0.00
108	INTUITIVE SURGICAL INC	56,371.68	23,731.18	0	0.00
319	JP MORGAN CHASE & CO COM	76,467.49	35,587.87	0	0.00
1,234	JOHNSON & JOHNSON	178,461.08	159,002.73	1	0.00
567	KENVUE INC COM	12,105.45	10,885.85	0	0.00
92	KIMBERLY CLARK CORP	12,055.68	11,610.53	0	112.24
368	KRAFT HEINZ CO COM	11,301.28	14,124.75	0	0.00
341	L3HARRIS TECHNOLOGIES INC COM	71,705.48	70,793.60	0	0.00
66	LOCKHEED MARTIN CORP	32,072.04	25,549.21	0	0.00
78	MSCI INC	46,800.78	37,932.55	0	0.00
111	MARATHON PETE CORP	15,484.50	12,288.93	0	0.00
556	MASCO CORP	40,348.92	30,855.96	0	0.00
330	MASTERCARD INC	173,768.10	39,918.00	1	0.00
44	MERCADOLIBRE INC	74,819.36	60,831.29	0	0.00
475	MICROSOFT CORP	200,212.50	155,473.33	1	0.00
179	MICROCHIP TECHNOLOGY INC	10,265.65	13,259.95	0	0.00
136	MOODY'S CORP	64,378.32	37,862.21	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
602	NASDAQ INC COM	46,540.62	44,755.57	0	0.00
132	NORTHROP GRUMMAN CORP	61,946.28	56,499.73	0	0.00
98	PNC FINANCIAL SERVICES GROUP	18,899.30	14,599.17	0	0.00
83	PPG INDUSTRIES INC	9,914.35	11,301.54	0	0.00
126	PACCAR INC	13,106.52	14,759.68	0	378.00
107	PHILLIPS 66	12,190.51	13,040.85	0	0.00
282	RTX CORPORATION COM	32,633.04	28,407.76	0	0.00
84	S&P GLOBAL INC COM	41,834.52	25,356.50	0	0.00
80	SERVICENOW INC SR CV	84,809.60	47,210.77	0	0.00
161	SYSCO CORP COM	12,310.06	12,461.45	0	0.00
165	THERMO FISHER SCIENTIFIC INC	85,837.95	77,197.32	1	64.35
208	3M CO	26,850.72	28,965.88	0	0.00
1,010	TRANSUNION COM	93,637.10	94,309.73	1	0.00
87	THE TRAVELERS COMPANIES INC	20,957.43	13,464.05	0	0.00
396	TRUIST FINL CORP COM	17,178.48	13,639.84	0	0.00
544	US BANCORP DEL	26,019.52	25,013.18	0	272.00
259	UNION PACIFIC CORP	59,062.36	51,045.29	0	0.00
118	UNITEDHEALTH GROUP INC	59,691.48	57,873.99	0	0.00
88	VALERO ENERGY CORP NEW	10,787.92	12,983.48	0	0.00
91	VERTEX PHARMACEUTICALS INC	36,645.70	23,909.32	0	0.00

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426	VISA INC CLASS A SHARES	134,633.04	60,071.38	1	0.00
656	WELLS FARGO & CO NEW	46,077.44	29,763.24	0	0.00
129	COCA COLA EUROPEAN PARTNERS P SHS	9,908.49	7,901.04	0	0.00
		4,583,916.57	3,536,903.22	27	1,611.28
FOREIGN STOCK					
122	AGNICO EAGLE MINES LTD	9,541.62	7,657.34	0	0.00
2,264	AIR LIQUIDE ADR	73,014.00	84,866.03	0	0.00
2,298	ASTRAZENECA PLC SPONSORED ADR	150,564.96	164,049.07	1	0.00
589	BAE SYSTEMS PLC ADR	33,667.24	23,877.55	0	0.00
521	BP PLC SPONSORED ADR	15,400.76	17,084.25	0	0.00
632	BRITISH AMERICAN TOBACCO PLC ADR	22,954.24	23,370.78	0	0.00
626	CANADIAN NATIONAL RAILWAY CO	63,545.26	76,064.70	0	0.00
452	CANADIAN NATURAL RESOURCES LTD	13,953.24	14,435.60	0	187.26
463	CENOVUS ENERGY INC	7,014.45	8,635.47	0	0.00
1,918	DEUTSCHE BOERSE AG -UNSPN ADR	44,133.18	37,741.52	0	0.00
102	DIAGEO PLC SPONSORED ADR NEW	12,967.26	14,262.45	0	0.00
376	ENI SPA ADR	10,287.36	11,368.06	0	0.00
521	ECOPETROL S A SPONSORED ADR	4,126.32	6,088.75	0	0.00
559	EQUINOR ASA SPON ADR	13,242.71	15,928.63	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
85	FOMENTO ECONOMICO MEXICANO SAB DE CV ADR	7,266.65	8,365.98	0	0.00
1,525	HDFC BANK LTD ADR	97,386.50	81,838.99	1	0.00
1,056	HALEON PLC SPON ADS	10,074.24	8,540.64	0	0.00
172	HERMES INTL SCA ADR	41,113.16	38,059.80	0	0.00
503	HONDA MOTOR CO LTD ADR	14,360.65	16,119.05	0	0.00
139	IMPERIAL OIL LTD COM NEW	8,562.40	7,839.79	0	59.83
3,863	INFINEON TECHNOLOGIES AG SPONSORED ADR	125,277.09	146,003.03	1	0.00
947	LVMH MOET HENNESSY LOUIS VUITTON SA ADR	123,763.43	129,503.07	1	0.00
685	LONZA GROUP AG ADR	40,264.30	40,309.93	0	0.00
134	MAGNA INTERNATIONAL INC	5,599.86	8,255.83	0	0.00
132	NETEASE COM INC ADR	11,775.72	11,836.47	0	0.00
424	NOVARTIS AG ADR	41,259.44	29,649.73	0	0.00
159	NUTRIEN LTD SR NT	7,115.25	14,516.68	0	85.86
376	TELEKOMUNIKASI INDONESIA TBK PT ADR	6,185.20	8,807.69	0	0.00
1,035	PETROLEO BRASILEIRO SA ADR	12,254.40	15,596.29	0	514.09
2,497	ROCHE HOLDINGS LTD ADR	87,095.36	79,327.90	1	0.00
459	ROYAL DUTCH SHELL PLC SPON ADS	28,756.35	26,601.71	0	0.00
530	SANOFI SPONSORED ADR	25,561.90	26,679.95	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
352	SCHLUMBERGER LTD	13,495.68	18,061.91	0	96.80
1,603	SOCIEDAD QUIMICA Y MINERA CHILE ADR	58,285.08	62,869.00	0	0.00
328	SUNCOR ENERGY INC	11,703.04	10,955.97	0	0.00
601	TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD ADR	118,691.49	55,601.48	1	288.72
975	TAKEDA PHARMACEUTICAL CO LTD SPONS ADR	12,909.00	16,962.79	0	0.00
1,171	TECHTRONIC INDUSTRIES CO ADR	76,829.31	82,751.37	0	0.00
153	TENARIS SA ADR	5,781.87	5,887.74	0	0.00
372	TOTAL SA ADR	20,274.00	19,644.57	0	0.00
579	UNILEVER PLC SPONSORED ADR NEW	32,829.30	27,132.96	0	0.00
1,029	VALE SA ADR	9,127.23	15,580.50	0	0.00
638	WEST FRASER TIMBER CO LTD COM	55,218.90	52,361.24	0	204.16
208	CRH PLC ORD	19,244.16	7,473.13	0	0.00
266	MEDTRONIC PLC	21,248.08	23,115.81	0	186.20
100	TE CONNECTIVITY PLC ORD SHS	14,297.00	12,997.03	0	0.00
248	GLOBANT S A COM	53,176.16	44,857.88	0	0.00
60	NXP SEMICONDUCTORS NV	12,471.00	11,046.12	0	60.84
661	STELLANTIS N.V SHS	8,626.05	12,905.52	0	0.00
		1,712,291.85	1,683,487.75	10	1,683.76
MUTUAL FUNDS/EQUITY					

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3,732	GOLDMAN SACHS ACTIVEBETA INTERNATIONAL EQUITY ETF	124,424.88	107,200.62	1	0.00
501	INVESCO S&P MIDCAP 400 EQUAL WEIGHT ETF	56,487.75	59,521.74	0	0.00
2,589	INVESCO EXCAHNGE TRADED FD TR S&P500 EQL WGT	453,670.47	399,489.03	3	0.00
37,147.542	MANNING & NAPIER RAINIER INTL DISCOVERY SERIES W	848,449.86	861,764.70	5	0.00
7,866	SCHWAB FUNDAMENTAL US LARGE COMPANY ETF (MKT)	186,266.88	173,166.93	1	0.00
5,907	SCHWAB US DIVIDEND EQUITY ETFT (MKT)	161,379.24	115,627.25	1	0.00
7,074	VANGUARD FTSE DEVELOPED MARKETS ETF (MKT)	338,278.68	299,971.11	2	0.00
5,420	VANGUARD EMERGING MARKETS STOCK IDX ETF (MKT)	238,696.80	230,685.31	1	0.00
1,951	VANGUARD S&P 500 ETF (MKT)	1,051,218.31	576,537.40	6	0.00
419	VANGUARD MID-CAP ETF (MKT)	110,670.47	61,453.50	1	0.00
895	VANGUARD VALUE ETF (MKT)	151,523.50	158,982.33	1	0.00
467	VANGUARD SMALL CAP ETF (MKT)	112,210.76	65,722.09	1	0.00
		3,833,277.60	3,110,122.01	23	0.00
MUTUAL FUNDS/FIXED INCOME					
5,762	GOLDMAN SACHS ACCESS INVT GR CORP BD ETF	259,693.34	294,560.81	2	0.00

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135,305.626	MANNING & NAPIER UNCONSTRAINED BOND SERIES CLASS W	1,323,289.02	1,347,118.38	8	0.00
45,224	SPDR BARCLAYS INTERMEDIATE TERM TREASURY (MKT)	1,260,845.12	1,377,385.47	7	0.00
19,356	SPDR BARCLAYS SHORT TERM TREASURY ETF	561,517.56	570,218.27	3	0.00
7,724	VANGUARD TOTAL BOND MARKET ETF (MKT)	555,432.84	629,928.06	3	0.00
1,346	VANGUARD SHORT-TERM CORP BD IDX ETF (MKT)	105,001.46	106,135.17	1	0.00
17,557	VANGUARD MORTGAGE-BACKED SEC IDX ETF (MKT)	796,034.38	892,993.86	5	0.00
728	VANGUARD LONG-TERM CORP BOND IDX ETF (MKT)	54,439.84	68,330.88	0	0.00
7,445	VANGUARD LONG-TERM GOVT BD IDX ETF (MKT)	412,080.75	590,261.77	2	0.00
2,064	VANGUARD INTERM-TM CORP BD IDX ETF (MKT)	165,677.28	172,617.31	1	0.00
		5,494,011.59	6,049,549.98	32	0.00
	TOTAL INVESTMENTS	16,982,694.14			
	CASH	1,766.14			
	DUE FROM BROKER	0.00			
	DUE TO BROKER	1,766.14			
	NET ASSETS	16,982,694.14			
	ACCRUED INCOME	11,265.37			
	TOTAL MARKET VALUE	16,993,959.51			

Exhibit VII

Schedule of Amortization Bases

Shortfall Amortization Bases¹

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2024	\$ (597,098)	15	\$ (54,572)
1/1/2023	<u>4,127,960</u>	14	<u>395,640</u>
Total	\$ 3,530,862		\$ 341,068

Waiver Amortization Bases

Date Established	Present Value of Payments	Remaining Years	Amortization Installment
1/1/2024	\$ <u>0</u>	N/A	\$ <u>0</u>
Total	\$ 0		\$ 0

¹ 15 year amortization was adopted effective with the 2020 plan year per the terms of ARPA.

