

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>NATHAN LITTAUER HOSPITAL &amp; NURSING HOME REGISTERED NURSES PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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>NATHAN LITTAUER HOSPITAL ASSOCIATION</u></p> <p><u>99 EAST STATE STREET</u>  <u>GLOVERSVILLE, NY 12078</u></p>	<p><b>1c</b> Effective date of plan  <u>08/01/1996</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>14-1338465</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>518-725-8621</u></p> <p><b>2d</b> Business code (see instructions)  <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	RICHARD LAWLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	134
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	21
	<b>6a(2)</b>	19
	<b>6b</b>	68
	<b>6c</b>	35
	<b>6d</b>	122
	<b>6e</b>	7
	<b>6f</b>	129
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>NATHAN LITTAUER HOSPITAL &amp; NURSING HOME REGISTERED NURSES PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATHAN LITTAUER HOSPITAL ASSOCIATION</u>	<b>D</b> Employer Identification Number (EIN) <u>14-1338465</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>22848000</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>23458576</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>75</u>	<u>13478543</u>
	<b>b</b> For terminated vested participants .....	<u>38</u>	<u>3017056</u>
	<b>c</b> For active participants .....	<u>21</u>	<u>5191915</u>
	<b>d</b> Total .....	<u>134</u>	<u>21687514</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.10 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>87000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>87000</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>VICKI A MAZZIE, FSA, EA, MAAA</u> Type or print name of actuary  <u>MILLIMAN</u> Firm name  <u>3 WINNERS CIRCLE</u> <u>SUITE 300</u> <u>ALBANY, NY 12205</u>  Address of the firm	<u>09/30/2025</u> Date  <u>23-06878</u> Most recent enrollment number  <u>518-514-7100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1650257
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	193094
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	1457163
<b>10</b>	Interest on line 9 using prior year's actual return of <u>14.12</u> % .....	0	205751
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	1662914

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	98.68 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.21 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	98.07 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

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

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

**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**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	87000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	291290	28329	
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	115329	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	115329	115329
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>		
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

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

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>NATHAN LITTAUER HOSPITAL &amp; NURSING HOME REGISTERED NURSES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATHAN LITTAUER HOSPITAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1338465</b>	

**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

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

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

US BANK

31-0841368

(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 21 28	NONE	55630	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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>NATHAN LITTAUER HOSPITAL &amp; NURSING HOME REGISTERED NURSES PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NATHAN LITTAUER HOSPITAL ASSOCIATION</b>	<b>D</b> Employer Identification Number (EIN) <b>14-1338465</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	59777
		59019
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	519507
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	138164
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	3030609
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	6793555
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	10421167
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	1885221
		1664744

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	22848000	24144107
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	22848000	24144107

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	226493	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		226493
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	520925	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		520925
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	365645	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1517493	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		
<b>c</b> Other income .....	2c		-77834
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		2552722

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1200985	
(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)		1200985
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	55630	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		55630
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		1256615

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		1296107
<b>l</b> 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: **BONADIO & CO, LLP**

(2) EIN: **16-1131146**

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 553479.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>NATHAN LITTAUER HOSPITAL &amp; NURSING HOME REGISTERED NURSES PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NATHAN LITTAUER HOSPITAL ASSOCIATION</u>	<b>D</b> Employer Identification Number (EIN) <u>14-1338465</u>	

<b>Part I</b>	<b>Distributions</b>
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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	
---	--

**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): 16-0538020

**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
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

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

**NATHAN LITTAUER HOSPITAL AND NURSING HOME  
REGISTERED NURSES PLAN**

**Financial Statements  
as of December 31, 2024 and 2023  
Together with  
Independent Auditor's Report**

## INDEPENDENT AUDITOR'S REPORT

October 2, 2025

To the Board of Directors of  
Nathan Littauer Hospital and Nursing Home Registered Nurses Plan:

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

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above 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).

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nathan Littauer Hospital and Nursing Home Registered Nurses 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.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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.

(Continued)

## **INDEPENDENT AUDITOR'S REPORT**

(Continued)

### **Auditor's Responsibilities for the Audit of the Financial Statements (Continued)**

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nathan Littauer Hospital and Nursing Home Registered Nurses 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 Nathan Littauer Hospital and Nursing Home Registered Nurses 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 accounting principles generally accepted in the United States of America.

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

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

### **Other Matter - Supplemental Schedules Required by ERISA**

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

(Continued)

## INDEPENDENT AUDITOR'S REPORT

(Continued)

### Other Matter - Supplemental Schedules Required by ERISA (Continued)

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 schedule 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).

*Bonadio & Co., LLP*

# NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
INVESTMENTS, at fair value:		
Cash and cash equivalents	\$ 476,869	\$ 519,507
U.S. government bond and note obligations	140,008	138,164
Mutual funds	7,847,578	7,715,199
Corporate bonds	3,070,561	3,030,608
Municipal bonds	1,664,744	1,885,221
Common stocks	7,881,579	6,793,555
Fixed income securities	<u>3,003,749</u>	<u>2,705,968</u>
Total investments	24,085,088	22,788,222
RECEIVABLES:		
Accrued interest income	<u>59,019</u>	<u>59,778</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 24,144,107</u>	<u>\$ 22,848,000</u>

The accompanying notes are an integral part of these statements.

# NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Investment income:		
Interest and dividends	\$ 712,999	\$ 605,154
Net appreciation in fair value of investments	<u>1,883,284</u>	<u>2,332,931</u>
Total net investment income	<u>2,596,283</u>	<u>2,938,085</u>
Total additions	<u>2,596,283</u>	<u>2,938,085</u>
DEDUCTIONS:		
Benefits paid to participants	1,200,985	1,179,702
Administrative expenses	<u>99,191</u>	<u>178,835</u>
Total deductions	<u>1,300,176</u>	<u>1,358,537</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	1,296,107	1,579,548
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>22,848,000</u>	<u>21,268,452</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 24,144,107</u>	<u>\$ 22,848,000</u>

The accompanying notes are an integral part of these statements.

# NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

## NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 1. DESCRIPTION OF PLAN

The following description of the Nathan Littauer Hospital and Nursing Home Registered Nurses Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

Through December 31, 1994, Nathan Littauer Hospital Association (the Hospital) provided for retirement benefits for registered nurses through direct payments to the New York State Nurses Association (NYSNA) Pension Plan. Pursuant to a collective bargaining agreement between the Hospital and NYSNA, the Nathan Littauer Hospital and Nursing Home Registered Nurses Plan (the Plan) was formally approved as of August 1, 1996. This noncontributory defined benefit pension plan, with virtually the same provisions as NYSNA Pension Plan, allowed for pre-participation effective January 1, 1995.

Pursuant to a Memorandum of Agreement dated January 24, 2007, the New York State Nurses Association approved an amendment to the Plan to freeze eligibility so that no employees hired on or after January 1, 2007, will be permitted to join the Plan. In October 2016, NYSNA and the Hospital agreed to an amendment to the Plan. Effective September 1, 2022, benefit accruals under the Plan became frozen and employees became eligible to participate in the Hospital's defined contribution plan. Benefits accruing after October 1, 2016, will accrue using a multiplier of 1.35%.

#### **Contributions**

Contributions to the Plan from the Hospital are accrued based upon amounts required to be funded as actuarially determined under ERISA rules.

#### **Payment of Benefits**

The Plan provides for early retirement, late retirement, disability and death benefits which are calculated in accordance with the formulae stipulated in the Plan document. Normal retirement under the Plan is the later of the first day of the month following the participant's 65<sup>th</sup> birthday or the earlier of the 5<sup>th</sup> anniversary of the participant's participation commencement date under the Plan or the completion of 5 years of vesting service. Participants may elect to continue working beyond the normal retirement age. The distribution of the late retirement benefit will begin on the first day of the month following the termination of employment. Participants may also elect early retirement upon reaching age 60 if they are vested in the Plan. The distribution of the early retirement benefit will begin on the first day of the month following the elected date of retirement and is an unreduced benefit for participants who have a minimum of 20 years of service (or, for those who do not, is reduced by 0.5% per month between the participant's early retirement date and normal retirement age).

## 1. DESCRIPTION OF PLAN (Continued)

### Payment of Benefits (Continued)

In the event the participant has attained age 50, has completed 15 years of service, and has terminated employment due to a total or partial disablement before reaching normal retirement, a disability retirement benefit is available under the Plan. The distribution of the disability retirement benefit will begin on the first day of the month following the termination of employment.

In the event the participant dies prior to commencing distribution under the Plan, their beneficiary will be entitled to an immediate distribution from the accrued account balance. The beneficiary may elect to receive this benefit under the normal or any optional form of distribution.

A detailed description of these benefits is included in the Plan document which is available to all participants.

### Vesting

Under the terms of the Plan, prior to attaining age 65 (at which time full vesting is automatic if then actively employed by the Hospital) participants are not vested to any degree unless they have at least 5 years of service, at which time they become fully vested, and are eligible for monthly benefit payments upon reaching age 65 or age 60 if they have at least 5 years of vesting service. Employees not vested in the NYSNA Pension Plan received vesting service credit under the Plan for all years of service since their date of hire.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Basis of Accounting

The accompanying financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

### Estimates

U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

### Risks and Uncertainties

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

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

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

### **Investment Valuation and Income Recognition**

Investments are stated at fair value based upon quoted market prices (cash and cash equivalents, common stock, fixed income securities, and mutual funds) and unique pricing models (U.S. government bond and note obligations, corporate bonds, and municipal bonds), changes in the current value of investments, including realized/unrealized gains and losses on assets sold/held during the year, are reflected in the statement of changes in net assets available for benefits as appreciation or depreciation in the fair value of investments. Dividends are recorded on the ex-dividend date and purchase and sales of securities are rendered on a trade-date basis (the date the order to buy or sell is executed). Investment income is recognized on the accrual basis.

### **Financial Instruments Measured at Fair Value**

The Plan has financial instruments which are recorded at fair value in the accompanying statements of net assets available for benefits. The Plan makes estimates regarding the valuation of assets measured at fair value in the financial statements.

### Fair Value Measurement - Definition and Hierarchy

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan uses various valuation techniques in determining fair value. Generally accepted accounting principles establish a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances. The hierarchy is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.
- Level 2 - Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, directly or indirectly.
- Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement.

A description of where the Plan's investments fall within the hierarchy is provided in Note 7.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

### **Administrative Expenses**

Certain administrative expenses of the Plan were paid for by the Hospital. These expenses amounted to approximately \$21,150 and \$6,100 during 2024 and 2023, respectively, and are not recorded in the accompanying financial statements.

### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired, terminated and present participants, and beneficiaries of present or former participants. Benefits for employees or their beneficiaries are based on employees' compensation (as defined in the Plan) during years of credited service.

The accumulated Plan benefits for active employees are based on information as of the valuation date. Benefits payable under all circumstances - retirement, disability, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits as of the beginning of the Plan year (January 1) is determined by Milliman, Inc., the Plan's actuary. The actuarial present value of accumulated Plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions are described in Note 5.

## **3. FUNDING POLICY**

The Hospital has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. Contributions are not made by Plan participants. Although the Hospital has not expressed any intent to terminate the Plan, it may do so at any time. Under provisions of the Employee Retirement Income Security Act of 1974, if the Plan is terminated, the Hospital may be obligated to make termination payments to the Plan, and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation. Plan participants are 100% vested in their benefits upon termination of the Plan.

## **4. PLAN TERMINATION**

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

- a) Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.

#### **4. PLAN TERMINATION (Continued)**

- b) The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency), up to the applicable limitations (discussed below).
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees (\$5,813 per month). The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward. 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 assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

#### **5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (1) retired, disabled, or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits was determined by an actuary as of January 1 for the Plan using the entry age normal frozen initial liability method. Significant assumptions underlying the actuarial computations include: (a) assumed discount rate of 6.0% as of January 1, 2024 and 2023, (b) and assumed mortality using the RP-2006 Base Sex-distinct Mortality Table with projections using Scale MP-2021 at both January 1, 2024, and January 1, 2023, (c) assumed retirement at the earlier of age 60 with 20 years of vesting service or age 65.

## 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated Plan benefits consisted of the following at January 1, 2024:

Vested benefits:	
Participants currently receiving payments	\$ 12,613,702
Other participants	<u>7,518,746</u>
Total vested benefits	20,132,448
Nonvested benefits	<u>359,409</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 20,491,857</u>

Changes in the actuarial present value of accumulated Plan benefits were as follows for the year ended January 1, 2024:

Actuarial present value of accumulated Plan benefits - beginning of year	\$ 20,435,294
Increase (decrease) during the year attributable to:	
Reduction in discount period	1,191,242
Benefit payments	(1,179,702)
Actuarial loss	<u>45,023</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 20,491,857</u>

## 6. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank, N.A., the Plan's trustee, has certified that the following data included in the financial statements and accompanying supplemental schedules are complete and accurate as of December 31, 2024 and 2023, and for the years then ended:

	<u>2024</u>	<u>2023</u>
Total investments, at fair value	<u>\$ 25,085,088</u>	<u>\$ 22,788,222</u>
Net appreciation in fair value of investments	<u>\$ 2,596,283</u>	<u>\$ 2,938,085</u>
Accrued interest income	<u>\$ 59,019</u>	<u>\$ 59,778</u>
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

## 7. FAIR VALUE MEASUREMENTS

At December 31, 2024, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 476,869	\$ -	\$ -	\$ 476,869
U.S. government bond and note obligations	140,008	=	=	140,008
Mutual funds	7,847,578	-	-	7,847,578
Corporate bonds	3,070,561	-	-	3,070,561
Municipal bonds	1,664,744	-	-	1,664,744
Common stocks	7,881,579	-	-	7,881,579
Fixed income securities	<u>3,003,749</u>	<u>-</u>	<u>-</u>	<u>3,003,749</u>
	<u>\$ 24,085,088</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 24,085,088</u>

At December 31, 2023, the Plan's investments are measured at fair value on a recurring basis and are valued as follows:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 519,507	\$ -	\$ -	\$ 519,507
U.S. government bond and note obligations	138,164	=	=	138,164
Mutual funds	7,715,199	-	-	7,715,199
Corporate bonds	3,030,608	-	-	3,030,608
Municipal bonds	1,885,221	-	-	1,885,221
Common stocks	6,793,555	-	-	6,793,555
Fixed income securities	<u>2,705,968</u>	<u>-</u>	<u>-</u>	<u>2,705,968</u>
	<u>\$ 22,788,222</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,788,222</u>

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and 2023.

*Cash and cash equivalents, mutual funds, common stocks, and fixed income securities* – Value based on quoted prices in active markets (Level 1).

*U.S. government bond and note obligations, corporate bonds, and municipal bonds* – Value is determined by entering standard inputs into pricing models. These inputs include benchmark yields, reported trades, broker/dealer quotes, issuer spreads, and industry and economic events (Level 2).

## 8. PARTY-IN-INTEREST TRANSACTION

The Plan invests in investments managed by U.S. Bank, N.A., the trustee. As such, transactions involving this investment and the Plan qualify as party-in-interest transactions

## **9. TAX STATUS**

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated June 25, 2018, indicating that the Plan is designed in accordance with the qualification requirements of Section 401(a) of the Internal Revenue Code (the Code). Once qualified, a plan is required to remain designed and operated in conformity with the Code to maintain its qualification for exemption from income taxation. The Plan has been amended subsequent to its receipt of the determination letter. The Plan Administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Code.

## **10. RECONCILIATION OF FORM 5500**

Certain items have been classified differently between the financial statements and the Form 5500. Net assets available for benefits and changes in net assets available for benefits per the financial statements agree to Form 5500 in total as of December 31, 2024 and 2023.

## **11. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through October 2, 2025, which is the date the financial statements were available to be issued.

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

<b>A</b> Name of plan Nathan Littauer Hospital & Nursing Home Registered Nurses Plan	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nathan Littauer Hospital Association	<b>D</b> Employer Identification Number (EIN)  14-1338465	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	22,848,000
	<b>b</b> Actuarial value .....	<b>2b</b>	23,458,576
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	75	13,478,543
	<b>b</b> For terminated vested participants .....	38	3,017,056
	<b>c</b> For active participants .....	21	5,191,915
	<b>d</b> Total .....	134	21,687,514
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.10 %
<b>6</b>	Target normal cost .....		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	87,000
	<b>c</b> Target normal cost .....	<b>6c</b>	87,000

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

<b>SIGN HERE</b>	 Signature of actuary  Vicki A Mazzie, FSA, EA, MAAA Type or print name of actuary  Milliman Firm name  3 Winners Circle Suite 300 Albany NY 12205 Address of the firm	<u>09/30/2025</u> Date  <u>23-06878</u> Most recent enrollment number  <u>(518) 514-7100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	1,650,257
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	193,094
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	1,457,163
<b>10</b> Interest on line 9 using prior year's actual return of <u>14.12%</u> .....	0	205,751
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.24%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	1,662,914

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage.....	<b>14</b>	98.68%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	106.21%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	98.07%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>	<b>Contributions and Liquidity Shortfalls</b>						
<b>18</b> 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	
<b>Totals ▶</b>				<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 87,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	291,290		28,329	
<b>b</b> Waiver amortization installment .....				
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 115,329
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	115,329	115,329	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b>
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

The weighted average retirement age for active participants is 64.08. This equals the sum, over all retirement ages of the current active participants, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a) Age	(b) Expected Active Headcount	(c) Retirement Rate	(d) (b) x (c) Expected Retirements	(e) (a) x (d) Weighted Age
60	11.3379	0.3053	3.4615	207.6905
61	8.8764	0.0800	0.7098	43.2990
62	8.1666	0.1500	1.2250	75.9492
63	9.9416	0.1000	0.9942	62.6320
64	9.9474	0.1000	0.9947	63.6636
65	9.9527	1.0000	9.9527	646.9247
66	1.0000	1.0000	1.0000	66.0000
67	0.0000	1.0000	0.0000	0.0000
68	0.0000	1.0000	0.0000	0.0000
69	0.0000	1.0000	0.0000	0.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	1.0000	1.0000	<u>1.0000</u>	<u>73.0000</u>
Total			19.3379	1,239.1589
Average				64.08

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

## Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### Actuarial Cost Method

Unit Credit Method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

### Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets is equal to the average of the Adjusted market Value of Assets and the expected Adjusted market Value of Assets for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

## Summary of Actuarial Assumptions

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election.

	Minimum Funding
Segment 1 (0–5 years)	4.75%
Segment 2 (5–20 years)	4.87%
Segment 3 (20+ years)	5.59%
Effective Interest Rate	5.10%

**ERISA minimum funding rates:** Segment Rate Stabilization Rates using a four-month lookback preceding the valuation date.

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

**Expected Return on Assets:** 6.00%, compounded annually. This is the assumed rate of return for the Plan’s target asset allocation, net of investment expenses and including inflation (consumer price index) as indicated below. This assumption reflects anticipated returns of the plan’s current and future assets.

**Consumer Price Index**

2.50%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.

**Compensation Increases**

Not applicable.

**DEMOGRAPHIC AND OTHER NONECONOMIC ASSUMPTIONS**

We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

**Mortality**

**ERISA minimum funding mortality:** Pre-retirement: None assumed. Post-retirement: Generational Mortality Tables.

**Withdrawal**

Termination rates are assumed to be 2% per year. The termination rates assumed represent an estimate of future experience in the plan.

**Retirement**

Participants are assumed to retire based on the following set of rates:

Age	Rate *
60 – 61	5%
62	15%
63 – 64	10%
65	100%

\* In addition, 33% of active participants are assumed to retire when first eligible for unreduced early retirement benefits.

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

### Disability

The 1987 Commissioners Disability table. The disability rates assumed represent an estimate of future experience in the plan. Sample rates:

Age	Male	Female
25	0.092%	0.136%
40	0.169%	0.270%
55	0.951%	0.926%

### Beneficiary Percentage

80% of participants assumed to have a beneficiary. Male participants are assumed to have a beneficiary who is 3 years younger and female participants are assumed to have a beneficiary who is 3 years older.

### Administrative Expenses

\$87,000, payable at middle of year. Equal to estimated current year administrative expenses plus the expected PBGC Premium, rounded to the nearest \$1,000.

### Form of Payment

Upon retirement, participants are assumed to elect a life annuity with 60 months guaranteed.

### Participant Data

As of January 1, 2024.

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

**Basic Information**

**Plan Name:** Nathan Littauer Hospital and Nursing Home Registered Nurses Plan

**Effective Date of Plan:** August 1, 1996.

**EIN/PN:** 14-1338465/002

**Effective Date of Last Amendment:** October 1, 2016.

**Plan Year:** January 1 – December 31.

**Employees:** An eligible employee must be employed by the Employer and a participant of the class of employees that is covered by the collective bargaining agreement between the Employer and the New York State Nurses Association (NYSNA).

**Eligibility:** Any employee who meets the above requirements and has an Hour of Service shall be eligible to participate in the Plan on the date he completes such Hour of Service.

Participants may elect to transfer to the TDA Plan by making an irrevocable election to waive further participation in the Plan. Benefits no longer accrue after this election is made.

The plan was closed to new entrants effective January 1, 2007. Certain employees hired prior to January 1, 2007 were permitted to elect to participate in the plan effective January 1, 2009 during a 60-day special enrollment period in 2008. Participants rehired after January 1, 2007 are not eligible to resume benefit accruals.

**Credited Service:** Based on hours worked each year from date of eligibility (excluding TDA Plan service) through September 1, 2022 as follows:

Hours	Years of Service
Less than 500	0
500-650	1/3
651-850	2/3
851 or more	1

Participants who are eligible employees will continue to earn Credited Service toward eligibility for unreduced early retirement.

**Years of Vesting Service:** Based on hours worked each year from date of hire as follows:

Hours	Years of Service
Less than 500	0
500-650	1/3
651-850	2/3
851 or more	1

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

**Compensation:** Basic compensation for the calendar year, excluding overtime, bonuses, shift differential and any additional compensation, but including experience differential. The maximum salary used to determine Plan benefits is limited as required by IRC Section 401(a)(17). No compensation earned after September 1, 2022 will be recognized for benefit accruals.

**Average Annual Compensation:** Average over the five consecutive years included in the credit service that produces the highest average.

**Employee Contribution:** None. Plan is funded entirely by employer contributions.

## **Benefit Formulas and Eligibilities**

### **Normal Retirement**

**Normal Retirement Date:** First of month coincident with or next following 65th birthday with attainment of the fifth anniversary of the participation date or completion of 5 years of vesting service.

**Normal Retirement Benefit:** Sum of the following:

1. 1.35% of Average Annual Compensation times years of credited service after September 30, 2016;
2. 1.6% of Average Annual Compensation times years of credited service after December 31, 1988 and before October 1, 2016;
3. 1.6% of Average Annual Compensation times years of credited service after December 31, 1982 and before January 1, 1989, but such number shall not exceed the number of years of future service credit after December 31, 1988;
4. 1.5% of Average Annual Compensation times years of credited service after December 31, 1982 and before January 1, 1989, that are not taken into account in (3) above;
5. 1.2% of Average Annual Compensation times years of credited service before January 1, 1983; and
6. The lesser of (a) or (b):
  - a. 1% of Compensation received in the year preceding the participant's employer contribution date to the NYSNA pension plan times years of past service credit;
  - b. 1% of the Average Compensation received during the three calendar years preceding the participant's employer contribution date to the NYSNA pension plan times years of past service credit.

Past service credit is the period of covered employment prior to the employer's contribution date to the NYSNA plan.

The above calculation is offset by any benefits earned under the NYSNA Pension Plan.

### **Deferred Retirement**

**Deferred Retirement Date:** First of any month after Normal Retirement Date.

**Deferred Retirement Benefit:** Benefits continue to accrue until actual retirement.

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

### Early Retirement

**Early Retirement Date:** First day of any month following the date on which he has reached age 60 with 5 years of vesting service.

**Early Retirement Benefit:** Determined in the same fashion as the Normal Retirement Pension but reduced by 0.5% for each month that commencement precedes Normal Retirement. Benefit is unreduced if terminate after age 60 with 20 or more years of credited service.

### Disability Retirement

**Disability Retirement Date:** First day of the month coincident with or next following the date a Disabled Member terminates employment due to total and permanent disability. Must be age 50 with 15 years of vesting service.

**Disability Retirement Benefit:** Unreduced accrued benefit payable until the earlier of the Participant's Date of Death, Normal Retirement Date or date of recovery.

### Vested Termination

**Vested Termination Date:** 100% after 5 Years of Service.

**Termination Benefit:** Accrued Benefit payable at Normal Retirement Date. Benefits may begin as early as age 60, with a reduction according to the same schedule as used for Early Retirement for commencement prior to age 65.

### Preretirement Surviving Spouse Coverage

**Preretirement Surviving Spouse Benefit Eligibility:** A married, vested participant.

**Preretirement Surviving Spouse Benefit:** Monthly pension due to the spouse had the Joint and 50% Survivor option been elected immediately before the death of the participant.

### Forms of Payment

**Normal Forms:** Life Annuity with 60 months guaranteed. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

**Optional Forms:** Joint and survivor (50%, 66-2/3% and 100%) with 60 months guaranteed, Joint and survivor (50% and 75%), 60 payments certain and life thereafter, 120 payments certain and life thereafter, Single life annuity

**Voluntary Cashouts:** Any benefit that would otherwise be payable to a participant who terminates or retires or to the qualified spouse of a participant who dies may elect to be paid in a lump sum if the actuarial equivalent value is less than \$5,000.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the 1971 Group Annuity Mortality Table for males, setback 6 years for females and merged 95% female and 5% male for participants and 5% female and 95% male for beneficiaries and an interest rate of 7.00% for all options except lump sums.

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Part V – Summary of Plan Provisions**

For lump sums, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e)(3) published during November of the preceding year are used.

**Maximum Benefit**

The maximum benefit used to determine Plan benefits is limited as required by IRC Section 415(b).

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan  
 EIN 14-1338465, PN 002  
 2024 Schedule SB, Line 26a – Schedule of Active Participant Data**

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
<b>0-24</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>25-29</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>30-34</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>35-39</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>40-44</b>	-	-	-	-	-	-	-	-	-	-	-	-
<b>45-49</b>	-	-	-	-	2	-	1	-	-	-	-	3
<b>50-54</b>	-	-	-	-	-	-	-	2	-	-	-	2
<b>55-59</b>	-	-	-	-	1	-	2	1	2	-	-	6
<b>60-64</b>	-	1	3	2	-	-	1	1	-	-	-	8
<b>65-69</b>	-	-	-	-	-	-	-	-	-	-	1	1
<b>70+</b>	-	-	-	-	-	-	-	1	-	-	-	1
<b>Total</b>	-	1	3	2	3	-	4	5	2	1	-	21

**Nathan Littauer Hospital and Nursing Home Registered Nurses Plan**  
**EIN 14-1338465, PN 002**  
**2024 Schedule SB, Line 32 – Schedule of Amortization Bases**

The shortfall amortization bases for the plan year beginning January 1, 2024 are shown below.

Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
January 1, 2023	\$39,094	14	10.477482	\$409,607
January 1, 2024	<u>(10,765)</u>	15	10.991387	<u>(118,317)</u>
Total	28,329			291,290

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<b>CASH AND CASH EQUIVALENTS:</b>				
* Cash	Cash	\$ 7,538	\$ 7,538	
Cash Equivalents:				
First Am Treasury Ob Fd Cl X	286,960 Shares	286,960	286,960	
First Am Treasury Ob Fd Cl X	164,169 Shares	164,169	164,169	
First Am Treasury Ob Fd Cl X	15,337 Shares	15,337	15,337	
First Am Treasury Ob Fd Cl X	2,864 Shares	<u>2,865</u>	<u>2,865</u>	
		<u>469,331</u>	<u>469,331</u>	
TOTAL CASH AND CASH EQUIVALENTS		<u>476,869</u>	<u>476,869</u>	
<b>MUTUAL FUNDS:</b>				
Domestic Equity Mutual Funds:				
Utilities Select Sector Spdr Etf	250 Shares	20,086	18,923	
Industrial Select Sector Spdr Etf	475 Shares	40,695	62,586	
Schwab US Reit Etf	25,876 Shares	549,229	544,949	
Energy Select Sector Spdr Fund Etf	1,300 Shares	<u>71,825</u>	<u>111,358</u>	
		<u>681,835</u>	<u>737,816</u>	
Closed End Equity Income Funds:				
Ishares Russell 2000 Etf	3,376 Shares	<u>579,964</u>	<u>745,961</u>	
International Closed End Funds:				
Causeway Emerging Markets Instl	20,105 Shares	208,374	218,743	
Ishares Russell Mid Cap Value Etf	6,937 Shares	722,645	897,232	
Ishares Russell Mid Cap Etf	20,606 Shares	1,246,004	1,821,570	
Ishares Msci Eafe Value Etf	13,111 Shares	619,865	687,934	
Ishares Msci Eafe Growth Etf	4,311 Shares	318,807	417,434	
Ishares Core Msci Emerging Mkts Etf	3,594 shares	183,874	187,678	
Vanguard Ftse Developed Etf	28,032 Shares	1,263,327	1,340,490	
Vanguard Ftse Emerging Markets Etf	18,000 shares	<u>775,417</u>	<u>792,720</u>	
		<u>5,338,313</u>	<u>6,363,801</u>	
TOTAL MUTUAL FUNDS		<u>6,600,112</u>	<u>7,847,578</u>	
<b>U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS:</b>				
US Treasury	\$45,000 principal amount, 2.000% due February 15, 2025	44,297	44,872	
US Treasury	\$40,000 principal amount, 2.000% due August 15, 2025	39,508	39,445	
US Treasury	\$50,000 principal amount, 4.375% due November 30, 2028	50,049	50,021	
FNMA #850566	\$622.40 principal amount, 5.000% due January 1, 2036	611	618	
FNMA #867439	\$424.55 principal amount, 5.000% due May 1, 2036	420	420	
GNMA #602786	\$625.50 principal amount, 5.500% due February 15, 2033	626	643	
GNMA #632826	\$2,608.62 principal amount, 5.000% due June 15, 2034	2,508	2,621	
GNMA #670111	\$1,343.88 principal amount, 5.500% due July 15, 2037	<u>1,324</u>	<u>1,368</u>	
TOTAL U.S. GOVERNMENT BONDS AND NOTES OBLIGATIONS		<u>139,343</u>	<u>140,008</u>	

The accompanying notes are an integral part of these schedules.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
CORPORATE BONDS:				
Domestic corporate bonds:				
Ally Bk Sandy	\$100,000 principal amount, 3.350% due July 7, 2026	99,550	98,920	
American Express	\$100,000 principal amount, 4.400% due October 6, 2025	99,800	100,208	
Anthem Inc	\$25,000 principal amount, 3.650% due December 1, 2027	24,950	24,321	
Apple Inc	\$15,000 principal amount, 2.900% due September 12, 2027	14,983	14,428	
Axos Bk San	\$50,000 principal amount, 3.750% due October 2, 2026	49,988	49,751	
Bank Of America	\$300,000 principal amount, 6.22092% due February 5, 2026	295,413	300,255	
Bank Amer Na	\$100,000 principal amount, 4.800% due March 16, 2026	99,900	100,815	
Bank Amer Na	\$100,000 principal amount, 4.100% due March 11, 2026	99,900	99,986	
Bank Of Ny	\$10,000 principal amount, 2.800% due May 4, 2026	9,983	9,782	
Truist Bk Charlotte	\$10,000 principal amount, 3.625% due September 16, 2025	9,993	9,921	
Boston Properties LP	\$10,000 principal amount, 2.750% due October 1, 2026	9,927	9,625	
Capital One	\$100,000 principal amount, 3.400% due July 7, 2025	99,825	99,572	
Citigroup Inc	\$207,000 principal amount, 6.48544% due November 24, 2027	200,583	205,427	
Discover Bk	\$100,000 principal amount, 3.300% due July 7, 2025	99,825	99,531	
Discover Bk	\$100,000 principal amount, 4.500% due October 12, 2027	99,675	101,300	
Discover Bk	\$215,000 principal amount, 4.950% due November 16, 2026	214,570	218,629	
Dominion Resources	\$10,000 principal amount, 3.900% due October 1, 2025	10,035	9,932	
Entergy Corp	\$10,000 principal amount, 2.950% due September 1, 2026	9,742	9,705	
First Natl Bk	\$200,000 principal amount, 5.100% due March 27, 2025	199,950	200,298	
Gatx Corp	\$30,000 principal amount, 3.250% due September 15, 2026	29,789	29,201	
Healthcare Realty	\$10,000 principal amount, 3.875% due May 1, 2025	10,004	9,950	
Healthcare Realty	\$20,000 principal amount, 3.625% due January 15, 2028	19,884	18,863	
Home Depot Inc	\$5,000 principal amount, 2.125% due September 15, 2026	4,945	4,810	
Morgan Stanley	\$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,870	
Morgan Stanley	\$15,000 principal amount, 3.625% due January 20, 2027	14,850	14,727	
Morgan Stanley	\$100,000 principal amount, 4.450% due February 8, 2027	99,850	100,870	
Oracle Corp	\$15,000 principal amount, 3.250% due November 15, 2027	14,983	14,422	
PepsiCo Inc	\$5,000 principal amount, 2.375% due October 6, 2026	5,000	4,831	
Sallie Mae Bk	\$75,000 principal amount, 4.900% due December 8, 2025	74,888	75,542	

The accompanying notes are an integral part of these schedules.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
CORPORATE BONDS (Continued):				
Domestic corporate bonds (Continued):				
Charles Schwab	\$15,000 principal amount, 3.200% due March 2, 2027	15,045	14,527	
Charles Schwab Corp	\$200,000 principal amount, 3.200% due January 25, 2028	205,466	191,384	
Spectra Energy	\$15,000 principal amount, 3.500% due March 15, 2025	14,810	14,951	
Toyota Finl	\$100,000 principal amount, 4.650% due June 13, 2029	99,650	102,601	
Ubs Bk USA	\$50,000 principal amount, 4.850% due November 22, 2027	49,900	51,151	
Verizon Comm	\$250,000 principal amount, 4.400% due November 1, 2034	298,582	231,618	
Wells Fargo	\$50,000 principal amount, 5.000% due May 29, 2026	49,950	50,628	
Wells Fargo	\$150,000 principal amount, 3.85533% due October 26, 2027	139,125	143,674	
Welltower Inc	\$10,000 principal amount, 4.250% due April 1, 2026	9,938	9,949	
Zoetis Inc	\$5,000 principal amount, 3.000% due September 12, 2027	4,972	4,792	
		<u>3,010,073</u>	<u>2,951,767</u>	
Foreign Bonds:				
Bank of Nova Mtn	\$96,000 principal amount, 3.11889% due January 30, 2026	88,680	93,903	
Shell International	\$25,000 principal amount, 3.250% due May 11, 2025	24,505	24,891	
		<u>113,185</u>	<u>118,794</u>	
TOTAL CORPORATE BONDS		<u>3,123,258</u>	<u>3,070,561</u>	
MUNICIPAL BONDS:				
Carson City Nv	\$250,000 principal amount, 4.000% due November 1, 2034	280,601	256,268	
Duluth Mn	\$200,000 principal amount, 2.000% due February 1, 2025	200,546	199,588	
El Paso Tx	\$200,000 principal amount, 3.000% due August 15, 2039	212,936	176,444	
Forney Tx	\$100,000 principal amount, 3.000% due August 15, 2037	109,308	88,089	
Forney Tx	\$150,000 principal amount, 4.000% due August 15, 2033	173,028	155,582	
Kalamazoo Cnty Mi	\$200,000 principal amount, 3.000% due May 1, 2036	214,471	181,442	
Multnomah Cnty Or	\$100,000 principal amount, 3.000% due June 15, 2036	108,166	91,130	
Nineveh Hensley In	\$400,000 principal amount, 3.000% due July 15, 2033	426,737	376,872	
Stephenville Tx	\$150,000 principal amount, 3.650% due February 15, 2032	150,000	139,329	
TOTAL MUNICIPAL BONDS		<u>1,875,793</u>	<u>1,664,744</u>	

The accompanying notes are an integral part of these schedules.

## NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	COMMON STOCKS:			
	Domestic Stocks:			
	At T Inc	1,200 Shares	25,128	27,324
	Abbott Labs Com	550 Shares	49,170	62,211
	Abbvie Inc	475 Shares	46,877	84,408
	Alphabet Inc Cl C	500 Shares	11,561	95,220
	Alphabet Inc Cl A	1,450 Shares	51,262	274,485
	Amazon Com Inc	1,400 Shares	121,563	307,146
	American Eagle Outfitters Inc	901 Shares	19,537	15,020
	American Elec Pwr Co Inc Com	400 Shares	28,958	36,892
	American Tower Corp	325 Shares	55,022	59,608
	Amgen Inc	135 Shares	23,831	35,186
	Amphenol Corp Cl A	1,600 Shares	44,347	111,120
	Analog Devices Inc	220 Shares	14,801	46,741
	Elevance Health Inc	75 Shares	11,755	27,668
	Apple Inc Com	1,800 Shares	60,008	450,756
	Applied Materials Inc	225 Shares	32,324	36,592
	Aptar Group Inc	114 Shares	18,080	17,909
	Bank of America Corp	3,000 Shares	89,027	131,850
	Booz Allen Hamilton Holding	163 Shares	12,361	20,978
	Broadcom Inc	250 Shares	32,053	57,960
	Brown Brown Inc	211 Shares	15,444	21,526
	Cme Group Inc	80 Shares	15,999	18,578
	Caseys Gen Stores Inc	49 Shares	15,327	19,415
	Caterpillar Inc	425 Shares	73,152	154,173
	Chevron Corporation	700 Shares	77,637	101,388
	Church And Dwight Co Inc	179 Shares	11,321	18,743
	Comcast Corp Class A	300 Shares	10,511	11,259
	Cooper Cos Inc	168 Shares	11,566	15,444
	Copart Inc	1,750 Shares	39,045	100,433
	Copart Inc	360 Shares	5,349	20,660
	Costco Whsl Corp	150 Shares	32,555	137,441
	Crane Company	120 Shares	11,002	18,210
	Curtiss Wright Corp	63 Shares	17,577	22,357
	Danaher Corp	350 Shares	45,254	80,343
	Deckers Outdoor Corp	113 Shares	5,522	22,949
	Dexcom Inc	232 Shares	17,830	18,043
	Dyantrace Inc	351 Shares	20,204	19,077
	Emcor Group Inc	46 Shares	7,035	20,879
	Meta Platforms Inc	475 Shares	107,767	278,117
	Factset Research Systems Inc	38 Shares	15,097	18,251
	Fiserv Inc	225 Shares	28,935	46,220
	Godaddy Inc	95 Shares	18,858	18,750
	Goldman Sachs Group Inc	100 Shares	45,330	57,262
	Halozyme Therapeutics Inc	299 Shares	19,287	14,295
	Home Depot Inc	300 Shares	59,497	116,697
	Honeywell Intl Inc	225 Shares	40,248	50,825
	Illinois Tool Works Inc	80 Shares	16,037	20,285
	Intuit Inc	125 Shares	35,622	78,563
	JP Morgan Chase Co Com	1,100 Shares	92,091	263,681
	Johnson Johnson	350 Shares	33,611	50,617
	Eli Lilly Co	80 Shares	58,588	61,760
	Marathon Petroleum Corp	220 Shares	34,876	30,690
	Marketaxess Holdgs Inc	65 Shares	18,731	14,693
	Mastercard Inc	275 Shares	54,561	144,807
	Mercadolibre Inc	30 Shares	59,211	51,013
	Mercadolibre Inc	3 Shares	5,048	5,101
	Microsoft Corp Com	1,000 Shares	109,928	421,500
	Micron Technology Inc	1,000 Shares	57,365	84,160
	Monolithic Power Systems Inc	20 Shares	2,501	11,834
	Nvidia Corp	3,700 Shares	67,297	496,873
	O Reilly Automotive Inc	100 Shares	40,709	118,580
	Ollies Bargain Outlet Hldgs	187 Shares	17,721	20,520
	Onto Innovation Inc	85 Shares	17,606	14,167
	Pnc Finl Svcs Group Inc Com	400 Shares	51,833	77,140
	Ptc Inc	94 Shares	16,786	17,284
	Palo Alto Networks Inc	350 Shares	35,692	63,686
	Parker Hannifin Corp	125 Shares	47,681	79,504
	Penumbra Inc	91 Shares	17,217	21,611
	Pepsico Inc	300 Shares	24,144	45,618

The accompanying notes are an integral part of these schedules.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465

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

DECEMBER 31, 2024 (Continued)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
COMMON STOCKS (Continued)				
Domestic Stocks (Continued)				
	Prologis Inc Com	500 Shares	62,273	52,850
	Pure Storage Inc	332 Shares	17,474	20,395
	Qualcomm Inc Com	275 Shares	26,768	42,246
	Qualys Inc	109 Shares	9,292	15,284
	Quanta Svcs Inc Com	150 Shares	40,500	47,408
	Raymond James Finl Inc	156 Shares	8,951	24,231
	Rtx Corporation	300 Shares	20,007	34,716
	Republic Svcs Inc	275 Shares	25,396	55,325
	Resmed Inc	84 Shares	10,018	19,210
	Roper Technologies Inc Com	140 Shares	51,226	72,779
	S P Global Inc	100 Shares	41,125	49,803
	Sps Commerce Inc	105 Shares	17,395	19,319
	Saia Inc	40 Shares	11,449	18,229
	Salesforce Inc	150 Shares	29,103	50,150
	Schwab Charles Corp Com	1,000 Shares	41,464	74,010
	Servicenow Inc	75 Shares	15,114	79,509
	Southern Copper Corp Del	1,006 Shares	1	92
	Sprouts Farmers Markets Inc	126 Shares	19,040	16,011
	Stryker Corp	120 shares	18,223	43,206
	Take Two Interactive Software Inc	105 Shares	12,397	19,328
	Target Corp Com	300 Shares	24,565	40,554
	Teledyne Technologies Inc	41 Shares	12,595	19,029
	Texas Instruments Inc	275 Shares	33,270	51,565
	Trade Desk Inc Com Cl A	400 Shares	26,692	47,012
	Thermo Fisher Scientific Inc	100 Shares	27,775	52,023
	Transdigm Group Inc	85 Shares	31,037	107,719
	Union Pacific Corp Com	200 Shares	22,681	45,608
	US Foods Holding Corp	309 Shares	17,983	20,845
	Unitedhealth Group Inc Com	200 Shares	52,959	101,172
	Valvoline Inc	407 Shares	15,955	14,725
	Verizon Communications Inc Com	500 Shares	29,140	19,995
	Vertex Pharmaceuticals Inc Com	100 Shares	39,830	40,270
	Vertiv Holdings Co	550 Shares	42,688	62,486
	Visa Inc Com Cl A	175 Shares	39,899	55,306
	Walmart Inc Com	2,100 Shares	72,584	189,734
	Watts Water Technologies Cl A	86 Shares	14,773	17,483
	West Pharmaceutical Svcs Inc Com	39 Shares	8,849	12,774
	Xylem Inc Com	350 Shares	23,709	40,606
			3,444,070	7,207,103
Foreign Stocks:				
	Credicorp Ltd	24 Shares	3,509	4,400
	Eaton Corp Plc Shs	110 Shares	32,500	36,506
	Weatherford Intl Plc	154 Shares	18,412	11,031
	Linde Plc Shs	283 Shares	54,772	118,484
	Medtronic Plc Shs	220 Shares	18,507	17,574
	Nvent Electric Plc	228 Shares	12,760	15,540
	Alcon Inc	69 Shares	4,332	5,857
	Chubb Limited Com	325 Shares	44,861	89,798
	Aia Group Ltd	178 Shares	6,043	5,130
	Ayden Nv Unspn	377 Shares	4,583	5,527
	Air Liquide S	135 Shares	2,546	4,354
	Alfa Laval Ab	151 Shares	3,742	6,271
	Allianz SE Unsp	503 Shares	11,763	15,362

The accompanying notes are an integral part of these schedules.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
COMMON STOCKS (Continued)				
Foreign Stocks:				
	Ambev Sa Spn	1,981 Shares	6,987	3,665
	Assa Abloy Ab	320 Shares	3,523	4,688
	Atlas Copco Ab Spons	451 shares	3,636	6,824
	Banco Bilboa Vizcaya Argen	892 Shares	7,347	8,670
	B H P Billiton Limited	122 Shares	9,208	5,957
	Canadian Natl Railway Co	33 Shares	2,563	3,350
	Chugai Pharmaceutic Unsp	527 Shares	6,881	11,578
	Coloplast A S	312 Shares	3,804	3,388
	Dbx Group Hldgs Ltd Spn	146 Shares	10,868	18,694
	Daifuku Co Ltd Unsp	348 Shares	3,509	3,581
	Dassault Systemes Sa	300 Shares	10,153	10,332
	The Descartes Systems Group Inc	195 Shares	18,437	22,152
	Disco Corp	182 Shares	5,212	4,836
	Enn Energy Holdings ltd	200 Shares	9,449	5,689
	Epiroc Ab Unsp	290 Shares	2,794	5,034
	Fomento Economico Mex Sp	101 Shares	8,173	8,634
	Genmab A S Sp	148 Shares	5,988	3,089
	Grupo Fin Banorte Spon	104 Shares	3,891	3,338
	Hdfc Bank Ltd	195 Shares	11,666	12,453
	Haier Smart Home Co Ltd	414 Shares	5,738	5,796
	Haleon Plc Spon Ads	1,207 Shares	10,676	11,515
	Infineon Technologies	352 Shares	8,200	11,415
	Komastu Ltd Spons	204 Shares	4,570	5,573
	Loreal Unsp	132 Shares	7,512	9,294
	Manulife Financial Corp	389 Shares	6,954	11,946
	Nestle Sa Sponsored	96 Shares	9,078	7,843
	Novonosis Novozymes	53 Shares	2,757	2,997
	PT Telekomunikasi Indonesia	244 Shares	5,785	4,014
	Ping An Insurance	220 Shares	4,809	2,561
	Rio Tinto Plc	100 Shares	5,305	5,881
	Roche Holdings Ltd Spon	278 Shares	8,903	9,697
	Shell Plc Spon	182 Shares	11,004	11,402
	Sap SE Spon	50 Shares	5,647	12,311
	Schneider Elect SE Unsp	221 Shares	4,251	10,970
	Shimano Inc	187 Shares	3,137	2,502
	Shionogi Co Ltd Unsp	516 Shares	4,867	3,591
	Sonova Holding Unsp	64 Shares	2,011	4,163
	Sony Group Corporation	495 Shares	9,140	10,474
	Symrise Ag Unsp	180 Shares	3,705	4,754
	Sysmex Corp Unsp	467 Shares	10,045	8,537
	Taiwan Semiconductor	82 Shares	4,712	16,194
	Techtronic Industries Sp	59 Shares	4,280	3,871
	Tencent Hldgs Ltd	153 Shares	8,074	8,137
	Uni Charm Corporation	796 Shares	4,468	3,206
	Zto Express Cayman Inc	207 Shares	4,371	4,046
			512,418	674,476
	TOTAL COMMON STOCKS		3,956,488	7,881,579

The accompanying notes are an integral part of these schedules.

NATHAN LITTAUER HOSPITAL AND NURSING HOME REGISTERED NURSES PLAN

Schedule I

PLAN #002 EIN #14-1338465

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
FIXED INCOME SECURITIES:				
	American Century High Income Fd Y CI	41,062 Shares	372,115	354,780
	Angel Oak Multi Strategy Income	28,424 Shares	268,223	244,159
	Artisan High Income Fund	53,759 Shares	554,793	489,207
	Ishares Core U.S. Aggregate Bond Etf	3,761 Shares	391,041	364,441
	Ishares 20 Year Treasury Bond Etf	860 Shares	86,912	75,104
	Ishares Ibonds Dec 2033 Term Etf	1,926 Shares	50,076	48,343
	Ishares Ibonds Dec 2032 Term Etf	1,977 Shares	50,085	48,595
	Ishares Ibonds Dec 2030 Term Etf	10,616 Shares	234,415	226,758
	Western Asset Income IS	50,762 Shares	257,365	255,842
	Stone Ridge Hy Reinsur I	100,058 Shares	<u>890,206</u>	<u>896,520</u>
	TOTAL FIXED INCOME SECURITIES		<u>3,155,231</u>	<u>3,003,749</u>
	TOTAL INVESTMENTS		<u>\$ 15,370,606</u>	<u>\$ 24,085,088</u>

The accompanying notes are an integral part of these schedules.