

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>VNS HEALTH CARE PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VISITING NURSE SERVICE OF NEW YORK</u> <u>220 EAST 42ND STREET</u> <u>6TH FLOOR</u> <u>NEW YORK, NY 10017</u>	1c Effective date of plan <u>01/01/1947</u> 2b Employer Identification Number (EIN) <u>13-3189926</u> 2c Plan Sponsor's telephone number <u>212-609-7900</u> 2d Business code (see instructions) <u>621610</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	WAYNE NEMATH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	6559
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3448
	6a(2)	3114
	6b	1156
	6c	2015
	6d	6285
	6e	70
	6f	6355
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>VNS HEALTH CARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VISITING NURSE SERVICE OF NEW YORK</u>	D Employer Identification Number (EIN) <u>13-3189926</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>488326611</u>
	b Actuarial value	2b	<u>494697395</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1188</u>	<u>212262171</u>
	b For terminated vested participants	<u>1923</u>	<u>83608815</u>
	c For active participants	<u>3448</u>	<u>120728214</u>
	d Total	<u>6559</u>	<u>416599200</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6159728</u>
	b Expected plan-related expenses	6b	<u>1691000</u>
	c Target normal cost	6c	<u>7850728</u>

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

SIGN HERE			
	Signature of actuary	<u>09/08/2025</u>	Date
	<u>JUSTIN R. BOGATCH</u>	<u>23-07694</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>973-290-2575</u>	Telephone number (including area code)
	<u>150 JOHN F. KENNEDY PARKWAY 5TH FLOOR SHORT HILLS, NJ 07078</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	67596333
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	67596333
10	Interest on line 9 using prior year's actual return of <u>13.75</u> %	0	9294496
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	76890829

Part III Funding Percentages			
14	Funding target attainment percentage	14	96.66 %
15	Adjusted funding target attainment percentage	15	114.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	18(c)	0

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c) **31a** 7850728

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	14396062	1309758
b Waiver amortization installment.....	0	0

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 9160486

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	9160486	9160486

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

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

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

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b** 0

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

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

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

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

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

A Name of plan VNS HEALTH CARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE SERVICE OF NEW YORK	D Employer Identification Number (EIN) 13-3189926	

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

AUDAX MEZZANINE FUND III , LP

26-3763878

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

CEVIAN CAPITAL II GP LIMITED

98-0504656

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

CEVIAN CAPITAL LIMITED

98-0374494

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

ELLIOTT INVESTMENT MANAGEMENT LP

84-3339129

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

FOUNDATION CAPITAL

550 HIGH STREET
3RD FLOOR
PALO ALTO, CA 94301

90-0816247

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

FOUNDATION CAPITAL

83-1050058

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

GAMUT CAPITAL MANAGEMENT, LP

250 WEST 55TH STREET
36TH FLOOR
NEW YORK, NY 10019

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

GLENDOWER CAPITAL SECONDARY OPPORTU

98-1403246

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

INDEPENDENT FRANCHISE PARTNERS GLOB

10 PORTMAN SQUARE
LONDON, UNITED KINGDOM W1H 6AZ GB

98-0682628

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

KENNEDY LEWIS MANAGEMENT LP

225 LIBERTY STREET,
SUITE 4210
NEW YORK, NY 10281

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

KING STREET CAPITAL MANAGEMENT L.P.

13-3978904

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

KING STREET MASTER ADVISORS, LLC

26-3871197

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

KSL CAPITAL PARTNERS III, LP.

27-3822261

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

MS CREDIT PARTNERS II GP INC.

46-3188796

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

ORCHARD LANDMARK LIMITED

98-1111527

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

PALO ALTO INVESTORS LP

470 UNIVERSITY AVE
PALO ALTO, CA 94301

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

RELIANCE TRUST COMPANY

201 17TH ST NW
SUITE 1000
ATLANTA, GA 30363

58-1428634

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

SIGULER GUFF ADVISERS, LLC

13-3855629

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

THV

TOWN HALL VENTURES III LP
72 GREENE ST 5TH FL
NEW YORK, NY 10012

88-1683965

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

TRIVE CAPITAL FUND IV-A LP
2021 MCKINNEY AVE
SUITE 1200
DALLAS, TX 75201

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

VENTURE LENDING & LEASING IX, LLC
104 LA MESA DRIVE,
SUITE 102
PORTOLA VALLEY, CA 94028

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

VISTA EQUITY PARTNERS FUND IV GP,LL
FOUR EMBARCADERO CENTER
20TH FLOOR
SAN FRANCISCO, CA 94111

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

VOYA

13-3863170

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

WILLIAM BLAIR INST INTERNATIONAL

36-2214610

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	844466	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)

UBS REALTY INVESTORS LLC

36-3718331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	285275	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)

EAGLE ASSET MAGAGEMENT ,INC

53-2385219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	161595	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-2723087

(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?
59 21 50 62 18 28 51 71 19 49 52	TRUSTEE	88833	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN, LEWIS & BOCKIUS

23-0891050

(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?
29 50	NONE	41011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>VNS HEALTH CARE PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VISITING NURSE SERVICE OF NEW YORK</u>	D Employer Identification Number (EIN) <u>13-3189926</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS GLOBAL EQUITY FUND CIT</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>82-6251411-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27667764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II INV GRADE INTER CORP POR</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-206</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44871790</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE SHORT TERM FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>56788576</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan VNS HEALTH CARE PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE SERVICE OF NEW YORK	D Employer Identification Number (EIN) 13-3189926

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	27031284	0
(5) Partnership/joint venture interests	1c(5)	140881534	143039613
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	31904122	129328130
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	235883550	213476555
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	53569165	39149085

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	489269655	524993383
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	489269655	524993383

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	84282	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4363026	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4447308
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	75654455	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	95248044	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-19593589
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	32867558	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6908639
(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)		35065072
c Other income	2c		2900415
d Total income. Add all income amounts in column (b) and enter total	2d		62595403

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24739989	
(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)		24739989
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	707920	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1112763	
(6) Bank or trust company trustee/custodial fees	2i(6)	88833	
(7) Actuarial fees	2i(7)	136546	
(8) Legal fees	2i(8)	41011	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	44613	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2131686
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26871675

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35723728
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG**

(2) EIN: **13-5556520**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553802.

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

A Name of plan VNS HEALTH CARE PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE SERVICE OF NEW YORK	D Employer Identification Number (EIN) 13-3189926	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	----------	----------

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): 82-1641636

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	184
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 50.0 % Private Equity: 18.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 8.0 %
 High-Yield Debt: 0.0 % Real Assets: 7.0 % Cash or Cash Equivalents: 1.0 % Other: 16.0 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



VNS HEALTH CARE PENSION PLAN
(Formerly known as Visiting Nurse Service of New York
CARE Pension Plan)

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

VNS HEALTH CARE PENSION PLAN

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Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.	



KPMG LLP
515 Broadway
Albany, NY 12207-2974

Independent Auditors' Report

To the Plan Participants and Plan Administrator
VNS Health CARE Pension Plan:

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

We have performed audits of the financial statements of VNS Health CARE Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for plan benefits for the year ended December 31, 2024, the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended December 31, 2023, 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 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 and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be



independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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.

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

KPMG LLP

Albany, New York
October 10, 2025

VNS HEALTH CARE PENSION PLAN
 Statements of Net Assets Available for Plan Benefits
 December 31, 2024 and 2023
 (In thousands)

	2024	2023
Assets:		
Investments at fair value (notes 5 and 6)	\$ <u>524,993</u>	<u>489,270</u>
Net assets available for plan benefits	\$ <u><u>524,993</u></u>	<u><u>489,270</u></u>

See accompanying notes to financial statements.

VNS HEALTH CARE PENSION PLAN

Statement of Changes in Net Assets Available for Plan Benefits

December 31, 2024

(In thousands)

Additions:

Investment income (note 5):

Net appreciation in fair value of investments	\$	54,115
Dividends and interest		8,480
Investment management fees (note 8)		<u>(1,113)</u>

Total additions		<u>61,482</u>
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Deductions:

Benefit payments		24,740
Administrative fees		<u>1,019</u>

Total deductions		<u>25,759</u>
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Net increase		35,723
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Net assets available for plan benefits:

Beginning of year		<u>489,270</u>
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End of year	\$	<u><u>524,993</u></u>
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See accompanying notes to financial statements.

VNS HEALTH CARE PENSION PLAN

Statement of Accumulated Plan Benefits

December 31, 2023

(In thousands)

Actuarial present value of accumulated plan benefits (note 2):

Vested benefits:

Participants and beneficiaries currently receiving payments

\$ 184,172

Other participants

164,101

348,273

Nonvested benefits

11,751

Total actuarial present value of accumulated plan benefits

\$ 360,024

See accompanying notes to financial statements.

VNS HEALTH CARE PENSION PLAN

Statement of Changes in Accumulated Plan Benefits

December 31, 2023

(In thousands)

Actuarial present value of accumulated plan benefits at beginning of year	\$	347,551
Increase (decrease) during the year attributable to:		
Benefits accumulated		4,324
Actuarial losses		4,656
Increase for interest due to decrease in the discount period		23,784
Benefits paid		(24,615)
Actuarial assumption changes		<u>4,324</u>
Net increase		<u>12,473</u>
Actuarial present value of accumulated plan benefits at end of year	\$	<u><u>360,024</u></u>

See accompanying notes to financial statements.

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of Plan

The following brief description of the VNS Health CARE Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information of the Plan's Policy.

(a) General

Visiting Nurse Service of New York (d/b/a VNS Health) sponsors a multipart, defined benefit pension plan covering its employees and employees of other affiliated companies that, with the consent of VNS Health, have adopted the plan. Participating employers include VNS Health, VNS Health Home Care, VNS Health Plans, VNS Health Hospice Care, VNS CHOICE Community Care, VNS Health Behavioral Health and New Partners, Inc. (d/b/a VNS Health Personal Care).

Participating employees include management, professional, and administrative and Personal Care home health aides employees whose employment is not covered by a collective bargaining agreement, employees whose employment is covered by the collective bargaining agreements between VNS Health and the Federation of Nurses/United Federation of Teachers (UFT), Federation of Nurses and Health Professionals/American Federation of Teachers (FNHP/AFT), American Federation of Labor-Congress of Industrial Organizations, and employees whose employment is covered by the collective bargaining agreement between 1199 National Health and Human Service Employees Union and Personal Care. Employees who are paid on a per diem basis, other than home health aides employed by Personal Care, do not participate in the plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) as amended.

According to the Plan Document, the Plan has been closed and benefits were frozen with respect to management, administrative, and nonunion professional employees (MAP Employees) and home health aide employees effective December 31, 2014. The Plan has been closed with respect to staff registered nurses effective May 31, 2020. The Plan is still open with respect to staff licensed practical nurses represented by the UFT.

Effective May 18, 2022, the Plan changed its name to VNS Health CARE Pension Plan.

(b) Normal Retirement

For participants in the Cash Balance part of the Plan, normal retirement age is the later of (a) age 62 or (b) his or her age at the earlier of (i) completion of five years of service or (ii) fifth anniversary of first commencing participation. For participants in the Final Average Pay part of the Plan, normal retirement age is the later of (a) age 62 (age 65, if hired on or after March 1, 1997) or (b) his or her age at the earlier of (i) completion of five years of credited service, as defined, and (ii) fifth anniversary of first commencing participation.

(c) Early Retirement

A participant in the Cash Balance part of the Plan who has completed at least three years of service may retire early. A participant in the Final Average Pay part of the Plan who has attained age 50

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(age 55, if hired on or after March 1, 1997) and completed at least five years of credited service may retire early.

(d) Benefits

For participants in the Cash Balance portion of the plan, benefits are based on:

- i. Opening account balance, plus
- ii. Annual pay-based credits, which discontinued for MAP and home health aide employees after December 31, 2014, plus
- iii. Regular interest credits added quarterly.

For participants in the Final Average Pay portion of the plan, benefits are based on final average compensation and credited service, as well as whether they were hired before or after March 1, 1997. The Plan also offers disability and death benefits.

(e) Vesting

Participants in the Cash Balance part of the Plan retain a vested right to their accrued pension when they complete three years of service. Participants in the Final Average Pay part of the plan retain a vested right to their accrued pension when they complete five years of service.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of plan assets and liabilities and changes therein and disclosure of contingencies and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are reported in the financial statements at fair value. Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC Topic) 820, Fair Value Measurement, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction among market participants at the measurement date. See note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) 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 (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. For participants covered under the Final Average Pay portion of the Plan, benefits under the Plan are based on employees' average compensation during their last five years of credited service as of the date the benefit information is presented (the valuation date). For participants covered under the Cash Balance portion of the Plan, the accumulated plan benefits for active employees are based on their account balances as of the date the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, 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 is determined by the plan's independent actuary and is that 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 used in the valuations as of December 31, 2023 were as follows:

Mortality basis	Non-annuitants: Based on Pri-2012 "Employee" tables without collar or amount adjustments and then projected forward using generational mortality improvement scale MP-2021 Annuitants: Based on Pri-2012 "Retiree" tables without collar or amount adjustments and then projected forward using generational mortality improvement scale MP-2021 Contingent Survivor: After the primary participant's death, based on Pri-2012 "Contingent Survivor" tables without collar or amount adjustments and then projected forward using generational mortality improvement scale MP 2021
Discount rate	7.00%
Interest crediting rate	4.66% per annum (for union, 3.50% per annum)

For the valuation as of December 31, 2022, the same discount rate and mortality table were used, but the interest crediting rate was 4.00% (for union, 2.50% in 2023 and 2.35% thereafter). This interest crediting rate change resulted in an increase in the actuarial present value of accumulated plan benefits by \$4.3 million.

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

(3) Concentration of Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 plan 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.

(4) Funding Policy

The Plan is a noncontributory defined benefit pension plan, and therefore, employees do not contribute to the Plan. The plan is funded solely by contributions made by VNS Health. VNS Health current funding policy is to fund at least ERISA's minimum funding requirements. In 2024 and 2023, the plan met its minimum funding requirement under ERISA.

(5) Investment Information Certified by the Plan Trustee (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust (the trustee of the Plan), a qualified institution.

The certification excludes the fair value of the Plan's investments in commingled equity funds, real estate funds, hedge funds, and private equity funds. These investments are held by the investment fund managers, who report the net asset values of the Plan's interests to the Plan and trustee on a periodic basis. Information included in the accompanying financial statements related to these funds is based upon these net asset values as of December 31, 2024 and 2023.

(6) Fair Value Measurements

The Plan estimates fair value based on a valuation framework that uses fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC Topic 820 are described as follows:

Level 1: Quoted or published prices in active markets that are accessible at the measurement date for identical assets and liabilities

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Level 2: Inputs, other than quoted or published prices in active markets, that are observable either directly or indirectly, and fair value is determined through the use of models or other valuation methodologies

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

In addition, the Plan also estimates the fair value of investments in certain investment companies for which the investment does not have a readily determinable value by using net asset value (NAV) per share or its equivalent as a practical expedient.

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

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

The Plan's money market funds are valued based on the NAV of the respective fund on a daily basis. The funds comprise short term- and highly liquid underlying investments and are considered Level 1 measurements within the fair value hierarchy as of December 31, 2024 and 2023.

Equity securities: The Plan's equity portfolios consist of direct investment in individual equity securities. Equity securities are valued based on quoted market prices (Level 1 measurements).

Equity funds and fixed income funds: the Plan's portfolio includes investments in actively traded mutual funds valued at the closing price on the active market in which the individual funds are traded (Level 1 measurements)

Commingled equity funds: are mutual funds for which the investment strategy is diversified to include both domestic and international investments where the Plan owns shares, units, or interests of pooled funds rather than the underlying securities in the fund. The pooled/commingled funds are measured at fair value based on the nature of the underlying investments, timing of the pricing of the funds' NAV, and liquidity and redemption restrictions for the funds. The Plan's commingled equity funds do not have a readily determinable value. Therefore, the Plan estimates the fair value using the funds' NAV or its equivalent as a practical expedient.

Limited partnerships: Limited partnerships (LP) consist of private equity, real assets that includes real estate funds and hedge funds. LP investments are typically redeemable with the fund at NAV under the original terms of the partnership agreement and/or subscription agreements. The estimation of fair value of investments in LPs for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient and are not categorized in the fair value hierarchy.

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although plan management believes its valuation methods are 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.

The inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments. The Plan's investments are exposed to various kinds and levels of risk. Equity securities, including U.S. and international equity, expose the Plan to financial market risk. Fixed income funds, expose the Plan to interest rate risk, credit risk, and liquidity risk. As interest rates change, the values of many fixed income funds are affected, particularly those with fixed interest rates. Credit risk is the risk that the obligor of the security will not fulfill its obligation. Liquidity risk is affected by the willingness of market participants to buy and sell given securities. The Plan's investments in various LPs are also exposed to business execution risk as certain LP investments are in early-stage companies that may not be successful in executing on their proposed business plans.

The following tables present the Plan's financial assets at December 31, 2024 and 2023 that are measured at fair value on a recurring basis as well as redemption and liquidity provisions (dollars in thousands):

	2024		
	Investments measured at NAV	Investments classified in the fair value hierarchy Level 1	Total
Money Market funds	\$ —	56,789	56,789
U.S. equity securities	—	199,109	199,109
International equity funds	—	14,367	14,367
Fixed-income funds	—	44,872	44,872
Commingled equity funds	73,773	—	73,773
Private equity funds	90,332	—	90,332
Hedge funds	22,783	—	22,783
Real estate funds	22,968	—	22,968
Total investments	<u>\$ 209,856</u>	<u>315,137</u>	<u>524,993</u>

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

	2023		
	Investments measured at NAV	Investments classified in the fair value hierarchy Level 1	Total
Money Market funds	\$ —	4,285	4,285
U.S. equity securities	—	174,655	174,655
International equity funds	—	48,306	48,306
U.S. government fixed income funds	—	19,455	19,455
Fixed-income funds	—	20,499	20,499
Commingled equity funds	77,126	—	77,126
Private equity funds	86,082	—	86,082
Hedge funds	33,254	—	33,254
Real estate funds	25,608	—	25,608
Total investments	\$ 222,070	267,200	489,270

There were no significant transfers between fair value measurements due to changes in valuation methodologies during the year ended December 31, 2024 or 2023. There are no investments classified as Level 2 or 3 at December 31, 2024 or 2023.

The redemption notice and liquidity terms for NAV investments as of December 31, 2024 are as follows (dollars in thousands):

Description of investments	Carrying value	Redemption frequency	Redemption notice required
Commingled equity fund	\$ 73,773	Daily-Semi Annually	3-30 Days
Private equity funds	90,332	Illiquid	—
Hedge funds	22,783	Quarterly – Illiquid	60 Days
Real estate funds	22,968	Quarterly – Illiquid	60 Days
Total investments	\$ 209,856		

Private equity limited partnership investments include noncontrolling shares or interests in funds where the controlling general partner serves as the investment manager. Such limited partnership shares are typically not eligible for redemption from the fund or general partner but can be sold to third-party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Plan to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. The estimated remaining life of these funds is between 1 and 10 years.

Under the terms of certain agreements, the Plan has committed to contribute a specified level of capital over a defined period of time. Through December 31, 2024, the Plan has committed to contribute

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

approximately \$100.5 million to such limited partnerships of which the Plan has contributed approximately \$79.0 million and has outstanding commitments of \$21.5 million.

From time to time, investments may be temporarily illiquid, which includes restrictions that have suspended normal liquidity terms or lockups with definite expiration dates or may be restricted until the fund manager liquidates certain fund assets. At December 31, 2024 or 2023, the Plan did not have any significant exposure to temporarily illiquid investments due to voluntary lockup agreements.

The Plan Sponsor did not make contributions to the Plan in 2023 or 2024.

(7) Tax Status

The Internal Revenue Service (IRS) has determined and informed VNS Health by a letter dated May 6, 2021, that the plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Plan management evaluates tax positions taken by the Plan and recognizes a tax liability (or an asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan sponsor has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 or 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) Related-Party Transactions and Party-in-Interest Transactions

Certain plan investments are shares in short term investment funds managed by Northern Trust, the plan's trustee, as of December 31, 2024 and 2023, respectively, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for investment management services amounted to \$1,113 and \$1,091 for years ended December 31, 2024 and 2023, respectively.

(9) Plan Termination

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

- (i) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire during 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. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- (ii) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.
- (iii) All other vested benefits (i.e., vested benefits not insured by the PBGC).

VNS HEALTH CARE PENSION PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(iv) All nonvested 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 survivors' 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. The statutory ceiling on the amount of an individual's monthly benefit guaranteed by the PBGC is \$7,108 per month for 2024. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 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 net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

(10) Subsequent Events

The Plan has evaluated subsequent events through October 25, 2025, the date the financial statements were available to be issued.

Supplemental Schedule 1

VNS HEALTH CARE PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(Dollars in thousands)

(a)	b) Identity of issuer, borrower, lessor, or similar party and description of investment	Number of units	(c) Cost	(d) Current value
	U.S. equity securities:			
	VANGUARD STK MKT INST	752,551	\$ 127,767	199,110
	Total U.S. equity securities		127,767	199,110
	International equity funds:			
	MFO STATE STR INSTL INVT TR STATE STREET HEDGED	119,145	11,762	14,366
	Total international equity funds		11,762	14,366
	Commingled equity funds:			
	CF GQG PARTNERS GLOBAL EQUITY CIT CL D	1,245,904	16,746	27,668
	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP	4,267,115	4,267	44,426
	CF PALO ALTO HEALTHCARE OFFSHORE II LTD JAN 2018	542	1,709	1,680
	Total commingled equity funds		22,722	73,774
	Total equity		162,251	287,250
	Limited partnerships – real estate funds:			
	CF UBS TRUMBULL PROPERTY FUND	2,632	26,518	22,749
	KSL CAPITAL PARTNERS III, LP	91,012	91	219
	Total limited partnerships – real estate funds		26,609	22,968
	Limited partnerships – hedge funds:			
	CF DAVIDSON KEMPNER INTL (BVI) LTD CL C TRAN 3 01JAN18 (VNS ONLY)	1,089,439	1,089	1,089
	CF ELLIOTT INTERNATIONAL LIMITED CL B (VNS ONLY)	4,318	3,336	9,318
	CF GSO SPECIAL SITUATIONS OVERSEAS FUND LTD CL C-62-A	340	371	370
	CF GSO SPECIAL SITUATIONS OVERSEAS FUND LTD CL C-77-A	186	169	168
	CF GSO SPECIAL SITUATIONS OVERSEAS FUND LTD CL C-85-A	84	69	69
	CF VOYA MORTGAGE INVESTMENT FUND US DOLLAR INST ACC CL DEC 15 SER	44,212	7,495	10,919
	KING STREET CAPITAL LTD	1	—	850
	Total limited partnerships – hedge funds		12,529	22,783
	Limited partnerships – private equity:			
	AUDAX MEZZANINE FUND III LP	17,845	18	45
	BOND II LP	4,662,500	4,663	4,121
	CF CEVIAN CAP II LTD A USD 3-19 JAN	12,500	1,250	3,917
	CF CEVIAN CAP II LTD A USD 3-2020JAN	26,917	1,250	3,917
	CF CEVIAN CAPITAL II LTD A USD 3-2019 JUL	24,316	1,250	3,917
	CF CEVIAN CAPITAL II LTD AUSD3-2020 JUL	30,467	1,250	3,917
	CF ORCHARD LANDMARK LIMITED - CLASS A UNRESTRICTED - 11/2018	4,997	4,997	5,199
	CF ORCHARD LANDMARK LIMITED CL A USD UNRESTRICTED SER 10/2015-2	4,911	4,561	5,445
	CF ORCHARD LANDMARK LIMITED CL A USD UNRESTRICTED SER 10/2016-2	3,997	3,974	4,042
	FOUNDATION CAPITAL VII	1,830,518	1,831	2,105
	FRIST CRESSEY VENTURES FUND III QP, LP	4,912,500	4,913	5,298
	GAMUT INVESTMENT FUND I LP	2,297,361	2,297	3,506
	GLENDOWER CAPITAL SECONDARY	1,020,866	1,021	2,705
	KLCP OFFSHORE FUND LP	8,011,380	8,011	12,216
	LCP VII (OFFSHORE) LP	1	—	165
	NORTH HAVEN CREDIT PARTNERS II OFFSHORE FEEDER LP	3,074,172	3,074	1,515
	SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III	1	—	—
	STG ALLEGRO - A, L.P.	2,662,766	2,663	2,997
	TOWN HALL VENTURES III, LP	1,784,729	\$ 1,785	2,242

Supplemental Schedule 1

VNS HEALTH CARE PENSION PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(Dollars in thousands)

(a)	b) Identity of issuer, borrower, lessor, or similar party and description of investment	Number of units	(c) Cost	(d) Current value
	TRIVE CAPITAL FUND IV-A LP	4,020,917	\$ 4,021	5,292
	VENTURE LENDING & LEASING IX, LLC	2,587,366	2,587	2,820
	VISTA EQUITY PARTNERS FUND IV, LP	474,981	475	717
	VISTA EQUITY PARTNERS FUND VII-A LP	4,240,947	4,241	5,394
	VISTA EQUITY PARTNERS V LP	5,946,689	5,947	8,840
	Total limited partnerships – private equity		<u>66,079</u>	<u>90,332</u>
	Total limited partnerships		<u>105,217</u>	<u>136,083</u>
	Cash equivalent:			
*	NT COLLECTIVE SHORT TERM INVT FD	56,788,577	56,789	56,789
	Total cash equivalent		<u>56,789</u>	<u>56,789</u>
	Fixed-income funds			
	CF WTC CIF II US INVESTMENT GRADE INTERMEDIATE CORP PORTFOLIO	5,022,248	45,188	44,872
	Total Fixed-income funds		<u>45,188</u>	<u>44,872</u>
	Total investments		<u>\$ 396,054</u>	<u>524,993</u>

* Denotes a party-in-interest

See accompanying independent auditors' report.

Supplemental Schedule 2

VNS HEALTH CARE PENSION PLAN
 Schedule H, Line 4(j) – Schedule of Reportable Transactions)
 December 31, 2024
 (Dollars in thousands)

<u>Identity of party involved</u>	<u>Description of asset (include interest rate and maturity in case of a Loan)</u>	<u>Number of transactions</u>	<u>Total dollar value of purchases</u>	<u>Total dollar value of sales</u>	<u>Cost of asset</u>	<u>Net gain or (loss)</u>
Series transactions:						
VNS Health	CF WTC CIF II US INVESTMENT GRADE INTERMEDIATE CORP PORTFOLIO CUSIP: 7F5999K14 Purchases	3	\$ 45,188	—	45,188	—
VNS Health	MFO BLAIR WILLIAM FDS INSTL INTL GROWTH FD CUSIP: 093001352 Sales	2	—	36,970	(38,826)	(1,856)
VNS Health	MFC VANGUARD SCOTTSDALE FEDS VANGUARD SHORT-TERM CORPORATE CUSIP: 66586U452 Purchases	6	42,768	—	42,768	—
	Sales	4	—	25,000	(15,590)	9,410
VNS Health	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 Purchases	136	177,242	—	177,242	—
	Sales	116	—	124,741	(124,741)	—

See accompanying independent auditors' report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age		Total Years of Credited Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	1	0	0	0	0	0	0	0	0	0
	Average Earnings										
25 to 29	Count	3	0	0	0	0	0	0	0	0	0
	Average Earnings										
30 to 34	Count	4	37	10	0	0	0	0	0	0	0
	Average Earnings		63,293								
35 to 39	Count	8	78	64	7	0	0	0	0	0	0
	Average Earnings		106,424	120,577							
40 to 44	Count	15	95	93	40	6	0	0	0	0	0
	Average Earnings		97,023	119,839	127,696						
45 to 49	Count	21	117	174	95	34	5	0	0	0	0
	Average Earnings	54,947	104,054	119,611	127,048	130,024					
50 to 54	Count	11	145	160	130	83	24	2	0	0	0
	Average Earnings		117,845	124,611	119,861	123,480	148,362				
55 to 59	Count	17	169	216	116	94	44	12	3	0	0
	Average Earnings		116,159	117,878	128,893	122,736	130,320				
60 to 64	Count	8	158	203	135	78	64	27	6	2	0
	Average Earnings		114,665	116,492	131,593	122,816	122,006	158,722			
65 to 69	Count	4	110	125	78	45	30	15	4	0	0
	Average Earnings		131,717	104,597	110,074	125,468	133,841				
70 & up	Count	1	49	69	40	31	16	11	5	1	0
	Average Earnings				127,654	124,077					

Footnote: Compensation shown is for 397 participants as of January 1, 2024 who are eligible for future benefit accruals under the Plan.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Attained Age		Total Years of Credited Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	1	0	0	0	0	0	0	0	0	0
	Average cash balance										
25 to 29	Count	3	0	0	0	0	0	0	0	0	0
	Average cash balance										
30 to 34	Count	4	30	7	0	0	0	0	0	0	0
	Average cash balance		1,481								
35 to 39	Count	8	70	52	2	0	0	0	0	0	0
	Average cash balance		3,628	8,801							
40 to 44	Count	14	84	81	33	3	0	0	0	0	0
	Average cash balance		4,878	15,835	24,783						
45 to 49	Count	21	106	158	70	21	2	0	0	0	0
	Average cash balance	16,449	4,895	14,151	39,607	46,248					
50 to 54	Count	10	132	145	102	59	18	2	0	0	0
	Average cash balance		4,131	8,925	37,818	51,128					
55 to 59	Count	16	153	200	99	76	29	7	3	0	0
	Average cash balance		2,256	12,872	20,441	62,541	84,270				
60 to 64	Count	6	151	193	122	51	47	25	4	1	0
	Average cash balance		2,656	7,618	23,165	50,194	56,850	112,735			
65 to 69	Count	4	106	125	71	35	26	14	4	0	0
	Average cash balance		2,300	7,618	21,417	44,577	61,577				
70 & up	Count	0	49	69	38	28	15	10	4	1	0
	Average cash balance		1,496	2,736	18,151	30,407					

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Interest rate basis:

- Applicable month 4th Month Preceding Valuation Date (September)
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

Annual rates of increase

- Compensation (Final average pay participants)
 - 2024 6.30%
 - 2025 7.00%
 - Long-term 3.25%
- Compensation (LPN participants) 3.25%
- Cash balance interest crediting rate (Non-union ppts) 4.66%
- Cash balance interest crediting rate (Other ppts) 3.50%
- Cost of living increases 2.25%

Plan-related expenses \$1,691,000 is added to the Target Normal Cost

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

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Demographic Assumptions

Inclusion Date The valuation date coincident with or next following the date on which the employee begins to earn vesting service.

New or rehired employees It was assumed there will be no new or rehired employees.

Healthy Mortality Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Disabled Mortality Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination The rates at which participants are assumed to terminate employment by age and service are shown below:

Representative Termination Rates

Percentage leaving during the year			
During first 5 years of vesting service		After 5 years of vesting service	
<u>Years</u>	<u>Rate</u>	<u>Attained age</u>	<u>Rate</u>
0	6%	20	17%
1	6%	25	17%
2	6%	30	17%
3	6%	35	13%
4	5%	40	8%
		45	7%
		50	5%
		55	5%
		60	5%
		65	5%

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SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants are assumed to become disabled by age and gender are shown below. The disability rates for female employees are assumed to be 150% of the rates used for male employees.

Percentage becoming disabled during the year	
Age	Males
25	0.02%
30	0.03%
35	0.03%
40	0.05%
45	0.09%
50	0.15%
55	0.28%
60	0.49%
65	0.75%

Retirement

Rates at which participants are assumed to retire by age and plan formula are shown below:

Percentage retiring during the year		
Age	Cash balance participants	Final average pay participants
60	10%	10%
61	10%	10%
62	10%	10%
63	10%	10%
64	10%	10%
65	15%	20%
66	15%	20%
67	15%	20%
68	15%	20%
69	15%	20%
70	15%	20%
71	15%	20%
72	15%	20%
73	15%	5%
74	15%	5%
75+	100%	100%

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Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the participant's earliest retirement date
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of Payment Single life annuity for Final Average Pay Participants and lump sum for Cash Balance Participants

Percent married 100% married

Spouse age Females three years younger than males

Covered pay Pensionable earnings, limited by the pay cap defined in IRC 401(a)(17). For Cash Balance Participants, compensation is defined as actual gross earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate. For Final Average Pay Participants, compensation is defined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year and increased with a full year's assumed salary increase.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430
Decrement timing	<p>The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.</p>
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

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Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with VNS Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000, increased to \$7,000 effective July 1, 2024) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash Balance Interest crediting rate The plan credits interest to cash balance accounts for non-union cash balance participants using the 30-year Treasury rate, but with a minimum interest credit rate of 1.72%. The plan sponsor's long term estimate of the 30-year Treasury rate is 4.66%, based on current conditions.

The plan credits interest to other participants using the lesser of (i) the percentage increase in the Consumer Price Index, or (ii) the 12-month average of One-Year Treasury Constant Maturities, both measured from October 1 of the second year preceding the applicable year to September 30 of the year immediately preceding the applicable calendar year and rounded down to a multiple of 1/4 percent, and beginning after December 31, 2023 not less than 2.25%. The plan sponsor's long term estimate is 3.50% based on current conditions.

After examining historical variability in these rates, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). Specifically, plan-related expenses are estimated based on the actual expenses paid from the trust the preceding year, adjusted for any expected change in expenses (such as PBGC premiums) during the year. For the

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reasons discussed above, we believe the assumption selected does not significantly conflict with what would be reasonable.

Rates of increase in:

Compensation Assumed increases represent an estimate of future experience as well as current negotiated increases. We relied on the plan sponsor for this assumption, as the plan sponsor has access to pertinent information related to their business and is in a better position to set this assumption. However, we believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience adjusted to current conditions.

Assumed return for asset smoothing The assumed return of 5.74% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were selected by the plan sponsor based on a review of actual termination experience from 2005 to 2007, updated to reflect a slowing of termination through 2010 along with future business and economic expectations. Assumed termination rates differ by age and service because of expected differences in termination rates. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Disability Disability rates were selected by the plan sponsor based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. Assumed disability rates differ by age and gender because of

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expected differences in disability rates. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement

Retirement rates were selected by the plan sponsor based on an analysis of actual retirement experience from 2008 to 2011 along with future business and economic expectations. Assumed retirement rates differ by plan formula because of observed differences in retirement rates by plan formula. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form of payment

The percentage of retiring participants assumed to take lump sums was selected by the plan sponsor based on observed recent experience. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Prescribed Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. A summary of assumptions that were made to the data was provided to VNS Health earlier in 2024 as part of WTW’s review of the valuation data. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated, as required by guidance issued by IRS under IRC §430.

The interest crediting rate for non-union cash balance participants was updated from 4.00% to 4.66% to reflect recent experience.

The interest crediting rate for union cash balance participants was updated from 2.35% to 3.50% to reflect recent experience.

The assumed plan-related expenses added to the target normal cost were changed from \$1,188,000 for the prior valuation to \$1,691,000 for the current valuation to account for higher expected expenses to be paid from the trust.

The assumed annual compensation rate increase for final average pay participants was updated to reflect recent union negotiations.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Plan Name: VNS Health CARE Pension Plan
EIN / PN: 13-3189926/001
Plan Sponsor: Visiting Nurse Service of New York
Valuation Date: January 1, 2024

Plan Name	VNS HEALTH CARE PENSION PLAN
Plan Sponsor EIN	13-3189926
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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

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

A Name of plan VNS HEALTH CARE PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Visiting Nurse Service Of New York	D Employer Identification Number (EIN) 13-3189926	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	488,326,611
	b Actuarial value	2b	494,697,395
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,188	212,262,171
	b For terminated vested participants	1,923	83,608,815
	c For active participants	3,448	120,728,214
	d Total	6,559	416,599,200
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.15%
6	Target normal cost		
	a Present value of current plan year accruals	6a	6,159,728
	b Expected plan-related expenses	6b	1,691,000
	c Target normal cost	6c	7,850,728

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

SIGN HERE	Justin R. Bogatch JRB Signature of actuary	<u>9/8/2025</u> Date
	Justin R. Bogatch Type or print name of actuary	2307694 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	973-290-2575 Telephone number (including area code)
	150 John F. Kennedy Parkway 5th Floor Short Hills NJ 07078 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59% <input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 7,850,728
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	14,396,062		1,309,758
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 9,160,486
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	9,160,486	9,160,486
36 Additional cash requirement (line 34 minus line 35).....			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Visiting Nurse Service of New York
EIN/PN	13-3189926/001
Plan Name	VNS Health CARE Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Justin R. Bogatch, FSA, EA
Enrollment Number	23-7694

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22

Description of Weighted Average Retirement Age as of January 1, 2024

Final Average Pay Participants:

(1)	(2)	(3)	(4)	(5)	(6)
Age	Rate of Retirement	Assumed Age at Retirement	Portion Retiring (2) x (5) from previous year	Portion Remaining (5) from previous year minus (4)	(3) x (4)
60	10.0%	60	0.1000	0.9000	6.0000
61	10.0%	61	0.0900	0.8100	5.4900
62	10.0%	62	0.0810	0.7290	5.0220
63	10.0%	63	0.0729	0.6561	4.5927
64	10.0%	64	0.0656	0.5905	4.1990
65	20.0%	65	0.1181	0.4724	7.6764
66	20.0%	66	0.0945	0.3779	6.2356
67	20.0%	67	0.0756	0.3023	5.0640
68	20.0%	68	0.0605	0.2419	4.1117
69	20.0%	69	0.0484	0.1935	3.3377
70	20.0%	70	0.0387	0.1548	2.7089
71	20.0%	71	0.0310	0.1238	2.1981
72	20.0%	72	0.0248	0.0991	1.7832
73	5.0%	73	0.0050	0.0941	0.3616
74	5.0%	74	0.0047	0.0894	0.3482
75	100.0%	75	0.0894	0.0000	6.7057

Average Retirement Age

65.8348

Cash Balance Participants:

(1)	(2)	(3)	(4)	(5)	(6)
Age	Rate of Retirement	Assumed Age at Retirement	Portion Retiring (2) x (5) from previous year	Portion Remaining (5) from previous year minus (4)	(3) x (4)
60	10.0%	60	0.1000	0.9000	6.0000
61	10.0%	61	0.0900	0.8100	5.4900
62	10.0%	62	0.0810	0.7290	5.0220
63	10.0%	63	0.0729	0.6561	4.5927
64	10.0%	64	0.0656	0.5905	4.1990
65	15.0%	65	0.0886	0.5019	5.7573
66	15.0%	66	0.0753	0.4266	4.9690
67	15.0%	67	0.0640	0.3626	4.2876
68	15.0%	68	0.0544	0.3082	3.6989
69	15.0%	69	0.0462	0.2620	3.1903
70	15.0%	70	0.0393	0.2227	2.7510
71	15.0%	71	0.0334	0.1893	2.3718
72	15.0%	72	0.0284	0.1609	2.0444
73	15.0%	73	0.0241	0.1368	1.7619
74	15.0%	74	0.0205	0.1163	1.5181
75	100.0%	75	0.1163	0.0000	8.7189

Average Retirement Age

66.3729

Total Number of Final Average Pay Participants

450

Total Number of Cash Balance Participants

2,998

Headcount Weighted Average Retirement Age

66.3027

Plan Name: VNS Health CARE Pension Plan
 EIN / PN: 13-3189926/001
 Plan Sponsor: Visiting Nurse Service of New York
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Interest rate basis:

- Applicable month 4th Month Preceding Valuation Date (September)
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
--	--------------------------	------------------------------

Annual rates of increase

- Compensation (Final average pay participants)
 - 2024 6.30%
 - 2025 7.00%
 - Long-term 3.25%
- Compensation (LPN participants) 3.25%
- Cash balance interest crediting rate (Non-union ppts) 4.66%
- Cash balance interest crediting rate (Other ppts) 3.50%
- Cost of living increases 2.25%

Plan-related expenses \$1,691,000 is added to the Target Normal Cost

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

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Plan Sponsor: Visiting Nurse Service of New York
Valuation Date: January 1, 2024

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Demographic Assumptions

Inclusion Date The valuation date coincident with or next following the date on which the employee begins to earn vesting service.

New or rehired employees It was assumed there will be no new or rehired employees.

Healthy Mortality Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Disabled Mortality Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination The rates at which participants are assumed to terminate employment by age and service are shown below:

Representative Termination Rates

Percentage leaving during the year			
During first 5 years of vesting service		After 5 years of vesting service	
<u>Years</u>	<u>Rate</u>	<u>Attained age</u>	<u>Rate</u>
0	6%	20	17%
1	6%	25	17%
2	6%	30	17%
3	6%	35	13%
4	5%	40	8%
		45	7%
		50	5%
		55	5%
		60	5%
		65	5%

Plan Name: VNS Health CARE Pension Plan
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Plan Sponsor: Visiting Nurse Service of New York
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Disability

The rates at which participants are assumed to become disabled by age and gender are shown below. The disability rates for female employees are assumed to be 150% of the rates used for male employees.

Percentage becoming disabled during the year

<u>Age</u>	<u>Males</u>
25	0.02%
30	0.03%
35	0.03%
40	0.05%
45	0.09%
50	0.15%
55	0.28%
60	0.49%
65	0.75%

Retirement

Rates at which participants are assumed to retire by age and plan formula are shown below:

Percentage retiring during the year

<u>Age</u>	<u>Cash balance participants</u>	<u>Final average pay participants</u>
60	10%	10%
61	10%	10%
62	10%	10%
63	10%	10%
64	10%	10%
65	15%	20%
66	15%	20%
67	15%	20%
68	15%	20%
69	15%	20%
70	15%	20%
71	15%	20%
72	15%	20%
73	15%	5%
74	15%	5%
75+	100%	100%

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Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the participant's earliest retirement date
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of Payment Single life annuity for Final Average Pay Participants and lump sum for Cash Balance Participants

Percent married 100% married

Spouse age Females three years younger than males

Covered pay Pensionable earnings, limited by the pay cap defined in IRC 401(a)(17). For Cash Balance Participants, compensation is defined as actual gross earnings provided by the employer for the prior year adjusted at the assumed compensation increase rate. For Final Average Pay Participants, compensation is defined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year and increased with a full year's assumed salary increase.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: VNS Health CARE Pension Plan
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Plan Sponsor: Visiting Nurse Service of New York
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430
Decrement timing	<p>The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.</p>
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>

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Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with VNS Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000, increased to \$7,000 effective July 1, 2024) in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

Assumptions Rationale - Significant Economic Assumptions

Discount rate The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash Balance Interest crediting rate The plan credits interest to cash balance accounts for non-union cash balance participants using the 30-year Treasury rate, but with a minimum interest credit rate of 1.72%. The plan sponsor's long term estimate of the 30-year Treasury rate is 4.66%, based on current conditions.

The plan credits interest to other participants using the lesser of (i) the percentage increase in the Consumer Price Index, or (ii) the 12-month average of One-Year Treasury Constant Maturities, both measured from October 1 of the second year preceding the applicable year to September 30 of the year immediately preceding the applicable calendar year and rounded down to a multiple of 1/4 percent, and beginning after December 31, 2023 not less than 2.25%. The plan sponsor's long term estimate is 3.50% based on current conditions.

After examining historical variability in these rates, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Plan-related expenses As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). Specifically, plan-related expenses are estimated based on the actual expenses paid from the trust the preceding year, adjusted for any expected change in expenses (such as PBGC premiums) during the year. For the

Plan Name: VNS Health CARE Pension Plan
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reasons discussed above, we believe the assumption selected does not significantly conflict with what would be reasonable.

Rates of increase in:

Compensation Assumed increases represent an estimate of future experience as well as current negotiated increases. We relied on the plan sponsor for this assumption, as the plan sponsor has access to pertinent information related to their business and is in a better position to set this assumption. However, we believe that the assumption chosen does not significantly conflict with what would be reasonable based on historical salary increase experience adjusted to current conditions.

Assumed return for asset smoothing The assumed return of 5.74% used for asset smoothing is the third segment rate. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor's investment policy we believe the rate to be above the third segment rate. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination Termination rates were selected by the plan sponsor based on a review of actual termination experience from 2005 to 2007, updated to reflect a slowing of termination through 2010 along with future business and economic expectations. Assumed termination rates differ by age and service because of expected differences in termination rates. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Disability Disability rates were selected by the plan sponsor based on a published table for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions. Assumed disability rates differ by age and gender because of

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expected differences in disability rates. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Retirement

Retirement rates were selected by the plan sponsor based on an analysis of actual retirement experience from 2008 to 2011 along with future business and economic expectations. Assumed retirement rates differ by plan formula because of observed differences in retirement rates by plan formula. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Form of payment

The percentage of retiring participants assumed to take lump sums was selected by the plan sponsor based on observed recent experience. For the reasons discussed above and because of small annual gains/losses due to this assumption, we believe the assumptions selected do not significantly conflict with what would be reasonable.

Prescribed Methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Sources of Data and Other Information

The plan sponsor through its third party administrator furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data were adjusted to reflect any significant events that occurred between the date the data were collected and the measurement date. A summary of assumptions that were made to the data was provided to VNS Health earlier in 2024 as part of WTW's review of the valuation data. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated, as required by guidance issued by IRS under IRC §430.

The interest crediting rate for non-union cash balance participants was updated from 4.00% to 4.66% to reflect recent experience.

The interest crediting rate for union cash balance participants was updated from 2.35% to 3.50% to reflect recent experience.

The assumed plan-related expenses added to the target normal cost were changed from \$1,188,000 for the prior valuation to \$1,691,000 for the current valuation to account for higher expected expenses to be paid from the trust.

The assumed annual compensation rate increase for final average pay participants was updated to reflect recent union negotiations.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

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Schedule SB, Line 24 Change in Actuarial Assumptions

The interest crediting rate for non-union cash balance participants was updated from 4.00% to 4.66% to reflect recent experience.

The interest crediting rate for union cash balance participants was updated from 2.35% to 3.50% to reflect recent experience.

The assumed plan-related expenses added to the target normal cost were changed from \$1,188,000 for the prior valuation to \$1,691,000 for the current valuation to account for higher expected expenses to be paid from the trust.

The assumed annual compensation rate increase for final average pay participants was updated to reflect recent union negotiations.

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Valuation Date: January 1, 2024

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Schedule SB, Part V Summary of Plan Provisions

Plan provisions

Effective date	January 1, 1947 and most recently restated effective January 1, 2020. Most recent amendment was executed on December 22, 2023.
Covered Employees	All employees actively employed by a participating employer under the plan at a rate of not less than 1,000 hours per year (but not those employed on a per diem basis).
Participation date	Date of hire for any employee with a rate of employment of at least 1,000 hours (but not those employed on a per diem basis). Effective January 1, 2015, no new Cash Balance Participants (excluding LPNs) will become eligible to participate in the plan. Effective June 1, 2020, no newly hired, transferred or rehired UFT Nurse will become eligible to participate in the plan (except for a UFT Nurse who was accruing final average pay benefits at termination of employment and was rehired as a UFT Nurse before her recall rights expire).

Definitions

Final average pay participants	Collectively bargained participants where the agreement provides for a final average pay benefit
Cash balance participants	All participants other than Final Average Pay Participants
Vesting service	Number of plan years in which the employee works 1,000 hours (750 hours for Exempt employees) or more
Credited service	For Cash Balance Participants – number of plan years in which the employee works 1,000 hours or more For Cash Balance Participants (including HHA Employees but excluding LPNs) – no additional credited service accrues after December 31, 2014 For Final Average Pay Participants – fraction of a year, not greater than 1, determined by total hours in that year in eligible status divided by 1,885 if at least 1,000 hours worked
Pensionable pay	Total W-2 pay, determined prior to any reduction as a result of an employee's election, limited by the maximum imposed by IRC 401(a)(17). Final Average Pay Participants with between 1,000 and 1,885 hours are credited with prorated pay over 1,885 hours
Average earnings	For Final Average Pay Participants, the average of the highest five consecutive calendar years of Pensionable Pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Social Security earnings limit	An amount equal to twelve times the highest "average monthly wage" for a participant reaching age 62, as determined under the Federal Social Security Act in effect for the year in which occurs such participant's retirement date or termination date, whichever is earliest

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Normal retirement date (NRD) For Final Average Pay Participants hired prior to March 1, 1997, and Cash Balance Participants, first of the month coinciding with or next following the later of: (a) attainment of age 62, and (b) the earliest of the completion of five years of Credited Service and the fifth anniversary of the date of participation

For Final Average Pay Participants hired on or after March 1, 1997, first of the month coinciding with or next following the later of: (a) attainment of age 65, and (b) the earliest of the completion of five years of Credited Service and the fifth anniversary of the date of participation

Cash balance benefits

Account

For Cash Balance Participants hired prior to October 1, 1987, the lump sum equivalent to present value of the participant's accrued benefit as of July 31, 1987.

For Cash Balance Participants hired on or after October 1, 1987, participant received an annual pay-based credit, based on employee's years of Vesting Service, and an annual interest credit.

Effective January 1, 2002 an annual pay-based credit is equal to a percentage of pay, where the percentage is based on an employee's years of Vesting Service, as follows:

Years of vesting service	Pay credit percentage
Less than 5 years	6.0%
5 years but less than 10 years	7.0%
10 years but less than 15 years	8.5%
15 years but less than 20 years	9.5%
20 or more years	10.5%

For each plan year beginning after December 31, 2001 that a participant is employed by New Partners, Inc. and is covered by a collective bargaining agreement and who works 1,000 hours or more, the pay credit will be equal to 1% of such participant's pay for the plan year (2% of participant's pay for 2014 only).

Pay-based credits with respect to each plan year commencing after December 31, 1987 shall be credited to the participant's account on a proportionate basis, with $\frac{1}{4}$ of the pay-based credit with respect to such plan year being credited as of March 31, $\frac{1}{4}$ as of June 30, $\frac{1}{4}$ as of September 30 and $\frac{1}{4}$ as of December 31 of such year.

Effective January 1, 2015, Cash Balance Participants (including HHA Employees but excluding LPNs) will not receive pay credits.

Interest credit percentage

For Cash Balance Participants (other than HHAs), the annual rate of interest on 30-year Treasury securities for the month of November most recently preceding the beginning of the calendar year. For other Cash Balance Participants, the lesser of (i) the percentage increase in the Consumer Price Index, or (ii) the 12-month average of One-Year Treasury Constant Maturities, both measured from October 1 of the second year

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preceding the applicable calendar year to September 30 of the year immediately preceding the applicable calendar year and rounded down to a multiple of $\frac{1}{4}$ percent, or prior to 2024 other amount as determined by VNS Health, and beginning after December 31, 2023 not less than 2.25%.

Interest credits to accounts As of December 31, 1987 and each quarterly valuation date thereafter, for active and terminated vested participants who have not begun receiving payments, the participant's account shall be increased by $\frac{1}{4}$ of the appropriate interest credit percentage for the applicable calendar year times the value of the account as of the preceding quarterly valuation date.

Eligibility for benefits

Normal retirement	Retirement on NRD
Early retirement	For Final Average Pay Participants hired prior to March 1, 1997 and Cash Balance Participants, retirement before NRD and on or after both attaining age 50 and completing 5 years of Credited Service. For Final Average Pay Participants hired on or after March 1, 1997, retirement before NRD and on or after both attaining age 55 and completing 5 years of Credited Service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death, disability, or retirement after completing five years of Vesting Service. Effective January 1, 2008, three years of Vesting Service for Cash Balance Participants.
Disability	Permanent and total disability prior to NRD, and participant is entitled to Social Security disability benefits.
Preretirement death benefit	Death before benefit commencement, with benefits payable to any designated beneficiary as long as the surviving spouse waives the right to the benefit.

Benefits paid upon the following events

Normal retirement	For Cash Balance Participants, the annuity equivalent of the account balance as of NRD. For Final Average Pay Participants hired prior to March 1, 1997 with 15 or more years of Credited Service, the benefit is equal to the sum of: (i) 25% of Average Earnings, (ii) 15% of Average Earnings in excess of the Social Security Earnings Limit, and (iii) $\frac{1}{2}$ of 1% of Average Earnings multiplied by Credited Service in excess of 15 years. If the participant has less than 15 years of Credited Service, the benefit will be computed using 15 years of Credited Service and reduced proportionately. For Final Average Pay Participants hired on or after March 1, 1997 with 15 or more years of Credited Service, the benefit is equal to the sum of: (i) 22.5% of Average Earnings, and (ii) 1.7% of Average Earnings multiplied by Credited Service in excess of 15 years. If the participant has less than 15 years of Credited Service, the benefit will be computed using 15 years of Credited Service and reduced proportionately.
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Early retirement	<p>For Cash Balance Participants, the annuity equivalent, based on a participant's age at benefit commencement, of the participant's account balance as of early retirement. If the participant defers payment past early retirement date, the account balance will earn interest credits but no pay credits.</p> <p>For Final Average Pay Participants hired prior to March 1, 1997, Normal Retirement Benefit reduced as follows: (i) 0.5% for each of the first 60 months prior to and including the month in which the participant attains age 60, plus (ii) 0.3% for each additional month.</p> <p>For Final Average Pay Participants hired on or after March 1, 1997, Normal Retirement Benefit reduced as follows: (i) 0.33% for each of the first 36 months prior to and including the month in which the participant attains age 65 (age 62 if the participant has at least 25 years of service), plus (ii) 0.5% for each additional month.</p>
Postponed retirement	<p>For Cash Balance Participants who work past April 1 of the year following the year in which they turn age 70 $\frac{1}{2}$, the greater of (1) the annuity equivalent of the participant's account balance as of the actual retirement date, and (2) actuarial equivalence of annuity equivalent of the participant's account balance as of such April 1.</p> <p>For other Cash Balance Participants, the annuity equivalent of the participant's account balance as of the actual retirement date.</p> <p>For Final Average Pay Participants, Normal Retirement Benefit based on greater of (1) pay and service on the date of postponed retirement, and (2) actuarial equivalence of benefit accrued to Normal Retirement Date.</p>
Vested termination	<p>For Cash Balance Participants, the actuarial equivalent of the participant's account balance as of the benefit commencement date.</p> <p>For Final Average Pay Participants, Normal Retirement Benefit based on pay and service on the date of termination.</p>
Disablement	<p>For Cash Balance Participants, the actuarial equivalent of the participant's account balance as of the benefit commencement date.</p> <p>For Final Average Pay Participants, monthly pension benefit determined as of the date of disablement, as described below, payable immediately without reduction for early commencement.</p> <p>For Final Average Pay Participants hired prior to March 1, 1997, the benefit is equal to the sum of (i) 25% of Average Earnings and (ii) $\frac{1}{2}$ of 1% of Average Earnings multiplied by Credited Service in excess of 15 years, based on the greater of Credited Service at disablement or the Credited Service that would have been earned if employment continued to age 60.</p> <p>For Final Average Pay Participants hired on or after March 1, 1997, the benefit is equal to the greater of:</p> <ul style="list-style-type: none">▶ 25% of Average Earnings plus 0.5% of Average Earnings multiplied by Credited Service in excess of 15 years, based on the greater of Credited Service at disablement or the Credited Service that would have been earned if employment continued to age 60.

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- ▶ 22.5% of Average Earnings, plus 1.7% of Average Earnings multiplied by Credited Service in excess of 15 years, based on Credited Service at disablement.

Preretirement death

For Cash Balance Participants, a lump sum equal to the value of the participant's account as of the last day preceding the month in which payment occurs (or actuarial equivalent annuity in the case of a spousal beneficiary).

For Final Average Pay Participants, 50% of the benefit determined as if the Participant had retired on the first of the month in which her death occurred.

Other plan provisions

Forms of payment

Benefits are paid in the form of a 50% joint and survivor annuity for married participants or a single life annuity for single participants. Other forms of payment, subject to spousal consent if applicable, include a lump sum (for Cash Balance Participants), a 50%, 75% or 100% joint and survivor annuity, 10-year certain and life annuity, with 50% or 100% payable to a beneficiary upon the participant's death during the certain period, or a Social Security equalization annuity.

Final Average Pay Participants hired prior to March 1, 1997 receive cost of living increases on all annuity forms of payment. Cash Balance Participants may elect to receive their annuity form of payment with cost-of-living increases (subject to an actuarial adjustment) or without cost-of-living increases.

Cost-of-living increases

For Cash Balance Participants who elect a form of payment with a cost-of-living increase, benefits will be adjusted annually to reflect any increases in the cost-of-living, as measured by the change in the September Consumer Price Index.

For Final Average Pay Participants hired prior to March 1, 1997, benefits will be adjusted annually to reflect any increases in the cost of living, as measured by the change in the September Consumer Price Index; for employees hired after December 31, 1984, no adjustment will be made during any period of benefit deferral and no annual adjustment will exceed 3%.

Plan participant contributions

None

Periods of employment with prior employers

Credited, Vesting and participation service for certain participants who transferred from Mount Sinai (MSHHA) and New York Hospital Queens shall include service with prior employer.

Benefits determined under the CARE plan will be offset by benefits accrued under prior plans for these participants.

Vesting and participation service for certain employees who transferred from the Kingsbrook, White Plains and St. Vincent centers shall include service with prior employer. Credited service for these employees shall include service with VNS Health only.

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Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for funding or AFTAP purposes.

Future plan changes

No future plan changes were recognized.

Changes in benefits valued since prior year

There have been no changes in benefits valued since the prior year.

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Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age		Total Years of Credited Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	1	0	0	0	0	0	0	0	0	0
	Average Earnings										
25 to 29	Count	3	0	0	0	0	0	0	0	0	0
	Average Earnings										
30 to 34	Count	4	37	10	0	0	0	0	0	0	0
	Average Earnings		63,293								
35 to 39	Count	8	78	64	7	0	0	0	0	0	0
	Average Earnings		106,424	120,577							
40 to 44	Count	15	95	93	40	6	0	0	0	0	0
	Average Earnings		97,023	119,839	127,696						
45 to 49	Count	21	117	174	95	34	5	0	0	0	0
	Average Earnings	54,947	104,054	119,611	127,048	130,024					
50 to 54	Count	11	145	160	130	83	24	2	0	0	0
	Average Earnings		117,845	124,611	119,861	123,480	148,362				
55 to 59	Count	17	169	216	116	94	44	12	3	0	0
	Average Earnings		116,159	117,878	128,893	122,736	130,320				
60 to 64	Count	8	158	203	135	78	64	27	6	2	0
	Average Earnings		114,665	116,492	131,593	122,816	122,006	158,722			
65 to 69	Count	4	110	125	78	45	30	15	4	0	0
	Average Earnings		131,717	104,597	110,074	125,468	133,841				
70 & up	Count	1	49	69	40	31	16	11	5	1	0
	Average Earnings				127,654	124,077					

Footnote: Compensation shown is for 397 participants as of January 1, 2024 who are eligible for future benefit accruals under the Plan.

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Schedule SB, Line 26a Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Attained Age		Total Years of Credited Service									
		<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<25	Count	1	0	0	0	0	0	0	0	0	0
	Average cash balance										
25 to 29	Count	3	0	0	0	0	0	0	0	0	0
	Average cash balance										
30 to 34	Count	4	30	7	0	0	0	0	0	0	0
	Average cash balance		1,481								
35 to 39	Count	8	70	52	2	0	0	0	0	0	0
	Average cash balance		3,628	8,801							
40 to 44	Count	14	84	81	33	3	0	0	0	0	0
	Average cash balance		4,878	15,835	24,783						
45 to 49	Count	21	106	158	70	21	2	0	0	0	0
	Average cash balance	16,449	4,895	14,151	39,607	46,248					
50 to 54	Count	10	132	145	102	59	18	2	0	0	0
	Average cash balance		4,131	8,925	37,818	51,128					
55 to 59	Count	16	153	200	99	76	29	7	3	0	0
	Average cash balance		2,256	12,872	20,441	62,541	84,270				
60 to 64	Count	6	151	193	122	51	47	25	4	1	0
	Average cash balance		2,656	7,618	23,165	50,194	56,850	112,735			
65 to 69	Count	4	106	125	71	35	26	14	4	0	0
	Average cash balance		2,300	7,618	21,417	44,577	61,577				
70 & up	Count	0	49	69	38	28	15	10	4	1	0
	Average cash balance		1,496	2,736	18,151	30,407					

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Schedule SB, Line 26b

Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3,759,503	4,395,830	18,803,081	26,958,414
2025	3,846,330	1,427,114	18,436,158	23,709,602
2026	4,975,946	1,370,554	18,138,139	24,484,639
2027	5,992,118	2,206,467	17,822,917	26,021,502
2028	6,359,394	3,109,171	17,465,928	26,934,493
2029	7,048,414	3,393,320	17,080,818	27,522,552
2030	8,040,975	4,701,700	16,646,436	29,389,111
2031	8,332,248	4,261,230	16,174,336	28,767,814
2032	8,921,016	4,796,493	15,676,786	29,394,295
2033	9,414,583	4,973,317	15,138,686	29,526,586
2034	9,980,607	5,172,793	14,566,285	29,719,685
2035	10,145,862	7,459,118	13,964,749	31,569,729
2036	9,874,148	7,904,400	13,336,047	31,114,595
2037	10,983,781	6,006,254	12,678,168	29,668,203
2038	9,994,319	6,397,454	11,994,539	28,386,312
2039	11,151,038	7,565,033	11,289,211	30,005,282
2040	10,943,219	7,052,025	10,566,905	28,562,149
2041	11,000,423	6,577,153	9,833,001	27,410,577
2042	11,223,898	7,020,297	9,093,426	27,337,621
2043	11,153,533	7,741,567	8,354,590	27,249,690
2044	11,178,108	6,484,656	7,623,313	25,286,077
2045	10,263,438	6,921,915	6,906,578	24,091,931
2046	9,736,359	6,682,037	6,211,220	22,629,616
2047	10,476,013	7,048,673	5,543,755	23,068,441
2048	9,271,968	6,635,184	4,910,167	20,817,319
2049	9,064,885	6,320,783	4,315,757	19,701,425
2050	8,570,517	6,424,179	3,764,951	18,759,647
2051	7,991,166	6,017,831	3,261,063	17,270,060
2052	7,437,619	5,270,828	2,806,074	15,514,521
2053	6,831,002	4,818,583	2,400,680	14,050,265
2054	6,380,811	4,486,804	2,044,335	12,911,950

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	5,804,544	4,117,596	1,735,292	11,657,432
2056	5,374,006	3,851,815	1,470,835	10,696,656
2057	5,057,143	3,625,333	1,247,421	9,929,897
2058	4,588,014	3,370,654	1,060,939	9,019,607
2059	4,180,063	3,133,860	906,990	8,220,913
2060	3,855,692	2,901,299	781,074	7,538,065
2061	3,468,802	2,672,437	678,785	6,820,024
2062	3,132,060	2,447,604	595,985	6,175,649
2063	2,840,501	2,231,537	528,888	5,600,926
2064	2,543,607	2,024,413	474,173	5,042,193
2065	2,256,680	1,827,262	429,020	4,512,962
2066	2,005,498	1,640,849	391,124	4,037,471
2067	1,773,077	1,465,722	358,662	3,597,461
2068	1,559,053	1,302,223	330,224	3,191,500
2069	1,364,356	1,150,520	304,792	2,819,668
2070	1,188,652	1,010,600	281,629	2,480,881
2071	1,029,272	882,293	260,223	2,171,788
2072	887,259	765,355	240,241	1,892,855
2073	761,194	659,443	221,430	1,642,067

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Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	14,396,062	15.00000	14,396,062	1,309,758
Total				14,396,062	1,309,758

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Schedule SB, Line 22

Description of Weighted Average Retirement Age as of January 1, 2024

Final Average Pay Participants:

(1)	(2)	(3)	(4)	(5)	(6)
Age	Rate of Retirement	Assumed Age at Retirement	Portion Retiring (2) x (5) from previous year	Portion Remaining (5) from previous year minus (4)	(3) x (4)
60	10.0%	60	0.1000	0.9000	6.0000
61	10.0%	61	0.0900	0.8100	5.4900
62	10.0%	62	0.0810	0.7290	5.0220
63	10.0%	63	0.0729	0.6561	4.5927
64	10.0%	64	0.0656	0.5905	4.1990
65	20.0%	65	0.1181	0.4724	7.6764
66	20.0%	66	0.0945	0.3779	6.2356
67	20.0%	67	0.0756	0.3023	5.0640
68	20.0%	68	0.0605	0.2419	4.1117
69	20.0%	69	0.0484	0.1935	3.3377
70	20.0%	70	0.0387	0.1548	2.7089
71	20.0%	71	0.0310	0.1238	2.1981
72	20.0%	72	0.0248	0.0991	1.7832
73	5.0%	73	0.0050	0.0941	0.3616
74	5.0%	74	0.0047	0.0894	0.3482
75	100.0%	75	0.0894	0.0000	6.7057

Average Retirement Age

65.8348

Cash Balance Participants:

(1)	(2)	(3)	(4)	(5)	(6)
Age	Rate of Retirement	Assumed Age at Retirement	Portion Retiring (2) x (5) from previous year	Portion Remaining (5) from previous year minus (4)	(3) x (4)
60	10.0%	60	0.1000	0.9000	6.0000
61	10.0%	61	0.0900	0.8100	5.4900
62	10.0%	62	0.0810	0.7290	5.0220
63	10.0%	63	0.0729	0.6561	4.5927
64	10.0%	64	0.0656	0.5905	4.1990
65	15.0%	65	0.0886	0.5019	5.7573
66	15.0%	66	0.0753	0.4266	4.9690
67	15.0%	67	0.0640	0.3626	4.2876
68	15.0%	68	0.0544	0.3082	3.6989
69	15.0%	69	0.0462	0.2620	3.1903
70	15.0%	70	0.0393	0.2227	2.7510
71	15.0%	71	0.0334	0.1893	2.3718
72	15.0%	72	0.0284	0.1609	2.0444
73	15.0%	73	0.0241	0.1368	1.7619
74	15.0%	74	0.0205	0.1163	1.5181
75	100.0%	75	0.1163	0.0000	8.7189

Average Retirement Age

66.3729

Total Number of Final Average Pay Participants

450

Total Number of Cash Balance Participants

2,998

Headcount Weighted Average Retirement Age

66.3027

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Schedule SB, Line 26b

Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	3,759,503	4,395,830	18,803,081	26,958,414
2025	3,846,330	1,427,114	18,436,158	23,709,602
2026	4,975,946	1,370,554	18,138,139	24,484,639
2027	5,992,118	2,206,467	17,822,917	26,021,502
2028	6,359,394	3,109,171	17,465,928	26,934,493
2029	7,048,414	3,393,320	17,080,818	27,522,552
2030	8,040,975	4,701,700	16,646,436	29,389,111
2031	8,332,248	4,261,230	16,174,336	28,767,814
2032	8,921,016	4,796,493	15,676,786	29,394,295
2033	9,414,583	4,973,317	15,138,686	29,526,586
2034	9,980,607	5,172,793	14,566,285	29,719,685
2035	10,145,862	7,459,118	13,964,749	31,569,729
2036	9,874,148	7,904,400	13,336,047	31,114,595
2037	10,983,781	6,006,254	12,678,168	29,668,203
2038	9,994,319	6,397,454	11,994,539	28,386,312
2039	11,151,038	7,565,033	11,289,211	30,005,282
2040	10,943,219	7,052,025	10,566,905	28,562,149
2041	11,000,423	6,577,153	9,833,001	27,410,577
2042	11,223,898	7,020,297	9,093,426	27,337,621
2043	11,153,533	7,741,567	8,354,590	27,249,690
2044	11,178,108	6,484,656	7,623,313	25,286,077
2045	10,263,438	6,921,915	6,906,578	24,091,931
2046	9,736,359	6,682,037	6,211,220	22,629,616
2047	10,476,013	7,048,673	5,543,755	23,068,441
2048	9,271,968	6,635,184	4,910,167	20,817,319
2049	9,064,885	6,320,783	4,315,757	19,701,425
2050	8,570,517	6,424,179	3,764,951	18,759,647
2051	7,991,166	6,017,831	3,261,063	17,270,060
2052	7,437,619	5,270,828	2,806,074	15,514,521
2053	6,831,002	4,818,583	2,400,680	14,050,265
2054	6,380,811	4,486,804	2,044,335	12,911,950

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	5,804,544	4,117,596	1,735,292	11,657,432
2056	5,374,006	3,851,815	1,470,835	10,696,656
2057	5,057,143	3,625,333	1,247,421	9,929,897
2058	4,588,014	3,370,654	1,060,939	9,019,607
2059	4,180,063	3,133,860	906,990	8,220,913
2060	3,855,692	2,901,299	781,074	7,538,065
2061	3,468,802	2,672,437	678,785	6,820,024
2062	3,132,060	2,447,604	595,985	6,175,649
2063	2,840,501	2,231,537	528,888	5,600,926
2064	2,543,607	2,024,413	474,173	5,042,193
2065	2,256,680	1,827,262	429,020	4,512,962
2066	2,005,498	1,640,849	391,124	4,037,471
2067	1,773,077	1,465,722	358,662	3,597,461
2068	1,559,053	1,302,223	330,224	3,191,500
2069	1,364,356	1,150,520	304,792	2,819,668
2070	1,188,652	1,010,600	281,629	2,480,881
2071	1,029,272	882,293	260,223	2,171,788
2072	887,259	765,355	240,241	1,892,855
2073	761,194	659,443	221,430	1,642,067

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Visiting Nurse Service of New York
EIN/PN	13-3189926/001
Plan Name	VNS Health CARE Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Justin R. Bogatch, FSA, EA
Enrollment Number	23-7694

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan provisions

Effective date	January 1, 1947 and most recently restated effective January 1, 2020. Most recent amendment was executed on December 22, 2023.
Covered Employees	All employees actively employed by a participating employer under the plan at a rate of not less than 1,000 hours per year (but not those employed on a per diem basis).
Participation date	Date of hire for any employee with a rate of employment of at least 1,000 hours (but not those employed on a per diem basis). Effective January 1, 2015, no new Cash Balance Participants (excluding LPNs) will become eligible to participate in the plan. Effective June 1, 2020, no newly hired, transferred or rehired UFT Nurse will become eligible to participate in the plan (except for a UFT Nurse who was accruing final average pay benefits at termination of employment and was rehired as a UFT Nurse before her recall rights expire).

Definitions

Final average pay participants	Collectively bargained participants where the agreement provides for a final average pay benefit
Cash balance participants	All participants other than Final Average Pay Participants
Vesting service	Number of plan years in which the employee works 1,000 hours (750 hours for Exempt employees) or more
Credited service	For Cash Balance Participants – number of plan years in which the employee works 1,000 hours or more For Cash Balance Participants (including HHA Employees but excluding LPNs) – no additional credited service accrues after December 31, 2014 For Final Average Pay Participants – fraction of a year, not greater than 1, determined by total hours in that year in eligible status divided by 1,885 if at least 1,000 hours worked
Pensionable pay	Total W-2 pay, determined prior to any reduction as a result of an employee's election, limited by the maximum imposed by IRC 401(a)(17). Final Average Pay Participants with between 1,000 and 1,885 hours are credited with prorated pay over 1,885 hours
Average earnings	For Final Average Pay Participants, the average of the highest five consecutive calendar years of Pensionable Pay during the ten-year period ending on the earlier of the participant's termination date or retirement date
Social Security earnings limit	An amount equal to twelve times the highest "average monthly wage" for a participant reaching age 62, as determined under the Federal Social Security Act in effect for the year in which occurs such participant's retirement date or termination date, whichever is earliest

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Normal retirement date (NRD) For Final Average Pay Participants hired prior to March 1, 1997, and Cash Balance Participants, first of the month coinciding with or next following the later of: (a) attainment of age 62, and (b) the earliest of the completion of five years of Credited Service and the fifth anniversary of the date of participation

For Final Average Pay Participants hired on or after March 1, 1997, first of the month coinciding with or next following the later of: (a) attainment of age 65, and (b) the earliest of the completion of five years of Credited Service and the fifth anniversary of the date of participation

Cash balance benefits

Account

For Cash Balance Participants hired prior to October 1, 1987, the lump sum equivalent to present value of the participant's accrued benefit as of July 31, 1987.

For Cash Balance Participants hired on or after October 1, 1987, participant received an annual pay-based credit, based on employee's years of Vesting Service, and an annual interest credit.

Effective January 1, 2002 an annual pay-based credit is equal to a percentage of pay, where the percentage is based on an employee's years of Vesting Service, as follows:

Years of vesting service	Pay credit percentage
Less than 5 years	6.0%
5 years but less than 10 years	7.0%
10 years but less than 15 years	8.5%
15 years but less than 20 years	9.5%
20 or more years	10.5%

For each plan year beginning after December 31, 2001 that a participant is employed by New Partners, Inc. and is covered by a collective bargaining agreement and who works 1,000 hours or more, the pay credit will be equal to 1% of such participant's pay for the plan year (2% of participant's pay for 2014 only).

Pay-based credits with respect to each plan year commencing after December 31, 1987 shall be credited to the participant's account on a proportionate basis, with $\frac{1}{4}$ of the pay-based credit with respect to such plan year being credited as of March 31, $\frac{1}{4}$ as of June 30, $\frac{1}{4}$ as of September 30 and $\frac{1}{4}$ as of December 31 of such year.

Effective January 1, 2015, Cash Balance Participants (including HHA Employees but excluding LPNs) will not receive pay credits.

Interest credit percentage

For Cash Balance Participants (other than HHAs), the annual rate of interest on 30-year Treasury securities for the month of November most recently preceding the beginning of the calendar year. For other Cash Balance Participants, the lesser of (i) the percentage increase in the Consumer Price Index, or (ii) the 12-month average of One-Year Treasury Constant Maturities, both measured from October 1 of the second year

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preceding the applicable calendar year to September 30 of the year immediately preceding the applicable calendar year and rounded down to a multiple of $\frac{1}{4}$ percent, or prior to 2024 other amount as determined by VNS Health, and beginning after December 31, 2023 not less than 2.25%.

Interest credits to accounts As of December 31, 1987 and each quarterly valuation date thereafter, for active and terminated vested participants who have not begun receiving payments, the participant's account shall be increased by $\frac{1}{4}$ of the appropriate interest credit percentage for the applicable calendar year times the value of the account as of the preceding quarterly valuation date.

Eligibility for benefits

Normal retirement	Retirement on NRD
Early retirement	For Final Average Pay Participants hired prior to March 1, 1997 and Cash Balance Participants, retirement before NRD and on or after both attaining age 50 and completing 5 years of Credited Service. For Final Average Pay Participants hired on or after March 1, 1997, retirement before NRD and on or after both attaining age 55 and completing 5 years of Credited Service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death, disability, or retirement after completing five years of Vesting Service. Effective January 1, 2008, three years of Vesting Service for Cash Balance Participants.
Disability	Permanent and total disability prior to NRD, and participant is entitled to Social Security disability benefits.
Preretirement death benefit	Death before benefit commencement, with benefits payable to any designated beneficiary as long as the surviving spouse waives the right to the benefit.

Benefits paid upon the following events

Normal retirement	For Cash Balance Participants, the annuity equivalent of the account balance as of NRD. For Final Average Pay Participants hired prior to March 1, 1997 with 15 or more years of Credited Service, the benefit is equal to the sum of: (i) 25% of Average Earnings, (ii) 15% of Average Earnings in excess of the Social Security Earnings Limit, and (iii) $\frac{1}{2}$ of 1% of Average Earnings multiplied by Credited Service in excess of 15 years. If the participant has less than 15 years of Credited Service, the benefit will be computed using 15 years of Credited Service and reduced proportionately. For Final Average Pay Participants hired on or after March 1, 1997 with 15 or more years of Credited Service, the benefit is equal to the sum of: (i) 22.5% of Average Earnings, and (ii) 1.7% of Average Earnings multiplied by Credited Service in excess of 15 years. If the participant has less than 15 years of Credited Service, the benefit will be computed using 15 years of Credited Service and reduced proportionately.
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Early retirement	<p>For Cash Balance Participants, the annuity equivalent, based on a participant's age at benefit commencement, of the participant's account balance as of early retirement. If the participant defers payment past early retirement date, the account balance will earn interest credits but no pay credits.</p> <p>For Final Average Pay Participants hired prior to March 1, 1997, Normal Retirement Benefit reduced as follows: (i) 0.5% for each of the first 60 months prior to and including the month in which the participant attains age 60, plus (ii) 0.3% for each additional month.</p> <p>For Final Average Pay Participants hired on or after March 1, 1997, Normal Retirement Benefit reduced as follows: (i) 0.33% for each of the first 36 months prior to and including the month in which the participant attains age 65 (age 62 if the participant has at least 25 years of service), plus (ii) 0.5% for each additional month.</p>
Postponed retirement	<p>For Cash Balance Participants who work past April 1 of the year following the year in which they turn age 70 ½, the greater of (1) the annuity equivalent of the participant's account balance as of the actual retirement date, and (2) actuarial equivalence of annuity equivalent of the participant's account balance as of such April 1.</p> <p>For other Cash Balance Participants, the annuity equivalent of the participant's account balance as of the actual retirement date.</p> <p>For Final Average Pay Participants, Normal Retirement Benefit based on greater of (1) pay and service on the date of postponed retirement, and (2) actuarial equivalence of benefit accrued to Normal Retirement Date.</p>
Vested termination	<p>For Cash Balance Participants, the actuarial equivalent of the participant's account balance as of the benefit commencement date.</p> <p>For Final Average Pay Participants, Normal Retirement Benefit based on pay and service on the date of termination.</p>
Disablement	<p>For Cash Balance Participants, the actuarial equivalent of the participant's account balance as of the benefit commencement date.</p> <p>For Final Average Pay Participants, monthly pension benefit determined as of the date of disablement, as described below, payable immediately without reduction for early commencement.</p> <p>For Final Average Pay Participants hired prior to March 1, 1997, the benefit is equal to the sum of (i) 25% of Average Earnings and (ii) ½ of 1% of Average Earnings multiplied by Credited Service in excess of 15 years, based on the greater of Credited Service at disablement or the Credited Service that would have been earned if employment continued to age 60.</p> <p>For Final Average Pay Participants hired on or after March 1, 1997, the benefit is equal to the greater of:</p> <ul style="list-style-type: none">▶ 25% of Average Earnings plus 0.5% of Average Earnings multiplied by Credited Service in excess of 15 years, based on the greater of Credited Service at disablement or the Credited Service that would have been earned if employment continued to age 60.

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- ▶ 22.5% of Average Earnings, plus 1.7% of Average Earnings multiplied by Credited Service in excess of 15 years, based on Credited Service at disablement.

Preretirement death

For Cash Balance Participants, a lump sum equal to the value of the participant's account as of the last day preceding the month in which payment occurs (or actuarial equivalent annuity in the case of a spousal beneficiary).

For Final Average Pay Participants, 50% of the benefit determined as if the Participant had retired on the first of the month in which her death occurred.

Other plan provisions

Forms of payment

Benefits are paid in the form of a 50% joint and survivor annuity for married participants or a single life annuity for single participants. Other forms of payment, subject to spousal consent if applicable, include a lump sum (for Cash Balance Participants), a 50%, 75% or 100% joint and survivor annuity, 10-year certain and life annuity, with 50% or 100% payable to a beneficiary upon the participant's death during the certain period, or a Social Security equalization annuity.

Final Average Pay Participants hired prior to March 1, 1997 receive cost of living increases on all annuity forms of payment. Cash Balance Participants may elect to receive their annuity form of payment with cost-of-living increases (subject to an actuarial adjustment) or without cost-of-living increases.

Cost-of-living increases

For Cash Balance Participants who elect a form of payment with a cost-of-living increase, benefits will be adjusted annually to reflect any increases in the cost-of-living, as measured by the change in the September Consumer Price Index.

For Final Average Pay Participants hired prior to March 1, 1997, benefits will be adjusted annually to reflect any increases in the cost of living, as measured by the change in the September Consumer Price Index; for employees hired after December 31, 1984, no adjustment will be made during any period of benefit deferral and no annual adjustment will exceed 3%.

Plan participant contributions

None

Periods of employment with prior employers

Credited, Vesting and participation service for certain participants who transferred from Mount Sinai (MSHHA) and New York Hospital Queens shall include service with prior employer.

Benefits determined under the CARE plan will be offset by benefits accrued under prior plans for these participants.

Vesting and participation service for certain employees who transferred from the Kingsbrook, White Plains and St. Vincent centers shall include service with prior employer. Credited service for these employees shall include service with VNS Health only.

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Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for funding or AFTAP purposes.

Future plan changes

No future plan changes were recognized.

Changes in benefits valued since prior year

There have been no changes in benefits valued since the prior year.

Plan Name: VNS Health CARE Pension Plan
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Plan Sponsor: Visiting Nurse Service of New York
Valuation Date: January 1, 2024

Plan Name	VNS HEALTH CARE PENSION PLAN
Plan Sponsor EIN	13-3189926
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	14,396,062	15.00000	14,396,062	1,309,758
Total				14,396,062	1,309,758

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Schedule SB, Line 24 Change in Actuarial Assumptions

The interest crediting rate for non-union cash balance participants was updated from 4.00% to 4.66% to reflect recent experience.

The interest crediting rate for union cash balance participants was updated from 2.35% to 3.50% to reflect recent experience.

The assumed plan-related expenses added to the target normal cost were changed from \$1,188,000 for the prior valuation to \$1,691,000 for the current valuation to account for higher expected expenses to be paid from the trust.

The assumed annual compensation rate increase for final average pay participants was updated to reflect recent union negotiations.

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