

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

1a Name of plan: PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): UNITED MEMORIAL MEDICAL CENTER
2b Employer Identification Number (EIN): 16-0743029
2c Plan Sponsor's telephone number: 585-922-1100
2d Business code (see instructions): 622000

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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	604
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)	107
	6a(2)	90
	6b	236
	6c	234
	6d	560
	6e	14
	6f	574
	6g(1)	
6g(2)		
6h		
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 1I

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(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
---	--	--

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>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</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>UNITED MEMORIAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743029</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>17737609</u>		
b Actuarial value	2b	<u>18278897</u>		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment	<u>246</u>	<u>10321738</u>	<u>10321738</u>	
b For terminated vested participants	<u>251</u>	<u>7094975</u>	<u>7094975</u>	
c For active participants	<u>107</u>	<u>4075835</u>	<u>4077692</u>	
d Total	<u>604</u>	<u>21492548</u>	<u>21494405</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>5.11 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>400000</u>		
c Target normal cost	6c	<u>400000</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>TODD WEBER, EA, MAAA</u> Type or print name of actuary <u>MERCER</u> Firm name <u>70 LINDEN OAKS, SUITE 310</u> <u>ROCHESTER, NY 14625</u> Address of the firm	<u>09/10/2025</u> Date <u>23-06399</u> Most recent enrollment number <u>585-389-8700</u> Telephone number (including area code)
---	--

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	346559
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	346559
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>15.77</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		384082
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>5.25</u> %		1970
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		54652
c	Total available at beginning of current plan year to add to prefunding balance		440704
d	Portion of (c) to be added to prefunding balance		440704
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	440704

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.98 %
15	Adjusted funding target attainment percentage	15	81.29 %
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	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	176000	0					
07/12/2024	176000	0					
04/15/2025	194000	0					
07/15/2025	194000	0					
09/09/2025	80000	0					
			Totals ▶	18(b)	820000	18(c)	

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	780262

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29
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 400000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3656212		373060
b Waiver amortization installment			
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 773060
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	343756	343756
36 Additional cash requirement (line 34 minus line 35)			36 429304
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 780262
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 350958
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 343756
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

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 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.
--	--	---

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

A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029	

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

(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

(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

(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

(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)

MERCER

13-2834414

(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	ACTUARY	65425	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)

RELIANCE TRUST COMPANY

58-1428634

(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?
21 28	ASSET TRUSTEE/INV ADVISOR	22284	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)

WILLIS TOWERS WATSON

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?
15	RECORDKEEPER	6461	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"/>

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</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>UNITED MEMORIAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743029</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 3000</u>	b Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>94-3112180-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5752611</u></td> </tr> </table>	c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5752611</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5752611</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE TERM CREDIT BOND INDEX</u>	b Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>94-3112180-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3225770</u></td> </tr> </table>	c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3225770</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3225770</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX FUND</u>	b Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>94-3112180-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1749451</u></td> </tr> </table>	c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1749451</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1749451</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LONG TREASURY INDEX FUND C</u>	b Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>94-3112180-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306428</u></td> </tr> </table>	c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306428</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1306428</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXIOM EMERGING MARKETS TRUST CL 2</u>	b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>81-1085578-087</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1315436</u></td> </tr> </table>	c EIN-PN <u>81-1085578-087</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>1315436</u>		
c EIN-PN <u>81-1085578-087</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>1315436</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EAFE EQUITY INDEX FUND</u>	b Name of sponsor of entity listed in (a): <u>BLACK ROCK INSTITUTIONAL TRUST COMPANY</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>94-3112180-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815757</u></td> </tr> </table>	c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815757</u>		
c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815757</u>			
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JOHNSTON INTERNATIONAL EQUITY GR TR</u>	b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSTON GLOBAL ADVISORS</u>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>26-6493485-001</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1064277</u></td> </tr> </table>	c EIN-PN <u>26-6493485-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1064277</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1064277</u>			

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029

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.

Assets	(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)	1000000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	300086
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	300464
(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)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	15317568
(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)	1165580
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	15849237

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	17783612	17900092
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	18711	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	18711	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17764901	17900092

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)	820000	
(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)		820000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14281	
(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)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	73071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	5991161	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5901149	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1609424
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2606788

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2122191	
(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)		2122191
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)	6461	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	22873	
(7) Actuarial fees	2i(7)	65425	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	254647	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		349406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2471597

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		135191
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: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 560242.

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.
--	---	---

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

A Name of plan <u>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED MEMORIAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743029</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>58-1428634</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	18

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

FINANCIAL STATEMENTS

Pension Plan for Employees of United Memorial Medical Center
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors

Pension Plan for Employees of United Memorial Medical Center

Financial Statements

Years Ended December 31, 2024 and 2023

Contents

	<u>Page</u>
Independent Auditor's Report	1 - 3
Financial Statements:	
Statements of Net Assets Available for Benefits.....	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6 - 12
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j - Schedule of Reportable Transactions	14 - 19



INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Pension Plan for Employees of United Memorial Medical Center

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications 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 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's 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. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2024 and schedule H, line 4j – 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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 its form and content, is presented in conformity with the DOL'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 DOL'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).

Freed Maxick P.C.

Rochester, New York
October 8, 2025

Pension Plan for Employees of United Memorial Medical Center

Statements of Net Assets Available for Benefits

December 31,

ASSETS	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Cash and cash equivalents	\$ 331,588	\$ 300,464
Common collective trusts	15,849,237	15,317,568
Mutual funds	951,181	1,165,580
Total investments	<u>17,132,006</u>	<u>16,783,612</u>
Receivables:		
Due from broker, net	300,086	-
Employer contributions receivable	468,000	1,000,000
Total receivables	<u>768,086</u>	<u>1,000,000</u>
Total assets	17,900,092	17,783,612
 LIABILITIES		
Due to broker, net	-	18,711
Total liabilities	<u>-</u>	<u>18,711</u>
Net assets available for benefits	<u><u>\$ 17,900,092</u></u>	<u><u>\$ 17,764,901</u></u>

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,699,436	\$ 2,086,207
Interest and dividends	87,352	319,078
Total investment income	<u>1,786,788</u>	<u>2,405,285</u>
Employer contributions	820,000	1,140,000
Total additions	<u>2,606,788</u>	<u>3,545,285</u>
Deductions:		
Benefits paid directly to participants	2,122,191	1,613,175
Administrative expenses	349,406	486,933
Total deductions	<u>2,471,597</u>	<u>2,100,108</u>
Net increase	135,191	1,445,177
Net assets available for benefits:		
Beginning of year	<u>17,764,901</u>	<u>16,319,724</u>
End of year	<u>\$ 17,900,092</u>	<u>\$ 17,764,901</u>

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the Pension Plan for Employees of United Memorial Medical Center (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering eligible employees of United Memorial Medical Center (the Hospital), a subsidiary of Rochester Regional Health (RRH). The Plan is subject to the provisions of ERISA. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was frozen for all employees on April 6, 2007. Any participant who completed the requirements to complete an additional plan year before this date would be granted an additional year of service under the Plan. No participant met the requirements. After April 6, 2007, the participants who were in the Plan prior to its freezing will not accrue any more service that would be applicable to their future benefit. Additionally, individuals who have not vested in their benefits will still be required to complete service time requirements to receive their benefits. A 403(b) plan was put into place to replace the Plan for all employees.

Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2024 and 2023, the Hospital made contributions of \$820,000 and \$1,140,000, respectively. Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Benefits are determined based on the participant's years of benefit service and compensation as defined by the Plan agreement. The Plan provides for 100% vesting after five years of credited service and 0% vesting if less than five years of service have been credited. The Plan permits early retirement at age 55 upon completion of 15 years of benefit service and termination of service, or at age 60 upon completion of 10 years of benefit service and termination of service. Employees may elect to receive their benefits in the form of an annuity. Employees hired prior to January 1, 2004 may also elect their benefit in the form of a lump sum.

If an active vested participant dies before reaching retirement date, a death benefit equal to 50% of the retirement income payable, had the participant elected early retirement, would be paid to a qualified surviving spouse.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, the custodian, and the trustee of the Plan. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan evaluated its December 31, 2024, financial statements for subsequent events through October 8, 2025, the date the financial statements were issued.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. 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. Benefits under the Plan are accumulated based on 1.5% of employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the Plan freeze 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 an 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 valuation as of December 31, 2023 was (a) life expectancy of participants (Pri-2012 Mortality Tables projected with Scale MP – 2021), (b) retirement age assumptions (graded by age), and (c) investment return. The interest rate used to discount the obligation for 2023 was 5.14%. 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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

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

	December 31, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 10,330,503
Active participants	3,836,849
Other participants	7,271,976
Non-vested benefits	<u>1,519</u>
Actuarial present value of accumulated benefits	<u>\$ 21,440,847</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 21,504,324
Changes during the year attributed to:	
Increase for interest due to decrease in discount period	1,118,174
Benefits paid directly to participants	(1,613,175)
Actuarial loss	54,812
Change in actuarial assumptions	<u>376,712</u>
Net decrease	<u>(63,477)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 21,440,847</u>

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in actuarial assumptions for the year ended December 31, 2023 were as follows:

- The discount rate decreased from 5.42% to 5.14% per year.
- The lump sum conversion rates were updated to reflect current mortality and interest rates.

Note 4. 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:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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.

Note 5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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 observable inputs and minimize the use of unobservable inputs.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 331,588	\$ -	\$ -	\$ 331,588
Common collective trusts (b)	-	-	-	15,849,237
Mutual funds (c)	<u>951,181</u>	<u>-</u>	<u>-</u>	<u>951,181</u>
Total investments at fair value	<u>\$ 1,282,769</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,132,006</u>
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 300,464	\$ -	\$ -	\$ 300,464
Common collective trusts (b)	-	-	-	15,317,568
Mutual funds (c)	<u>1,165,580</u>	<u>-</u>	<u>-</u>	<u>1,165,580</u>
Total investments at fair value	<u>\$ 1,466,044</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,783,612</u>

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- (a) Cash and cash equivalents – include cash and investments in short-term instruments used to complete investment policy asset allocations when cash balances are high; primarily short-term in nature such as daily priced contracts, short-term debt securities including United States (U.S.) Treasury bills, commercial paper and certificates of deposits.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

- (b) Common collective trusts – valued at net asset value (NAV) of units of the common collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. These trusts have a daily redemption frequency with a notice period of 30 days at December 31, 2024 and 2023. In accordance with Subtopic 820-10, these investments were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts were presented in this are intended to permit reconciliation of their fair value hierarchy to the line items presented in the statement of net assets available for benefits.
- (c) Mutual funds – valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The exchange traded and mutual funds held by the Plan are deemed to be actively traded. These investments are classified as Level 1 investments.

Investments Measured Using the NAV per Share Practical Expedient: The following table summarizes investments measured at fair value based on NAV per share practical expedient as of December 31:

	Fair Value		Unfunded Commitments	
	2024	2023	2024	2023
Common collective trusts	\$ 15,849,237	\$ 15,317,568	\$ -	\$ -

Note 6. 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 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.

Note 7. Income Tax Status

The Plan obtained its latest determination letter on December 8, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 7. Income Tax Status (Continued)

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Related-Party and Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 9. Financial Certification

The following unaudited financial information relating to the Plan's December 31, 2024 and 2023 assets, as well as earnings and transactions for the years then ended, has been derived from information provided by the trustee of the Plan, Reliance Trust Company, and has been certified as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification, and the information relating to assets has not been audited by independent accountants. In addition, Reliance Trust Company has certified the unaudited financial data contained in the supplemental schedule at December 31, 2024.

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Cash and cash equivalents	\$ 331,588	\$ 300,464
Common collective trusts	\$ 15,849,237	\$ 15,317,568
Mutual funds	\$ 951,181	\$ 1,165,580
Transactions for the years ended:		
Net appreciation in fair value of investments	\$ 1,699,436	\$ 2,086,207
Interest and dividends	\$ 87,352	\$ 319,078

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
EIN # 16-0743029, Plan #001

<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
Cash and cash equivalents:		
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	\$ 96,550	\$ 96,550
FEDERATED GOVT OBLIGATION INSTL SHARES	235,038	235,038
Total cash and cash equivalents	<u>331,588</u>	<u>331,588</u>
Common collective trusts:		
RUSSELL 3000	4,295,331	5,752,611
INTERMEDIATE TERM CREDIT BD INX	2,950,000	3,225,770
LONG TERM CREDIT BOND INDEX FUND	1,620,000	1,749,451
US LONG TSY INDEX FUND C	1,300,000	1,306,428
AXIOM EMERGING MKTS TR CL 2	1,164,196	1,315,436
EAFE EQUITY INDEX FUND	731,991	815,757
JOHNSTON INTL EQUITY GROUP TRUST	991,821	1,064,277
US STRIPS 20+ YR BOND INDEX FUND	650,000	619,507
Total common collective trusts	<u>13,703,339</u>	<u>15,849,237</u>
Mutual fund:		
PIMCO ALL ASSET INSTL	970,861	951,181
Total mutual fund	<u>970,861</u>	<u>951,181</u>
Total investments	<u>\$ 15,005,788</u>	<u>\$ 17,132,006</u>

The above data is based solely upon information which has been certified as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	16,764,900.47			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
FEDERATED GOVT OBLIGATION INSTL SHARES				
DEPOSIT ON 01/02/2024	1,296.58	1,296.58	1,296.58	
DEPOSIT ON 01/02/2024	3.48	3.48	3.48	
WITHDRAWAL ON 01/03/2024	5,837.43	5,837.43	5,837.43	
DEPOSIT ON 01/10/2024	162,000.00	162,000.00	162,000.00	
DEPOSIT ON 01/11/2024	250,000.00	250,000.00	250,000.00	
DEPOSIT ON 01/12/2024	250,003.48	250,003.48	250,003.48	
WITHDRAWAL ON 01/12/2024	250,003.48	250,003.48	250,003.48	
WITHDRAWAL ON 01/25/2024	88,326.87	88,326.87	88,326.87	
DEPOSIT ON 02/01/2024	1,874.28	1,874.28	1,874.28	
DEPOSIT ON 02/01/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/02/2024	140,628.01	140,628.01	140,628.01	
WITHDRAWAL ON 02/05/2024	20,000.00	20,000.00	20,000.00	
WITHDRAWAL ON 02/09/2024	783.85	783.85	783.85	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 02/20/2024	132,459.00	132,459.00	132,459.00	
DEPOSIT ON 02/26/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/26/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/27/2024	88,883.60	88,883.60	88,883.60	
DEPOSIT ON 02/29/2024	100,000.00	100,000.00	100,000.00	
DEPOSIT ON 03/01/2024	101,266.45	101,266.45	101,266.45	
WITHDRAWAL ON 03/01/2024	100,000.00	100,000.00	100,000.00	
WITHDRAWAL ON 03/04/2024	42,984.79	42,984.79	42,984.79	
WITHDRAWAL ON 03/21/2024	1,683.79	1,683.79	1,683.79	
WITHDRAWAL ON 03/27/2024	88,978.31	88,978.31	88,978.31	
DEPOSIT ON 04/01/2024	742.02	742.02	742.02	
DEPOSIT ON 04/01/2024	14.15	14.15	14.15	
DEPOSIT ON 04/02/2024	14.15	14.15	14.15	
WITHDRAWAL ON 04/02/2024	14.15	14.15	14.15	
DEPOSIT ON 04/11/2024	256,000.00	256,000.00	256,000.00	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 04/12/2024	22,852.00	22,852.00	22,852.00	
WITHDRAWAL ON 04/19/2024	70,122.77	70,122.77	70,122.77	
WITHDRAWAL ON 04/24/2024	90,324.32	90,324.32	90,324.32	
WITHDRAWAL ON 04/29/2024	17,337.00	17,337.00	17,337.00	
DEPOSIT ON 05/01/2024	819.01	819.01	819.01	
DEPOSIT ON 05/09/2024	16.98	16.98	16.98	
WITHDRAWAL ON 05/09/2024	16.98	16.98	16.98	
WITHDRAWAL ON 05/28/2024	89,969.87	89,969.87	89,969.87	
DEPOSIT ON 06/03/2024	598.34	598.34	598.34	
WITHDRAWAL ON 06/04/2024	19,860.02	19,860.02	19,860.02	
WITHDRAWAL ON 06/07/2024	1,670.68	1,670.68	1,670.68	
DEPOSIT ON 06/10/2024	300,000.00	300,000.00	300,000.00	
WITHDRAWAL ON 06/27/2024	139,223.17	139,223.17	139,223.17	
DEPOSIT ON 07/01/2024	948.54	948.54	948.54	
DEPOSIT ON 07/12/2024	75,879.61	75,879.61	75,879.61	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 07/18/2024	551.53	551.53	551.53	
WITHDRAWAL ON 07/26/2024	90,415.32	90,415.32	90,415.32	
DEPOSIT ON 08/01/2024	1,000.10	1,000.10	1,000.10	
WITHDRAWAL ON 08/05/2024	532.22	532.22	532.22	
DEPOSIT ON 08/09/2024	19.27	19.27	19.27	
WITHDRAWAL ON 08/09/2024	19.27	19.27	19.27	
WITHDRAWAL ON 08/26/2024	66,936.01	66,936.01	66,936.01	
WITHDRAWAL ON 08/28/2024	97,416.53	97,416.53	97,416.53	
DEPOSIT ON 09/03/2024	705.64	705.64	705.64	
DEPOSIT ON 09/13/2024	678,000.00	678,000.00	678,000.00	
WITHDRAWAL ON 09/24/2024	3,260.18	3,260.18	3,260.18	
WITHDRAWAL ON 09/25/2024	1,655.70	1,655.70	1,655.70	
WITHDRAWAL ON 09/27/2024	134,352.10	134,352.10	134,352.10	
DEPOSIT ON 10/01/2024	1,562.23	1,562.23	1,562.23	
WITHDRAWAL ON 10/03/2024	93,052.74	93,052.74	93,052.74	
DEPOSIT ON 10/10/2024	33.37	33.37	33.37	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 10/11/2024	254,132.00	254,132.00	254,132.00	
WITHDRAWAL ON 10/10/2024	33.37	33.37	33.37	
WITHDRAWAL ON 10/31/2024	91,202.82	91,202.82	91,202.82	
DEPOSIT ON 11/01/2024	1,249.46	1,249.46	1,249.46	
DEPOSIT ON 11/08/2024	24.89	24.89	24.89	
WITHDRAWAL ON 11/08/2024	24.89	24.89	24.89	
WITHDRAWAL ON 11/25/2024	72,768.95	72,768.95	72,768.95	
DEPOSIT ON 11/29/2024	108,797.18	108,797.18	108,797.18	
DEPOSIT ON 12/02/2024	419.99	419.99	419.99	
WITHDRAWAL ON 12/06/2024	1,122.18	1,122.18	1,122.18	
DEPOSIT ON 12/09/2024	9.28	9.28	9.28	
WITHDRAWAL ON 12/09/2024	26,350.87	26,350.87	26,350.87	
WITHDRAWAL ON 12/09/2024	9.28	9.28	9.28	
WITHDRAWAL ON 12/11/2024	2,264.83	2,264.83	2,264.83	
WITHDRAWAL ON 12/23/2024	100,590.75	100,590.75	100,590.75	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 12/30/2024	208,312.99	208,312.99	208,312.99	
TOTAL	4,950,369.99	4,950,369.99	4,950,369.99	
TOTAL SHORT TERM INVESTMENTS	4,950,369.99	4,950,369.99	4,950,369.99	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		4,950,369.99		

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: The St. Jerome Hospital Retirement Plan (originally effective July 1, 1963) merged into the Genesee Memorial Hospital Pension Plan (originally effective January 1, 1966) effective October 1, 1999, at which time the plan was renamed the Pension Plan for Employees of United Memorial Medical Center. Plan year: January 1 – December 31.
Status of the plan	Participation and benefit accruals were frozen effective April 6, 2007.
Significant events that occurred during the year	None.
Definitions	
• Participation	The January 1 or July 1 coincident with or next following attainment of age 21 and completion of one year of service. The plan was closed to new entrants effective April 6, 2007.
• Vesting service	A full year is credited for each plan year during which 1,000 or more hours of service are credited. No partial years of vesting service are credited.
• Credited service	Effective January 1, 2000, for purposes of determining benefits, a full year is credited for each plan year during which a participant completes at least 1,000 hours of service. No partial years of service are credited. No credit service is earned with respect to hours of service on or after April 6, 2007.
• Compensation	Total earnings excluding fringe benefits.
Normal retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 65.
• Benefit	1.5% of each year's compensation for each year of credited service. Former participants of the Genesee Memorial Hospital Pension Plan: Benefit accrued as of December 31, 1999 under the terms of that plan plus 1.5% of each year's compensation for each year of credited service after that date. Benefit accruals ceased effective April 6, 2007.
Early retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 55 and completion of 15 years of vesting service or the attainment of age 60 and completion of 10 years of vesting service.
• Benefit	The normal retirement benefit reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement	
• Eligibility	Benefit commencement after normal retirement date.
• Benefit	The normal retirement benefit actuarially increased from the normal retirement date to the late retirement date.

Deferred vested	
• Eligibility	100% vested upon five years of service.
• Benefit	Accrued benefit payable at normal retirement date. At the election of the participant, the benefit (reduced for early retirement) can commence upon the attainment of age 55 if he/she completed at least 15 years of vesting service, or upon the attainment of age 60 if he/she completed at least 10 years of vesting service.

Pre-retirement death	
• Eligibility	A death benefit is payable to the beneficiary of a participant whose death occurs after becoming vested but prior to retirement.
• Benefit	For surviving spouses, 50% of the benefit which would have been payable had the deceased participant terminated service on the date of death, survived to the earliest possible benefit commencement date, elected a 50% joint and survivor annuity, and died on that same date. For beneficiaries of unmarried participants, a lump sum benefit equal to the lesser of the actuarially equivalent present value of the participant's accrued benefit or \$5,000.

Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Qualified joint and 50% survivor annuity.
• Optional forms	A life annuity; 50%, 66 2/3%, 75%, or 100% joint and survivor annuity; 5-, 10-, or 15-year certain and life annuity; or lump sum distribution if: (i) hired before 2004 (and, for former employees of St. Jerome Hospital, if terminated employment after 1999) or (ii) the present value of the accrued benefit is \$7,000 or less.
• Actuarial equivalence	Actuarial equivalence is based on the 1984 Unisex Pension Mortality Table and 7% interest. Conversion from a life annuity to a lump sum is based on mortality and interest rates specified under Code Section 417(e).

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan are included in valuations.

- **Late retirement increases:** Participants over normal retirement age are valued including late retirement actuarial increases.
- **Code Section 415(b) limitations:** The limitations of Code Section 415(b) are incorporated into valuations.
- **Code Section 416 rules for top-heavy plans:** We do not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Plan provision changes since prior valuation

There have been no plan provision changes since the prior valuation.

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
EIN # 16-0743029, Plan #001

<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
Cash and cash equivalents:		
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	\$ 96,550	\$ 96,550
FEDERATED GOVT OBLIGATION INSTL SHARES	235,038	235,038
Total cash and cash equivalents	<u>331,588</u>	<u>331,588</u>
Common collective trusts:		
RUSSELL 3000	4,295,331	5,752,611
INTERMEDIATE TERM CREDIT BD INX	2,950,000	3,225,770
LONG TERM CREDIT BOND INDEX FUND	1,620,000	1,749,451
US LONG TSY INDEX FUND C	1,300,000	1,306,428
AXIOM EMERGING MKTS TR CL 2	1,164,196	1,315,436
EAFE EQUITY INDEX FUND	731,991	815,757
JOHNSTON INTL EQUITY GROUP TRUST	991,821	1,064,277
US STRIPS 20+ YR BOND INDEX FUND	650,000	619,507
Total common collective trusts	<u>13,703,339</u>	<u>15,849,237</u>
Mutual fund:		
PIMCO ALL ASSET INSTL	970,861	951,181
Total mutual fund	<u>970,861</u>	<u>951,181</u>
Total investments	<u>\$ 15,005,788</u>	<u>\$ 17,132,006</u>

The above data is based solely upon information which has been certified as complete and accurate by Reliance Trust Company.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25										
25 - 29										
30 - 34										
35 - 39		2								
40 - 44		5	4							
45 - 49		2	1	1						
50 - 54		3	7	5	8					
55 - 59		3	8	3	7	5				
60 - 64		4	8	6	4	4	6			
65 - 69		2		1	5		1			
70+			1		1					

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
• First 5 years	4.75%	
• Next 15 years	4.87%	
• Over 20 years	5.59%	
Mortality sponsor elections	Code Section 430(h)(3) prescribes generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using the IRS-modified Scale MP-2021.	
Lump sum basis	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates, rather than Code Section 417(e) rates, and current year Code Section 417(e) unisex mortality.	
Economic assumptions		
• Salary increases	Not applicable. The plan is frozen.	
• Expected rate of return on assets	6.25% per year.	
• Expenses	Expected administrative expenses are based on actual expenses for the prior year adjusted for any expected differences, such as changes in the PBGC premium for the current year	
Demographic assumptions		
• Withdrawal incidence	2% per year.	
• Disability incidence	None.	
• Retirement incidence	Attained age	Rate
	55 - 59	3%
	60 - 61	15%
	62	25%
	63 - 64	20%
	65+	100%
	Benefits for terminated participants with vested benefits are assumed to commence at age 65.	
• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	60%
— Spouse age difference	3 years younger	3 years older
• Form of payment	100% of active participants eligible for lump sum distributions are assumed to elect lump sums. All other benefits are assumed to be paid as life annuities.	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Asset method

The asset valuation method is an average of the adjusted market value determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Code Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants are included or excluded from the valuation as described below:

- **Participants included:** Employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.

Funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

The plan's valuation date is the beginning of the plan year.

An individual's funding target is the present value of future benefits based on credited service as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

The plan's funding target is the sum of the individual funding targets.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established	Outstanding balance	Years remaining	2024 installment	
2021	\$ 2,268,803	12	\$	242,048
2022	(738,175)	13		(74,274)
2023	2,666,589	14		254,507
2024	(541,005)	15		(49,221)
Total	\$ 3,656,212		\$	373,060

Schedule SB, line 24 — Change in Actuarial Assumptions

The expense component of the normal cost changed from \$600,000 to \$400,000.

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the below table of retirement rates. The average retirement age is 62.

(A) Retirement age	(B) Retirement rate	(C) Number of employees	(D) Number of employees expected to retire (B) x (C)	(E) Accumulation of retirement ages (A) x (D)
55	3%	10,000	300	16,500
56	3%	9,700	291	16,296
57	3%	9,409	282	16,074
58	3%	9,127	274	15,892
59	3%	8,853	266	15,694
60	15%	8,587	1,288	77,280
61	15%	7,299	1,095	66,795
62	25%	6,204	1,551	96,162
63	20%	4,653	931	58,653
64	20%	3,722	744	47,616
65	100%	2,978	2,978	193,570
Total			10,000	620,532
Average				62.05

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	16,764,900.47			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
FEDERATED GOVT OBLIGATION INSTL SHARES				
DEPOSIT ON 01/02/2024	1,296.58	1,296.58	1,296.58	
DEPOSIT ON 01/02/2024	3.48	3.48	3.48	
WITHDRAWAL ON 01/03/2024	5,837.43	5,837.43	5,837.43	
DEPOSIT ON 01/10/2024	162,000.00	162,000.00	162,000.00	
DEPOSIT ON 01/11/2024	250,000.00	250,000.00	250,000.00	
DEPOSIT ON 01/12/2024	250,003.48	250,003.48	250,003.48	
WITHDRAWAL ON 01/12/2024	250,003.48	250,003.48	250,003.48	
WITHDRAWAL ON 01/25/2024	88,326.87	88,326.87	88,326.87	
DEPOSIT ON 02/01/2024	1,874.28	1,874.28	1,874.28	
DEPOSIT ON 02/01/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/02/2024	140,628.01	140,628.01	140,628.01	
WITHDRAWAL ON 02/05/2024	20,000.00	20,000.00	20,000.00	
WITHDRAWAL ON 02/09/2024	783.85	783.85	783.85	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 02/20/2024	132,459.00	132,459.00	132,459.00	
DEPOSIT ON 02/26/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/26/2024	35.63	35.63	35.63	
WITHDRAWAL ON 02/27/2024	88,883.60	88,883.60	88,883.60	
DEPOSIT ON 02/29/2024	100,000.00	100,000.00	100,000.00	
DEPOSIT ON 03/01/2024	101,266.45	101,266.45	101,266.45	
WITHDRAWAL ON 03/01/2024	100,000.00	100,000.00	100,000.00	
WITHDRAWAL ON 03/04/2024	42,984.79	42,984.79	42,984.79	
WITHDRAWAL ON 03/21/2024	1,683.79	1,683.79	1,683.79	
WITHDRAWAL ON 03/27/2024	88,978.31	88,978.31	88,978.31	
DEPOSIT ON 04/01/2024	742.02	742.02	742.02	
DEPOSIT ON 04/01/2024	14.15	14.15	14.15	
DEPOSIT ON 04/02/2024	14.15	14.15	14.15	
WITHDRAWAL ON 04/02/2024	14.15	14.15	14.15	
DEPOSIT ON 04/11/2024	256,000.00	256,000.00	256,000.00	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 04/12/2024	22,852.00	22,852.00	22,852.00	
WITHDRAWAL ON 04/19/2024	70,122.77	70,122.77	70,122.77	
WITHDRAWAL ON 04/24/2024	90,324.32	90,324.32	90,324.32	
WITHDRAWAL ON 04/29/2024	17,337.00	17,337.00	17,337.00	
DEPOSIT ON 05/01/2024	819.01	819.01	819.01	
DEPOSIT ON 05/09/2024	16.98	16.98	16.98	
WITHDRAWAL ON 05/09/2024	16.98	16.98	16.98	
WITHDRAWAL ON 05/28/2024	89,969.87	89,969.87	89,969.87	
DEPOSIT ON 06/03/2024	598.34	598.34	598.34	
WITHDRAWAL ON 06/04/2024	19,860.02	19,860.02	19,860.02	
WITHDRAWAL ON 06/07/2024	1,670.68	1,670.68	1,670.68	
DEPOSIT ON 06/10/2024	300,000.00	300,000.00	300,000.00	
WITHDRAWAL ON 06/27/2024	139,223.17	139,223.17	139,223.17	
DEPOSIT ON 07/01/2024	948.54	948.54	948.54	
DEPOSIT ON 07/12/2024	75,879.61	75,879.61	75,879.61	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 07/18/2024	551.53	551.53	551.53	
WITHDRAWAL ON 07/26/2024	90,415.32	90,415.32	90,415.32	
DEPOSIT ON 08/01/2024	1,000.10	1,000.10	1,000.10	
WITHDRAWAL ON 08/05/2024	532.22	532.22	532.22	
DEPOSIT ON 08/09/2024	19.27	19.27	19.27	
WITHDRAWAL ON 08/09/2024	19.27	19.27	19.27	
WITHDRAWAL ON 08/26/2024	66,936.01	66,936.01	66,936.01	
WITHDRAWAL ON 08/28/2024	97,416.53	97,416.53	97,416.53	
DEPOSIT ON 09/03/2024	705.64	705.64	705.64	
DEPOSIT ON 09/13/2024	678,000.00	678,000.00	678,000.00	
WITHDRAWAL ON 09/24/2024	3,260.18	3,260.18	3,260.18	
WITHDRAWAL ON 09/25/2024	1,655.70	1,655.70	1,655.70	
WITHDRAWAL ON 09/27/2024	134,352.10	134,352.10	134,352.10	
DEPOSIT ON 10/01/2024	1,562.23	1,562.23	1,562.23	
WITHDRAWAL ON 10/03/2024	93,052.74	93,052.74	93,052.74	
DEPOSIT ON 10/10/2024	33.37	33.37	33.37	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 10/11/2024	254,132.00	254,132.00	254,132.00	
WITHDRAWAL ON 10/10/2024	33.37	33.37	33.37	
WITHDRAWAL ON 10/31/2024	91,202.82	91,202.82	91,202.82	
DEPOSIT ON 11/01/2024	1,249.46	1,249.46	1,249.46	
DEPOSIT ON 11/08/2024	24.89	24.89	24.89	
WITHDRAWAL ON 11/08/2024	24.89	24.89	24.89	
WITHDRAWAL ON 11/25/2024	72,768.95	72,768.95	72,768.95	
DEPOSIT ON 11/29/2024	108,797.18	108,797.18	108,797.18	
DEPOSIT ON 12/02/2024	419.99	419.99	419.99	
WITHDRAWAL ON 12/06/2024	1,122.18	1,122.18	1,122.18	
DEPOSIT ON 12/09/2024	9.28	9.28	9.28	
WITHDRAWAL ON 12/09/2024	26,350.87	26,350.87	26,350.87	
WITHDRAWAL ON 12/09/2024	9.28	9.28	9.28	
WITHDRAWAL ON 12/11/2024	2,264.83	2,264.83	2,264.83	
WITHDRAWAL ON 12/23/2024	100,590.75	100,590.75	100,590.75	

ACCOUNT STATEMENT

Statement Period
Account Number

01/01/2024 through 12/31/2024
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 12/30/2024	208,312.99	208,312.99	208,312.99	
TOTAL	4,950,369.99	4,950,369.99	4,950,369.99	
TOTAL SHORT TERM INVESTMENTS	4,950,369.99	4,950,369.99	4,950,369.99	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		4,950,369.99		

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
---	--	--

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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029	
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	17,737,609
	b Actuarial value	2b	18,278,897
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	246	10,321,738
	b For terminated vested participants	251	7,094,975
	c For active participants	107	4,075,835
	d Total	604	21,492,548
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.11%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	400,000
	c Target normal cost	6c	400,000

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

SIGN HERE	Todd Weber <u>TEW</u>		
	Signature of actuary		09/10/2025
	TODD WEBER, EA, MAAA		Date
	Type or print name of actuary		2306399
	MERCER		Most recent enrollment number
	Firm name		585-389-8700
	70 LINDEN OAKS SUITE 310 ROCHESTER NY 14625		Telephone number (including area code)
	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 62
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 400,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	3,656,212		373,060	
b Waiver amortization installment				
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)....				34 773,060
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	343,756	343,756	
36 Additional cash requirement (line 34 minus line 35).....				36 429,304
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 780,262
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 350,958
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 343,756
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				