

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>THE ALBANY MEDICAL CENTER RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALBANY MED HEALTH SYSTEM</u></p> <p><u>43 NEW SCOTLAND AVENUE</u> <u>ALBANY, NY 12208</u></p>	<p>1c Effective date of plan <u>01/01/1989</u></p> <p>2b Employer Identification Number (EIN) <u>14-1641730</u></p> <p>2c Plan Sponsor's telephone number <u>518-262-8414</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	FRANCES S. ALBERT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>THE ALBANY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALBANY MED HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>14-1641730</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>287133176</u>
	b Actuarial value	2b	<u>301783305</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>19</u>	<u>2216280</u>
	b For terminated vested participants	<u>5294</u>	<u>62425155</u>
	c For active participants	<u>7988</u>	<u>208938146</u>
	d Total	<u>13301</u>	<u>273579581</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>5.24 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>16359457</u>
	b Expected plan-related expenses	6b	<u>1131545</u>
	c Target normal cost	6c	<u>17491002</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>MICHAEL MIKHITARIAN, FSA, CFA</u> Type or print name of actuary <u>MILLIMAN</u> Firm name <u>3 WINNERS CIRCLE</u> <u>SUITE 300</u> <u>ALBANY, NY 12205</u> Address of the firm	<u>09/19/2025</u> Date <u>23-05834</u> Most recent enrollment number <u>518-514-7100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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)	86244784	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	15871432	0
9	Amount remaining (line 7 minus line 8)	70373352	0
10	Interest on line 9 using prior year's actual return of <u>13.49</u> %	9493365	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	79866717	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.06 %
15	Adjusted funding target attainment percentage	15	108.88 %
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	114.15 %
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		
12/19/2024	4000000						
12/30/2024	7500000						
07/28/2025	610000						
07/31/2025	100000						
09/10/2025	2000000						
			Totals ▶	18(b)	14210000	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13426125

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28
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 17491002
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment			
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 17491002
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	11487980		11487980
36 Additional cash requirement (line 34 minus line 35)			36 6003022
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 13426125
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 7423103
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 7423103
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 type="checkbox"/> 2021			

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

A Name of plan THE ALBANY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY MED HEALTH SYSTEM	D Employer Identification Number (EIN) 14-1641730	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MILLIMAN INC.

91-0675641

(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?
50 11	NONE	481139	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)

GOLDMAN SACHS

13-4019460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	146536	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)

VICTORY CAPITAL MGMT KEY TRUST CO.

34-6542451

(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?
13 19 21 50 59	NONE	97807	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	33687	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

CONNING, INC.

43-1719355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49554	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)

ACCUPRINT

14-1750613

(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?
49 50	NONE	38095	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)

VERRILL

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30026	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EDGEWOOD MANAGEMENT LLC

20-4044179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29725	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)

RYDER COURT GLOBAL

46-7402180

(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?
51	NONE	29004	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)

VAN BERKOM & ASSOCIATES

SUITE 1005 1130 SHERBROOKE STREET WEST
MONTREAL, QUEBEC H3A2M8 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22023	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WESTFIELD CAPITAL MANAGEMENT CO.

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	20319	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)

UHY LLP

20-0694403

(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?
10 50	NONE	15759	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>THE ALBANY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALBANY MED HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>14-1641730</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEAPORT GLOBAL PROPERTY SECURITIES</u>		
b Name of sponsor of entity listed in (a): <u>AEW CAPITAL MANAGEMENT, L.P.</u>		
c EIN-PN <u>20-3166994-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAILY MSCI EAFE INX NI FND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-182</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>12151517</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS COLL TR-INTERMED CR CIT</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4019460-034</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>35741935</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS LONG CR FXD INC CIT</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4019460-026</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>48923839</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS MULTI MGR INTL EQ CIT</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4019460-001</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>11434641</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS MULTI MGR REAL EST CIT</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4019460-001</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>14508730</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GS MULTI MGR US SMALL CAP EQ CIT</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>13-4019460-001</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>10629556</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **GS TACTICAL TILE OVERLAY CIT**

b Name of sponsor of entity listed in (a): **GOLDMAN SACHS**

c EIN-PN 13-4019460-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7600898
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a Name of MTIA, CCT, PSA, or 103-12 IE: **S&P 500 R FLAGSHIP NL FND**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66855273
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	-----------------------------------------------------------------------------------------------------

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE ALBANY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ALBANY MED HEALTH SYSTEM	D Employer Identification Number (EIN) 14-1641730

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	6429787	7389296
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	756998	2710000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	177167	254746
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	65206235	23857050
(2) U.S. Government securities	1c(2)		22913137
(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)	29211171	12463207
(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)	169437808	207846389
(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)	14825304	15523322
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1093092	-3223927

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	287137562	289733220
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	179935	79010
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	254478	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	434413	79010
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	286703149	289654210

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)	14210000	
(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)		14210000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1622136	
(B) U.S. Government securities.....	2b(1)(B)	577651	
(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)		2199787
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	416	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3997087	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3997503
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	518738846	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	502520380	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		16218466
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1521727	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1521727

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-11265282
d Total income. Add all income amounts in column (b) and enter total	2d		23838747

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18696747	
(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)		18696747
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15759	
(5) Investment advisory and investment management fees	2i(5)	175630	
(6) Bank or trust company trustee/custodial fees	2i(6)	102588	
(7) Actuarial fees	2i(7)	496552	
(8) Legal fees	2i(8)	30528	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1369882	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2190939
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20887686

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2951061
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: **UHY LLP**

(2) EIN: **20-0694403**

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		15000000
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.			

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 554121.

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

A Name of plan <u>THE ALBANY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALBANY MED HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>14-1641730</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
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>34-6542451</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	445

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: 42.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 42.00 %
 High-Yield Debt: 5.00 % Real Assets: _____% Cash or Cash Equivalents: 5.00 % Other: 6.00 %

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 _____.

**THE ALBANY MEDICAL CENTER
RETIREMENT PLAN**

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES

As of and For the Years Ended
December 31, 2024 and 2023

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

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* Other Schedules required by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator
The Albany Medical Center Retirement Plan

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

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

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

Management has obtained 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 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Albany Medical Center Retirement 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 Albany Medical Center Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

UHY LLP

Albany, New York
October 3, 2025

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value	\$ 279,379,178	\$ 279,773,610
Restricted cash for futures contracts	7,389,296	6,429,787
Accrued investment income	254,746	177,167
Employer contributions receivable	<u>2,710,000</u>	<u>756,998</u>
Total assets	<u>289,733,220</u>	<u>287,137,562</u>
LIABILITIES		
Accrued administrative expenses	79,010	179,935
Other	<u>-</u>	<u>254,478</u>
	<u>79,010</u>	<u>434,413</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 289,654,210</u></u>	<u><u>\$ 286,703,149</u></u>

See accompanying notes to financial statements.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS:		
Net appreciation in the fair value of investments	\$ 3,431,457	\$ 30,510,563
Interest and dividend income	<u>6,197,290</u>	<u>9,564,033</u>
Total investment income	<u>9,628,747</u>	<u>40,074,596</u>
Employer contributions	<u>14,210,000</u>	<u>756,998</u>
Total additions	<u>23,838,747</u>	<u>40,831,594</u>
DEDUCTIONS:		
Benefit payments	18,696,747	24,070,832
Annuity transfer to insurer	-	34,965,000
Administrative expenses	<u>2,190,939</u>	<u>2,532,435</u>
Total deductions	<u>20,887,686</u>	<u>61,568,267</u>
Net change	2,951,061	(20,736,673)
NET ASSETS AVAILABLE FOR BENEFITS,		
Beginning of year	<u>286,703,149</u>	<u>307,439,822</u>
End of year	<u>\$ 289,654,210</u>	<u>\$ 286,703,149</u>

See accompanying notes to financial statements.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

NOTE 1 — DESCRIPTION OF THE PLAN

The following description of The Albany Medical Center Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a noncontributory defined benefit pension plan covering eligible employees of the Albany Medical Center, Albany Medical College, and certain affiliated entities, including Albany Medical Center Hospital, Albany Medical Center Kidskeller, Albany Medical College Alumni Association, Center for Donation and Transplant, and the Albany Medical Center Foundation (collectively referred to as the “Center”). The Plan is a unified program replacing the previous Albany Medical College Money Purchase Pension Plan (the “College Plan”) and represents an amendment and restatement of the Employees’ Retirement Plan of the Albany Medical Center Hospital (the “Hospital Plan”).

On March 1, 2022, the Center became the sole corporate member of Albany Visiting Nurse Home Care Services Group, Inc. (“VNA”). On July 1, 2020, the Center became the sole corporate member of Glens Falls Hospital (“Glens Falls”). On January 1, 2017, the Center became the sole corporate member of Saratoga Hospital (“Saratoga”). On January 1, 2016, the Center became the sole corporate member of Columbia Memorial Hospital (“CMH”). Employees of Glens Falls, Saratoga, VNA and CMH are not eligible to participate in the Plan, however, Glens Falls, Saratoga, VNA and CMH employees are eligible to participate in existing benefit plans sponsored by Glens Falls, Saratoga, VNA and CMH subject to eligibility requirements.

Each employee who was a participant in the Hospital Plan, the Albany Medical Center Employee Retirement Program or the College Plan on December 31, 1988 automatically became a participant in the Plan on January 1, 1989. Prior to July 1, 1989, the benefits under the Hospital Plan were based on final average earnings and years of credited service. In addition, certain employees were eligible or required (prior to 1984) to contribute to the Plan. Employee contributions earn interest as specified in the Plan document.

All other employees are eligible for Plan participation on the first day of the month after (1) the attainment of age 21 and the completion of one year of service or, if earlier, (2) upon the attainment of age 30, provided the employee is employed on the first anniversary of the date of employment and completes at least 1,000 hours of service during the participant’s first 12 months of employment (otherwise such an employee becomes a Plan participant on the first day of the month after completing one year of service). After initial eligibility requirements are met, participants are required to complete at least 1,000 hours per year for three years to become vested under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Plan maintains hypothetical cash balance accounts for each participant. Such accounts represent allocated compensation credits based upon date of hire and eligible compensation as defined by the Plan. Interest credits are calculated in accordance with the Plan document and based on the average yield on five-year Treasury Constant Maturities issued in the month of September of the calendar year preceding the Plan year rounded to the nearest 0.25%. The interest crediting rates for the years ended December 31, 2024 and 2023 were 4.50% and 3.75%, respectively.

A grandfathering provision exists pursuant to which employees who were participants in the Hospital Plan receive benefits equal to the greater of the formula of the Hospital Plan or the Plan.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

NOTE 1 — DESCRIPTION OF THE PLAN (Continued)

Funding

The Center funds an amount which will meet or exceed the annual minimum funding requirements of ERISA. There was no minimum funding requirement for the years ended December 31, 2024 and 2023.

Participant Accounts and Vesting

Effective January 1, 2008, Plan participants have no vested Plan interest until completion of three years of qualifying service (prior to such time, participants were fully vested upon completion of five years of qualifying service). Participants of the previous Hospital Plan may be partially vested in a portion of their accrued benefits and are entitled to receive a non-forfeitable benefit. Effective April 1, 2012, the Center approved amending the Plan to freeze the average monthly earnings for certain grandfathered participants.

Benefit Payments

Pension and death benefits are calculated in accordance with a formula stipulated in the Plan agreement. Normal retirement under the Plan is the first day of the month following the participant's 65th birthday. Participants may elect to continue working beyond the normal retirement age of 65. The distribution of the delayed retirement benefit will begin on the first day of the month following the termination of employment. In the event a participant dies prior to commencing a distribution under the Plan, the participant's beneficiary will be entitled to an immediate distribution from the Plan. The beneficiary may elect to receive this benefit under the normal or optional form of distribution.

Annuity Purchase

On November 15, 2023, the Center entered into a Purchase Agreement with Mutual of America Life Insurance Company (Mutual of America) to purchase a single-premium group annuity buy-out contract that transferred to Mutual of America \$34,965,000 of the Plan's defined benefit obligations related to pension benefits of certain retirees of the Center. The contract covered 274 retirees and beneficiaries (the "transferred participants"). Under the contract, Mutual of America made an irrevocable commitment, and is solely responsible, to pay the pension benefits of each transferred participant that are due on and after January 1, 2024. The transaction resulted in no changes to the amount of benefits payable to the transferred participants. The purchase of the contract was funded directly by assets of the Plan and required no cash or asset contributions of the Center.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and 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.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Center and are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued.

NOTE 3 — ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered to date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries; (2) beneficiaries of employees who have died; and (3) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. Such calculations result from applying actuarial assumptions to the benefit amounts, with certain actuarial assumptions used to adjust those amounts to reflect the time value of money (through discount for interest) and the probability of payment (by means of decrements such as for death, disability, or withdrawal) between the benefit information date and the expected date of payment.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 3 — ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

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 actuarial present value of accumulated plan benefits to participants of the Plan as of January 1, 2024 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 2,033,673
Other participants	244,831,084
	<u>246,864,757</u>
Nonvested benefits	<u>3,126,580</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 249,991,337</u></u>

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 was a result of the following:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$269,225,684
Benefits accumulated, including experience gains and losses	14,714,056
Actuarial loss	5,849,456
Benefits paid	(58,781,354)
Change in average discount period	15,017,526
Change in actuarial assumptions	3,965,969
Actuarial present value of accumulated plan benefits as of January 1, 2024	<u><u>\$ 249,991,337</u></u>

Significant assumptions underlying the actuarial valuation as of January 1, 2024 are as follows:

Mortality	Pri-2012 Base Mortality Table with Scale MP-2021
Discount rate	6.25%
Turnover	Select and ultimate terminations, that vary by status of employee
Retirement age	Varies by age

NOTE 4 — INFORMATION CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, KeyBank National Association ("KeyBank"), a trustee of the Plan, has furnished certain financial information to the Plan Administrator and certified as to its completeness and accuracy. These certifications are as of and for the years ended December 31, 2024 and 2023, and include investment information related to fair value of investments, interest and dividend income, and net appreciation (depreciation) in fair value of investments that is included in the Plan's financial statements and supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024, and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2024.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

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 consist of unadjusted quoted prices in active markets, that the Plan has the ability to access, for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices of identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or 2 were not available.

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value.

Cash and Cash Equivalents: Cash equivalents are valued at the net asset value ("NAV") of \$1.00 per unit reported by the financial institution.

Common/Collective Trust Funds and Commingled Funds: Valued at NAV of units held. Values are based on active market price quotes accessible to the Plan on a periodic basis.

Futures contracts: Valued using quoted prices in active markets for identical investments.

Mutual Funds: Valued at the quoted closing price reported in an active market.

U.S. Treasury Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Hedge Funds: Valued at NAV of units held. 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 liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The fund consists of investments in underlying hedge fund strategies that are primarily implemented through the use of fixed income securities and derivative instruments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Also, the level in the fair value hierarchy in which each fund's fair value measurement is classified is based primarily on the Plan's ability to redeem its interest in the fund at or near the date of the statements of net assets available for benefits. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments or a reflection on the liquidity of each fund's underlying assets and liabilities.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 5 — FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments that are accounted for at fair value on a recurring basis as of December 31, 2024 and 2023, as well as redemption and liquidity provisions. The hedge fund investments in the portfolio do not have any unfunded commitments relative to the Plan's account. None of these investments have a draw down structure.

	2024				Redemption or Liquidation	Day's Notice
	Level 1	Level 2	NAV or Equivalent	Total		
Investments:						
Cash and cash equivalents	\$ 23,857,050	\$ -	\$ -	\$ 23,857,050		
Common/collective trust funds	207,846,389	-	-	207,846,389		
Mutual funds	15,523,322	-	-	15,523,322		
U.S. treasury securities	-	22,913,137	-	22,913,137		
Hedge funds	-	-	12,463,207	12,463,207	Quarterly	15
Futures contracts	(3,223,927)	-	-	(3,223,927)		
	<u>\$ 244,002,834</u>	<u>\$ 22,913,137</u>	<u>\$ 12,463,207</u>	<u>\$ 279,379,178</u>		
	2023				Redemption or Liquidation	Day's Notice
	Level 1	Level 2	NAV or Equivalent	Total		
Investments:						
Cash and cash equivalents	\$ 65,206,235	\$ -	\$ -	\$ 65,206,235		
Common/collective trust funds	169,437,808	-	-	169,437,808		
Mutual funds	14,825,304	-	-	14,825,304		
Hedge funds	-	-	29,211,171	29,211,171	Quarterly	15
Futures contracts	1,093,092	-	-	1,093,092		
	<u>\$ 250,562,439</u>	<u>\$ -</u>	<u>\$ 29,211,171</u>	<u>\$ 279,773,610</u>		

The Plan had no financial instruments that are classified as level 3 measurements as of December 31, 2024 and 2023. There were no significant transfers into or out of Level 1 and Level 2 measurements due to changes in valuation methodologies during the years ended December 31, 2024 and 2023. From time to time, certain investment vehicles require additional capital contributions to be made by the Plan. There are no outstanding capital requirements for investments held at December 31, 2024 and 2023.

NOTE 6 — DERIVATIVES

The Plan currently uses derivatives to manage risk and support efficient portfolio management. Exchange traded Treasury futures contracts are currently the only type of derivative instrument used in the Plan investment strategy.

The primary reason for the use of derivatives in the long-term investment strategy is the use of fixed income futures for liability hedging. The Plan invests in a custom liability driven investment program through which Treasury futures are used to increase asset duration to better hedge the duration profile of the Plan liability and limit funded status volatility attributable to changes in interest rates. The Plan may also use futures to support efficient portfolio management during periods of transition.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 6 — DERIVATIVES (Continued)

Futures contracts are exchange traded standardized agreements to buy or sell a specific amount of an underlying asset on a future date for a specified price. Futures values are based on their quoted daily price. Some of the risks associated with futures include the market risk of the underlying asset and the correlation (basis) between the value of the underlying asset and the price of the futures contract. Upon entering into a futures contract, the Plan is required to deposit with the broker, cash or securities, which is referred to as the collateral or initial margin. Cash deposited as initial margin are designated as restricted cash for futures contracts on the statements of net assets available for benefits. Cash of approximately \$7,389,300 and \$6,429,800 was pledged as collateral for open exchange traded futures contracts at December 31, 2024 and 2023, respectively. Thereafter, depending on the value of the position, the exchange may require the investment manager to post additional margin on a daily basis over the life of the contract. Futures contracts may be subject to risk of loss in excess of the daily variation margin. Changes in the market value of open futures contracts and realized gains and losses, representing the difference between the value of the contract at the time it was opened and value at the time it was closed, are reported as net appreciation (depreciation) in fair value of investments on the statements of changes in net assets available for benefits.

The following table lists the fair value of derivatives as included in the statements of net assets available for benefits for the year ended December 31:

Fair Value of Derivative Instruments as of December 31, 2024			
	Statement of Net Assets Available for Benefits	Asset Derivatives	Liability Derivatives
Futures Contracts	Investments at Fair Value	\$ -	\$ (3,223,927)

Fair Value of Derivative Instruments as of December 31, 2023			
	Statement of Net Assets Available for Benefits	Asset Derivatives	Liability Derivatives
Futures Contracts	Investments at Fair Value	\$ 1,093,092	\$ -

The following table indicates the net gains on derivatives, as included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits for the year ended December 31:

Effect of Derivative Instruments on the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2024				
	Statement of Net Assets Available for Benefits	Realized Loss	Net Unrealized Depreciation	Net Depreciation
Futures Contracts	Investments at Fair Value	\$ (7,009,233)	\$ (4,317,019)	\$ (11,326,252)

Effect of Derivative Instruments on the Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2023				
	Statement of Net Assets Available for Benefits	Realized Gain	Net Unrealized Appreciation	Net Appreciation
Futures Contracts	Investments at Fair Value	\$ 103,760	\$ 1,093,092	\$ 1,196,852

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023

NOTE 7 — TAX STATUS

The Plan uses a volume submitter Plan document, which received an opinion letter from the Internal Revenue Service (IRS) dated March 30, 2018, stating that the Plan satisfies the applicable provisions of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the favorable opinion letter, the Plan administrator believes that the Plan is designed, and currently being operated, in all material respects, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan Administrator 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 Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 8 — PLAN TERMINATION

Although it has not expressed any intention to do so, the Center has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject the provisions set forth by ERISA.

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:

- a) Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b) 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.
- c) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- d) All other vested benefits (that is, vested benefits not insured by the PBGC).
- e) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024, that ceiling, which is adjusted periodically, is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single life annuity, the corresponding ceilings are actuarially adjusted downward.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 8 — PLAN TERMINATION (Continued)

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 Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 9 — PARTY-IN-INTEREST TRANSACTIONS

During 2024 and 2023, certain Plan investments were managed by KeyBank, the trustee, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 10 — 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 and the level of uncertainty related to changes in the value of investment securities, it is at least reasonable possible that changes in the near term would 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 is 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.

SUPPLEMENTAL SCHEDULES

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #14-1641730 PLAN #003
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Other Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	Federated Government Obligations Instl		\$ 23,857,050	\$ 23,857,050
	Common/Collective			
	Daily MSCI EAFE INX NL Fnd		11,552,729	12,151,517
	GS Coll Tr - Intermed Cr CIT		34,000,000	35,741,935
	GS Long Cr Fxd Inc CIT		49,024,161	48,923,839
	GS Multi Mgr Intl Eq CIT		11,717,466	11,434,641
	GS Multi Mgr Real Est CIT		14,114,990	14,508,730
	GS Multi Mgr US Small Cap Eq CIT		10,893,489	10,629,556
	GS Tactical Tilt Overlay CIT		8,077,122	7,600,898
	S&P 500 R Flagship NL Fnd		56,130,321	66,855,273
			195,510,278	207,846,389
	Mutual Funds			
	PGIM High Yield Fund		15,359,387	15,523,322
	Treasury Bonds			
	United States Treas Bds	\$8,980,000 par value, 3.75%, due 11/15/2043	8,504,026	7,732,318
	United States Treas Bds	\$12,350,000 par value, 3.75%, due 11/15/2052	10,914,362	10,758,209
	United States Treas Bds	\$3,270,000 par value, 4.75%, due 02/15/2041	3,584,623	3,254,566
	United States Treas Bds	\$1,200,000 par value, 4.50%, due 08/15/2039	1,171,927	1,168,044
			24,174,938	22,913,137
	Hedge Funds			
	Varde Investment Ptnrs Offshore		1,224,669	2,344,054
	Alternative Investments Sale/Holdback		102,206	102,206
	Ryder Court Glbal Emerging Markets		3,854,841	4,140,585
	Hedge Fund Opportunities Institutional Ltd		5,600,000	5,876,362
			10,781,716	12,463,207
	Futures Contracts			
	MAR 25 10 YR T-NOTES CBT (TYH5 LONG)		-	(214,385)
	MAR 25 CBT 2Y T-NOTE (TUH5 SHORT)		-	(138)
	MAR 25 CBT T-BONDS (USH5 LONG)		-	(392,659)
	MAR 25 CBT UL T-BONDS 30YR (WNH5 LONG)		-	(2,292,002)
	MAR 25 CBT ULT TNOTE (UXYH5 LONG)		-	(315,048)
	MAR 25 EMINI S&P 500 (ESH5 LONG)		-	(9,695)
			-	(3,223,927)
			<u>\$ 245,508,431</u>	<u>\$ 279,379,178</u>

*Identifies each person known to be a party-in-interest to the Plan.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EIN #14-1641730 PLAN #003
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Category (a):						
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ 20,838,020	\$ -	\$ 20,838,020	\$ 20,838,020	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 30,786,391	\$ 30,786,391	\$ 30,786,391	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 17,506,892	\$ 17,506,892	\$ 17,506,892	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 21,007,882	\$ 21,007,882	\$ 21,007,882	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 25,295,764	\$ 25,295,764	\$ 25,295,764	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 14,586,739	\$ 14,586,739	\$ 14,586,739	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd	\$ 26,500,000	\$ -	\$ 26,500,000	\$ 26,500,000	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd	\$ -	\$ 61,770,675	\$ 61,770,675	\$ 61,770,675	\$ -
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd	\$ 61,770,675	\$ -	\$ 61,770,672	\$ 61,770,672	\$ -
Category (b): None						
Category (c):						
Federated Government Obligations Instl	Federated Government Obligations Instl-327 transactions*	\$ 217,339,839	\$ -	\$ 217,339,839	\$ 217,339,839	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl-284 transactions*	\$ -	\$ 289,660,859	\$ 289,660,859	\$ 289,660,859	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd-6 transactions	\$ 52,788,000	\$ -	\$ 52,788,000	\$ 52,788,000	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd-5 transactions	\$ -	\$ 74,270,681	\$ 73,088,000	\$ 74,270,681	\$ 1,182,681
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd-1 transaction	\$ 61,770,675	\$ -	\$ 61,770,675	\$ 61,770,675	\$ -
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd-6 transactions	\$ -	\$ 6,626,039	\$ 5,640,352	\$ 6,626,039	\$ 985,687

Category (d):
None

Reportable transactions for the purposes of this schedule include:

- Category (a) A single transaction within the plan year in excess of 5% of the current value of the plan assets at the beginning of the plan year.
- Category (b) Any series of transactions with, or in conjunction with, the same person, involving property other than securities, amounting in the aggregate within the plan year to more than 5% of the current value of plan assets at the beginning of the plan year.
- Category (c) Any series of transactions involving securities of the same issue that, within the plan year, amount in the aggregate to more than 5% of the current value of the plan assets at the beginning of the plan year.
- Category (d) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with that person exceeds 5% of the current value of plan assets at the beginning of the plan year.

*Identifies each person known to be a party-in-interest to the Plan.

The Albany Medical Center Retirement Plan
EIN/PN: 14-1647130/3
Attachment to 2024 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2024
12/19/2024	2024	5.24%		\$ 4,000,000	\$ 3,807,737
12/30/2024	2024	5.24%		7,500,000	7,128,557
7/28/2025	2024	5.24%		610,000	563,001
7/31/2025	2024	5.24%		100,000	92,256
9/10/2025	2024	5.24%		2,000,000	1,834,574
Total				14,210,000	13,426,125

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, line 22 – Description of Weighted Average Retirement Age

For each group (Grandfathered and Non-Grandfathered), the weighted average retirement age was calculated assuming a sample population of 1,000 lives currently age 55. It is weighted based on the expected number of retirements at each age. A final weighted average retirement age was determined by weighting the two groups based on the number of actives in each group as of the valuation date.

Group	Average Weighted Age for Group		Number of Actives In Group		Average Weighted Age for Group x Number of Lives in Group	Product of Age and Number in Group / Total Number of Lives
Grandfathered	65	x	129	=	8,385	1
Non-Grandfathered	66	x	7,859	=	518,694	65
Weighted Average Retirement Age (1+65):						66

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Methods

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

Actuarial Cost Method

Funding: The actuarial cost method used for determining the Plan's ERISA funding requirements is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

Funding: The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.25% per year) or the applicable statutory interest rate for the year.

Amortization Method

Funding: For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Assumptions

Economic Assumptions

Interest Rates

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

	Minimum Funding	Maximum Deductible
Segment 1 (0–5 years)	4.75%	4.37%
Segment 2 (5–20 years)	4.96%	4.96%
Segment 3 (20+ years)	5.59%	4.95%
Effective Interest Rate	5.24%	4.92%

ERISA minimum funding rates:	
Assumption	2024 Segment Rate Stabilization Rates (4.75%, 4.96%, and 5.59%).
Rationale	This is a prescribed assumption set by the Internal Revenue Code (IRC) Section 430. The plan sponsor has elected to utilize no lookback with rates averaged over a 24-month period, limited to applicable minimum and maximum values in accordance with segment rate stabilization. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.
Segment Rates without Segment Rate Stabilization:	
Assumption	2024 Segment Rates using no lookback period (4.37%, 4.96%, and 4.95%).
Rationale	This is a prescribed assumption set by the IRC Section 430. The plan sponsor has elected to utilize no lookback with rates averaged over a 24-month period.
CPI/Assumed Increase on IRS Limits:	
Assumption	2.50%, compounded annually. This assumption represents an estimate of future experience and is based in part on observations of estimates inherent in market data.
Rationale	This assumption reflects long term historical inflation as well as the actuary's view of future inflation trends.
Actuarial Equivalence:	
Assumption	Lump Sum/Annuity Conversions: 5.00% interest and applicable mortality table for lump sums paid in 2024.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

	Late Retirement adjustments: 5.50% interest and applicable mortality table for lump sums paid in 2024.		
Rationale	This assumption is based in part on surveys of professional economists' forecasts and part on the actuary's expectation of future yields of corporate bonds.		
Salary Increases:			
Assumption	Below age 35 – 4.00% Age 35 through 49 – 3.00% Age 50 and up – 2.00%		
Rationale	Please refer to experience study issued June 24, 2020.		
Guaranteed Yearly Interest Rate:			
Assumption	Year	Rate used in 2023 Valuation	Rate used in 2024 Valuation
	2025	3.75%	4.31%
	2026	3.75%	4.13%
	2027	3.75%	3.94%
	2028+	3.75%	3.75%
Rationale	This assumption is based in part on surveys of professional economists' forecasts and in part on the actuary's expectation of future yields of Treasury securities.		
Change in assumptions	The assumed Guaranteed Yearly Interest Rate for cash balance accounts was changed as shown in the table above based on the actual investment crediting rate and expectations of future rates.		

Demographic Assumptions

We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. For the rationale behind the choice of the demographic assumptions other than mortality, please refer to the experience study issued June 24, 2020.

Mortality:	
For ERISA minimum funding:	
Assumption	2024 IRS Generational Mortality Tables.
Rationale	This assumption is a prescribed assumption set by the IRC Section 430. The plan sponsor elected to utilize generational mortality.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Disability:	None Assumed		
Withdrawal:			
0-5 years of service	Service	House Staff	Other Employees
	0-1	6%	20%
	2	25%	20%
	3	45%	17%
	4	55%	13%
	5	60%	Ultimate*
*Age-based rates used for employees with more than 5 years of service.			
More than 5 years of service	Age	Custom Rates	
	25	13.2%	
	40	5.3%	
	54	2.8%	

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Retirement:			
From Active Employment	Age	Grandfathered	Non-Grandfathered
	55-59	3%	3%
	60	3%	3%
	61	5%	5%
	62	8%	8%
	63-64	10%	10%
	65-67	25%	15%
	68-69	20%	15%
	70-73	15%	15%
	74	25%	25%
75	100%	100%	
From Terminated Vested Status	Age		
	55	10%	
	56	7.5%	
	57	15%	
	58-59	15%	
	60-61	20%	
	62	25%	
	63	25%	
	64	35%	
	65	50%	
	66-67	25%	
	68-69	25%	
	70	35%	
71	100%		

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Actuarial Methods and Assumptions

Administrative Expenses:	7.50% of FAS 715-30 beginning of year Service Cost, which is \$1,131,545 for 2024
Payment Timing:	
Active employees	40% paid upon termination 60% deferred to retirement
Terminated Vested Participants	30% paid in year following termination All others deferred to retirement
Form of Payment:	
Distribution at death or termination	100% lump sum
Distribution at retirement	Active employees: Grandfathered: 40% annuity 60% lump sum Non-Grandfathered: 20% annuity 80% lump sum Terminated Vested Participants: 25% annuity 75% lump sum
Distribution at retirement	Active employees: Grandfathered: 40% annuity 60% lump sum Non-Grandfathered: 20% annuity 80% lump sum Terminated Vested Participants: 25% annuity 75% lump sum

Participants Included in the Calculations: Based on employee data received from the Plan Sponsor, all employees who are Participants of the Plan as of the valuation date are included in the calculations. Former Participants, or their Beneficiaries or contingent annuitants, when applicable, are also included if the employee data indicated that they are entitled to an immediate or deferred benefit under the provisions of the Plan.

No actuarial liability is held for non-vested, inactive Participants who have a break-in-service, or for Participants who have quit or been terminated even if a break-in-service has not occurred as of the valuation date.

The Albany Medical Center Retirement Plan
EIN/PN: 14-1641730/003
Attachment to 2024 Form 5500

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	17,521,273	7,783,796	174,072	25,479,141
2025	13,857,563	4,976,337	172,763	19,006,663
2026	14,338,588	4,349,997	171,369	18,859,955
2027	13,894,318	3,437,744	169,874	17,501,936
2028	14,488,364	3,417,997	168,259	18,074,620
2029	13,415,260	3,146,516	166,506	16,728,282
2030	13,550,114	2,877,435	164,595	16,592,143
2031	13,499,080	2,788,307	162,505	16,449,891
2032	13,163,205	2,672,445	160,212	15,995,861
2033	13,302,096	2,721,822	157,064	16,180,982
2034	13,109,365	2,825,980	152,066	16,087,411
2035	13,401,136	2,893,629	148,701	16,443,466
2036	12,687,924	2,956,379	145,044	15,789,347
2037	13,125,137	3,085,439	141,080	16,351,656
2038	12,611,665	3,164,711	136,797	15,913,173
2039	12,408,386	3,289,957	132,182	15,830,526
2040	12,374,340	3,448,623	127,227	15,950,190
2041	12,168,914	3,610,516	121,921	15,901,351
2042	11,902,732	3,761,022	116,258	15,780,012
2043	11,820,491	3,872,516	110,237	15,803,244
2044	11,771,769	4,029,420	103,858	15,905,047
2045	11,601,469	4,103,912	97,134	15,802,515
2046	11,248,085	4,158,037	90,090	15,496,212
2047	10,949,384	4,192,879	82,772	15,225,034
2048	10,585,170	4,176,470	75,258	14,836,898
2049	10,341,699	4,096,168	67,660	14,505,526
2050	9,906,904	3,985,685	60,113	13,952,702
2051	9,259,061	3,790,355	52,748	13,102,165
2052	8,860,529	3,554,019	45,696	12,460,244
2053	8,353,219	3,322,145	39,071	11,714,436
2054	7,996,579	3,070,545	32,966	11,100,090
2055	7,157,371	2,810,217	27,444	9,995,033
2056	6,608,989	2,540,791	22,539	9,172,319
2057	6,046,774	2,301,244	18,256	8,366,274
2058	5,360,857	2,077,303	14,582	7,452,743
2059	4,751,463	1,867,666	11,487	6,630,616
2060	4,286,451	1,700,885	8,924	5,996,260
2061	3,833,963	1,551,856	6,840	5,392,658
2062	3,392,220	1,422,103	5,173	4,819,497
2063	2,972,762	1,314,390	3,863	4,291,014
2064	2,619,022	1,226,861	2,848	3,848,730
2065	2,275,881	1,143,822	2,074	3,421,778
2066	1,972,549	1,072,854	1,492	3,046,895
2067	1,727,970	1,011,099	1,060	2,740,129
2068	1,546,052	952,870	742	2,499,664
2069	1,330,056	897,355	512	2,227,923
2070	1,174,781	844,502	348	2,019,631
2071	1,048,601	793,588	232	1,842,420
2072	910,104	742,874	152	1,653,130
2073	808,718	693,879	97	1,502,695

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


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

A Name of plan The Albany Medical Center Retirement Plan	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Albany Med Health System	D Employer Identification Number (EIN) 14-1641730	
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>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	287,133,176
	b Actuarial value	2b	301,783,305
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	19	2,216,280
	b For terminated vested participants	5,294	62,425,155
	c For active participants	7,988	208,938,146
	d Total	13,301	273,579,581
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.24 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	16,359,457
	b Expected plan-related expenses	6b	1,131,545
	c Target normal cost	6c	17,491,002

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 Michael Mikhitarian, FSA, CFA Type or print name of actuary Milliman Firm name 3 Winners Circle Suite 300 Albany NY 12205 Address of the firm	<u>9/19/2025</u> Date <u>23-05834</u> Most recent enrollment number <u>(518) 514-7100</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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)	86,244,784	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	15,871,432	0
9 Amount remaining (line 7 minus line 8)	70,373,352	0
10 Interest on line 9 using prior year's actual return of <u>13.49%</u>	9,493,365	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	79,866,717	0

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	80.06%
15 Adjusted funding target attainment percentage	15	108.88%
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	114.15%
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
12/19/2024	4,000,000				
12/30/2024	7,500,000				
07/28/2025	610,000				
07/31/2025	100,000				
09/10/2025	2,000,000				
			Totals ▶	18(b)	18(c)
				14,210,000	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13,426,125

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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28
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 17,491,002
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:			Outstanding Balance	Installment
a Net shortfall amortization installment				
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 17,491,002
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	11,487,980		11,487,980	
36 Additional cash requirement (line 34 minus line 35)				36 6,003,022
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 13,426,125
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 7,423,103
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 7,423,103
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 type="checkbox"/> 2021				

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Summary of Principal Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: The Albany Medical Center Retirement Plan

Effective Date of Plan: July 1, 1951

Effective Date of Last Amendment: January 1, 2021

Changes in Plan Provisions since Prior Valuation:

1. An increase in the IRC Section 401(a)(17) compensation limit from \$330,000 to \$345,000.
2. An increase in the annual benefit limit under IRC Section 415(b) from \$265,000 to \$275,000.
3. The age for required minimum distributions was changed to age 73 for participants that attain their required minimum distribution age on or after January 1, 2023.
4. Retirees as of August 1, 2023 had an annuity purchased on November 2023 effective January 1, 2024.

Plan Year: January 1 – December 31.

Employees: Any person who works for the Albany Medical Center, the Albany Medical Center Hospital, the Albany Medical College, or any other affiliated organizations or successors thereof which adopt this Plan.

Participation: Each Employee who was a Participant in the Employees' Retirement Plan of the Albany Medical Center Hospital, the Employees' Retirement Plan of the Albany Medical Center Foundation, Inc. or the Albany Medical College Money Purchase Pension Plan and Trust on December 31, 1988 automatically became a Participant in the Plan on January 1, 1989.

Each other Employee becomes a Participant in the Plan on the first day of the month on or after January 1, 1989 on which he first satisfies the following requirements:

- The attainment of age twenty-one (21) and completion of one (1) Year of Service, or if earlier,
- The attainment of age thirty (30) provided such Employee is employed on the first anniversary of his date of employment and furthermore completes at least one thousand (1,000) Hours of Service during his first twelve (12) months of employment. Otherwise, such Employee shall become a Participant on the first day of the month following the completion of one Year of Service.

Effective January 1, 1991, Employees who are per diem, employed under an agreement precluding participation, or who are within a post-doctoral fellowship program are excluded from Plan participation.

Special Participation Rules for Child's Employees:

- Each Employee who was a Participant or eligible to be a participant in the Child's Plan, prior to the Closing Date, automatically became a Participant in the Plan on June 23, 1999.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

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Attachment to 2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

- Each other Employee becomes a Participant in the Plan on the first day of the month on or after completion of two (2) Years of Service.

Service with Childs and service with Albany Medical Center is aggregated.

Eligibility Service: A year of service is the consecutive twelve-month period beginning on date of hire in which an Employee has at least 1,000 hours of service.

If the Employee does not earn at least 1,000 hours of service during this first year, the year of service becomes the Plan Year

Benefit Service: Service prior to January 1, 1989: Years of credit for service prior to January 1, 1989 are equal to the years of service under the provisions of the Plan in effect prior to January 1, 1989.

Service after January 1, 1989: One year of credit is earned for each Plan Year in which the employee works 1,000 hours but not less than 1/12th of the number of calendar months in the Plan Year in which his employment commences or terminates, if at least 1 hour of service is completed in such year.

Vesting Service: Service prior to January 1, 1989: Credit will be given in accordance with the provisions of the Prior Plan.

Service on or after January 1, 1989: Credit will be given for each Plan Year in which an Employee has at least 1,000 hours of service, subject to the break-in-service rules of the Plan.

Annual Earnings: Annual Earnings shall mean regular taxable compensation paid to each Participant during each Plan Year plus any reduction in earnings under a salary reduction agreement for a tax- sheltered annuity, or for purposes of allowing Employees to contribute toward Employer sponsored benefit plans under Section 125 of the Code. Earnings exclude amounts paid to Employees prior to when they commenced participation in the plan and amounts paid to Employees while they are members of a class of Employees excluded from participation.

Average Monthly Earnings: Average Monthly Earnings mean 1/60th of a Participant's earnings in 5 consecutive Plan Years prior to Normal Retirement Date, which produce the highest average. Average monthly earnings are frozen as of April 1, 2012.

Social Security Covered Compensation: With respect to each Participant, the annual amount of compensation divided by 12 with respect to which old-age and survivor's insurance benefits would be provided for him under the Social Security Act, as in effect at the Participant's cessation of employment, computed as though for each year until he reaches age 65, the Participant's annual compensation is at least equal to the Social Security taxable wage base. No increase in a Participant's Covered Compensation after December 31, 2011 shall be recognized in the determination of benefits under the Plan.

Employee Contribution: Prior to July 1, 1984, an Employee was required to contribute 3% of compensation to the Plan from date of participation to Normal or Early Retirement Date.

Effective July 1, 1984, no contributions were required to participate, but Prior Plan Participants had the option of maintaining participation in the Prior Contributory Plan or joining the July 1, 1984 Non-Contributory Plan.

Effective January 1, 1989, Participants are not permitted to contribute to the Plan.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

EIN 14-1641730 / PN 003

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

The Plan Sponsor contributes the remaining funds needed to cover the cost of benefits and administration of the Plan.

From July 1, 1976 to June 30, 1983, interest on employee contributions has been credited at 5% per annum.

From July 1, 1983 to December 31, 1988, interest on employee contributions has been credited at the following rates:

Plan Year Ending	Rate
6/84	9.1325%
6/85	9.0250%
6/86	6.8650%
6/87	5.4975%
6/88	5.9975%
12/88 (1/2 Year)	10.7700%

From the January 1, 1989 plan year onward, interest on employee contributions has been credited at the 120% AFR rate applicable to that plan year.

Guaranteed Yearly Interest Rate: The interest rate applied to the Participant’s Formula Retirement Benefit. For Plan Years prior to January 1, 1996, the interest rate for each Plan Year was the interest rate as promulgated by the Pension Benefit Guaranty Corporation for the purchase of immediate annuities as of the first day of each Plan Year. For Plan Years on or after January 1, 1996, the interest rate for each Plan Year is the average yield on 5-year Treasury Constant Maturities issued in the month of September of the calendar year preceding the Plan Year, rounded to the nearest multiple of .25%. The following rates have been applied:

Plan Year Ending	Rate	Plan Year Ending	Rate
01/01/91	7.25%	01/01/08	4.25%
01/01/92	6.50%	01/01/09	3.00%
01/01/93	5.75%	01/01/10	2.25%
01/01/94	5.75%*	01/01/11	1.50%
01/01/95	6.00%	01/01/12	1.00%
01/01/96	6.00%	01/01/13	0.75%
01/01/97	6.50%	01/01/14	1.50%
01/01/98	6.00%	01/01/15	1.75%
01/01/99	6.00%*	01/01/16	1.50%
01/01/00	5.75%	01/01/17	1.25%
01/01/01	6.00%	01/01/18	1.75%
01/01/02	4.00%	01/01/19	3.00%
01/01/03	3.00%	01/01/20	1.50%

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

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Attachment to 2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

01/01/04	3.25%	01/01/21	0.25%
01/01/05	3.25%	01/01/22	0.75%
01/01/06	4.00%	01/01/23	0.75%
01/01/07	4.75%	01/01/24	4.50%

* The Plan was amended to provide for a rate of 5.75% during 1994 and 6.00% for 1999. The PBGC rate for the purchase of immediate annuities on January 1, 1994 was 4.50%. The average yield on 5-year Treasury Constant Maturities issued in September 1998 was 4.62%.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: First of month coincident with or next following 65th birthday or his age on his earliest date of employment with the Employer, if later.

Normal Retirement Benefit:

1. *Prior Plan Participants:* The single life monthly benefit shall be the Actuarial Equivalent of the sum of (a) and (b), and for those Participants under this Plan on January 1, 1989, a single-life monthly benefit not less than (c):
 - a. The Actuarial Equivalent lump sum value of the accrued benefit, notwithstanding the minimum accrued benefit from Participant contributions, as of January 1, 1989 determined under the provisions of the Prior Plan as of December 31, 1988.
 - b. An amount determined as the sum of (1) and (2) and (3):
 - (1) 6½% of Earnings for each Plan Year commencing on and after January 1, 1989 and before January 1, 2003; and
 - (2) for the Plan Year commencing on January 1, 2003 and ending on December 31, 2003, the greater of
 - (i) 6½% of Earnings for the period commencing on January 1, 2003 and ending on January 31, 2003 or
 - (ii) 4% of Earnings during the Plan Year; and
 - (3) 4% of Earnings for each Plan Year commencing on and after January 1, 2004.Both (a) and (b) shall be accumulated at the Guaranteed Yearly Interest Rate through to the end of the month before payment.
 - c. An amount determined as follows:
 - (1) Monthly Benefit for Participants who contributed until 12/31/88: Sum of (i) and (ii):
 - (i) 1.65% of Average Monthly Earnings multiplied by Years of Credited Service as of December 31, 1988, and
 - (ii) 1% of Average Monthly Earnings multiplied by Years of Credited Service earned subsequent to December 31, 1988 plus 0.65% Final Average Earnings in excess of the Social Security Covered Compensation multiplied by Years of Credited Service earned subsequent to December 31, 1988, to a maximum of 20% of such excess amount minus the product of 0.65% multiplied by Years of Credited Service as of December 31, 1988.

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Attachment to 2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

- (2) Monthly Benefit for Participants joining on or after July 1, 1984: Sum of (i) and (ii):
 - (i) 1% of Average Monthly Earnings multiplied by Years of Credited Service, and
 - (ii) 0.65% of Average Monthly Earnings in excess of Social Security Covered Compensation multiplied by Years of Credited Service to a maximum of 20% of such excess amount.
- (3) Monthly Benefit for Participants who contributed until 6/30/84: The greater of (i) and (ii):
 - (i) the monthly benefit in paragraph (c)(1) using earnings in the Plan Year ending June 30, 1984, and
 - (ii) the monthly benefit in paragraph (c)(2).
2. *Participants joining on or after January 1, 1989 and hired before January 1, 2003:* The single-life monthly benefit shall be the Actuarial Equivalent of the sum of (a) and (b) and (c):
 - a. 6½% of the Participant's Earnings for each Plan Year commencing on and after January 1, 1989 and before January 1, 2003; and
 - b. for the Plan Year commencing on January 1, 2003 and ending on December 31, 2003, the greater of
 - (1) 6½% of the Participant's Earnings for the period commencing on January 1, 2003 and ending on January 31, 2003 or
 - (2) 4% of the Participant's Earnings during the Plan Year; and
 - c. 4% of the Participant's Earnings for each Plan Year commencing on and after January 1, 2004with all such amounts accumulated at the Guaranteed Yearly Interest Rate through to the end of the month before payment.
3. *Participants hired on or after January 1, 2003:* The single-life monthly benefit shall be the Actuarial Equivalent of:
 - a. 3% of the Participant's Earnings for each Plan Year commencing on and after January 1, 2003with all such amounts accumulated at the Guaranteed Yearly Interest Rate through to the end of the month before payment.

Deferred Retirement

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

Deferred Retirement Benefit: Equal to the greater of:

1. Actuarial equivalent of the Deferred Retirement Benefit determined as of the preceding Plan anniversary; and
2. Benefit calculated in the same manner as described in Normal Retirement above, based on service and salary history at the deferred retirement date.

Early Retirement

Early Retirement Date: Monthly benefits may commence at any age for Participants who have completed at least 5 years of vesting service.

Early Retirement Benefit: Calculated in the same manner as described in Normal Retirement, but the Actuarial Equivalent of the accrued Formula Retirement Benefit. Prior Plan Participants will have their Prior Plan benefit reduced at the following percentages:

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Schedule SB, Part V – Summary of Plan Provisions

Age at which Benefits Commence	Reduction Percentage
64	8%
63	16%
62	24%
61	28%
60	32%
59	36%
58	40%
57	44%
56	48%
55	52%

Disability Retirement

Disability Retirement Date: A Participant's employment must have been terminated on account of permanent and total disability which is at least a 5-month duration and which would continuously qualify the Participant for disability payments under the Federal Social Security Law. If the Participant is eligible for benefits under the Hospital Association of New York State Long Term Disability Insurance Plan, benefits will be deferred to age 65.

Disability Retirement Benefit: A Participant shall be entitled to receive his Formula Retirement Benefit, commencing on his disability retirement date, determined in the same manner as a reduced Early Retirement Benefit. Payment continues for the lifetime of the Participant or until recovery from disability if prior to age 55 (see also Surviving Spouse Annuity and Optional Forms of Benefits).

Vested Termination

Vested Termination Date: A Participant who terminates employment other than by death or retirement and who has completed at least 3 Years of Service (5 Years of Service for those who do not have an hour of service in any plan year on or after January 1, 2008) shall be fully vested. Childs employees on June 23, 1999 are fully vested after completing at least 2 Years of Service.

Termination Benefit: Accrued Formula Retirement Benefit in the form of an Actuarial Equivalent lump sum payment or an immediate annuity determined in accordance with the Plan.

Pre-Retirement Death Coverage

Preretirement Death Benefit Eligibility: Spouses or designated beneficiaries of all vested participants who die before payments have commenced.

Preretirement Death Benefit: The surviving spouse or beneficiary of a deceased Participant shall receive the Actuarial Equivalent lump sum value of the Participant's accrued Formula Retirement Benefit in the form of a deferred annuity commencing on the first day of any month following the date that he would have attained age 55,

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

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Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

unless such surviving spouse or beneficiary elects an immediate annuity or lump sum distribution or optional form of payment (see Optional Forms of Benefits and Death Benefits).

Forms of Payment

Normal Forms: Single Life Annuity. A participant who is married must take the benefit in the form of a Qualified Joint and Survivor Annuity unless the spouse provides written consent to waive the Qualified Joint and Survivor Annuity.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as a Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms: Single Life Annuity; Joint and 50% Survivor Annuity; Joint and 75% Survivor; 100% Joint and Survivor Annuity; 10 Year Certain and Life Annuity; Lump Sum; partial LS/annuity; Social Security Adjustment Option for Participants prior to January 1, 2000.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN

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Attachment to 2024 Form 5500
Schedule SB, line 26a – Schedule of Active Participant Data

Number of Participants by Age and Service Groups

Age	Years of Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up		
0-24	29	271	-	-	-	-	-	-	-	-	-	300
25-29	28	727	124	-	-	-	-	-	-	-	-	879
30-34	102	733	404	51	-	-	-	-	-	-	-	1,290
35-39	95	408	409	196	40	-	-	-	-	-	-	1,148
40-44	54	292	253	170	127	33	-	-	-	-	-	929
45-49	33	244	187	134	138	85	22	-	-	-	-	843
50-54	29	184	142	123	119	99	49	17	-	-	-	762
55-59	27	171	116	96	90	70	69	46	22	2	2	709
60-64	8	113	117	84	63	87	65	47	40	28	8	652
65-69	9	52	44	51	46	32	23	28	29	8	8	322
70&Up	4	23	23	18	12	15	10	14	31	4	4	154
Total	418	3,218	1,819	923	635	421	238	152	122	42	42	7,988

Average Compensation by Age and Service Groups

Age	Years of Service										Average	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up		
0-24	37,598	29,175	-	-	-	-	-	-	-	-	-	29,989
25-29	48,252	48,888	63,209	-	-	-	-	-	-	-	-	50,888
30-34	48,057	68,414	73,138	72,886	-	-	-	-	-	-	-	68,461
35-39	56,963	90,271	91,758	89,961	78,106	-	-	-	-	-	-	87,568
40-44	65,844	82,493	102,193	116,711	91,813	101,510	-	-	-	-	-	95,102
45-49	51,072	85,962	103,549	110,796	118,911	95,388	91,219	-	-	-	-	98,926
50-54	46,150	76,760	101,923	100,407	124,040	131,224	125,312	*	-	-	-	102,800
55-59	84,882	77,881	84,729	109,581	117,674	112,270	109,972	121,050	111,451	*	*	98,999
60-64	*	85,938	92,161	104,627	104,339	100,976	120,181	128,477	115,972	111,872	*	102,144
65-69	*	82,775	125,922	115,653	87,565	116,901	136,361	137,060	127,475	*	*	110,307
70&Up	*	77,937	93,112	*	*	*	*	*	123,662	*	*	100,619
Average	53,954	67,973	89,555	103,633	107,380	109,673	115,672	129,557	119,845	104,823	104,823	85,184

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

Average Cash Balance Account by Age and Service Groups

Age	Years of Service										Average	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up		
0-24	-	1,215	-	-	-	-	-	-	-	-	-	1,098
25-29	10	2,951	8,966	-	-	-	-	-	-	-	-	3,705
30-34	398	4,206	12,257	18,405	-	-	-	-	-	-	-	6,988
35-39	395	6,272	16,211	24,563	25,395	-	-	-	-	-	-	13,116
40-44	553	5,679	20,026	33,822	38,071	50,692	-	-	-	-	-	20,466
45-49	419	6,390	20,063	35,918	50,805	56,437	78,268	-	-	-	-	28,076
50-54	339	5,142	20,646	31,522	53,118	82,650	102,460	*	-	-	-	38,395
55-59	701	6,272	18,845	36,765	56,954	78,889	96,592	133,849	150,541	*	*	47,673
60-64	*	7,055	20,064	34,574	49,751	79,099	116,243	151,454	158,704	158,709	*	63,701
65-69	*	8,100	26,931	37,906	45,546	94,003	150,605	200,115	198,532	*	*	77,392
70&Up	*	7,936	30,757	*	*	*	*	*	219,059	*	*	102,687
Average	791	4,585	16,971	32,344	47,784	73,961	106,669	159,393	182,035	155,984	155,984	26,998

* If there are fewer than 20 participants in a cell, the average cash balance account is not reported.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN #14-1641730 PLAN #003
December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Other Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	Federated Government Obligations Instl		\$ 23,857,050	\$ 23,857,050
	Common/Collective			
	Daily MSCI EAFE INX NL Fnd		11,552,729	12,151,517
	GS Coll Tr - Intermed Cr CIT		34,000,000	35,741,935
	GS Long Cr Fxd Inc CIT		49,024,161	48,923,839
	GS Multi Mgr Intl Eq CIT		11,717,466	11,434,641
	GS Multi Mgr Real Est CIT		14,114,990	14,508,730
	GS Multi Mgr US Small Cap Eq CIT		10,893,489	10,629,556
	GS Tactical Tilt Overlay CIT		8,077,122	7,600,898
	S&P 500 R Flagship NL Fnd		56,130,321	66,855,273
			195,510,278	207,846,389
	Mutual Funds			
	PGIM High Yield Fund		15,359,387	15,523,322
	Treasury Bonds			
	United States Treas Bds	\$8,980,000 par value, 3.75%, due 11/15/2043	8,504,026	7,732,318
	United States Treas Bds	\$12,350,000 par value, 3.75%, due 11/15/2052	10,914,362	10,758,209
	United States Treas Bds	\$3,270,000 par value, 4.75%, due 02/15/2041	3,584,623	3,254,566
	United States Treas Bds	\$1,200,000 par value, 4.50%, due 08/15/2039	1,171,927	1,168,044
			24,174,938	22,913,137
	Hedge Funds			
	Varde Investment Ptnrs Offshore		1,224,669	2,344,054
	Alternative Investments Sale/Holdback		102,206	102,206
	Ryder Court Glbal Emerging Markets		3,854,841	4,140,585
	Hedge Fund Opportunities Institutional Ltd		5,600,000	5,876,362
			10,781,716	12,463,207
	Futures Contracts			
	MAR 25 10 YR T-NOTES CBT (TYH5 LONG)		-	(214,385)
	MAR 25 CBT 2Y T-NOTE (TUH5 SHORT)		-	(138)
	MAR 25 CBT T-BONDS (USH5 LONG)		-	(392,659)
	MAR 25 CBT UL T-BONDS 30YR (WNH5 LONG)		-	(2,292,002)
	MAR 25 CBT ULT TNOTE (UXYH5 LONG)		-	(315,048)
	MAR 25 EMINI S&P 500 (ESH5 LONG)		-	(9,695)
			-	(3,223,927)
			<u>\$ 245,508,431</u>	<u>\$ 279,379,178</u>

*Identifies each person known to be a party-in-interest to the Plan.

THE ALBANY MEDICAL CENTER RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
EIN #14-1641730 PLAN #003
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/(Loss)
Category (a):						
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ 20,838,020	\$ -	\$ 20,838,020	\$ 20,838,020	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 30,786,391	\$ 30,786,391	\$ 30,786,391	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 17,506,892	\$ 17,506,892	\$ 17,506,892	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 21,007,882	\$ 21,007,882	\$ 21,007,882	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 25,295,764	\$ 25,295,764	\$ 25,295,764	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl*	\$ -	\$ 14,586,739	\$ 14,586,739	\$ 14,586,739	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd	\$ 26,500,000	\$ -	\$ 26,500,000	\$ 26,500,000	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd	\$ -	\$ 61,770,675	\$ 61,770,675	\$ 61,770,675	\$ -
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd	\$ 61,770,675	\$ -	\$ 61,770,672	\$ 61,770,672	\$ -
Category (b): None						
Category (c):						
Federated Government Obligations Instl	Federated Government Obligations Instl-327 transactions*	\$ 217,339,839	\$ -	\$ 217,339,839	\$ 217,339,839	\$ -
Federated Government Obligations Instl	Federated Government Obligations Instl-284 transactions*	\$ -	\$ 289,660,859	\$ 289,660,859	\$ 289,660,859	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd-6 transactions	\$ 52,788,000	\$ -	\$ 52,788,000	\$ 52,788,000	\$ -
State Street Global Advisors	S&P 500 R Flagship NL Fnd-5 transactions	\$ -	\$ 74,270,681	\$ 73,088,000	\$ 74,270,681	\$ 1,182,681
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd-1 transaction	\$ 61,770,675	\$ -	\$ 61,770,675	\$ 61,770,675	\$ -
State Street Global Advisors	S&P 500 R Flagship SECS NL Fnd-6 transactions	\$ -	\$ 6,626,039	\$ 5,640,352	\$ 6,626,039	\$ 985,687

Category (d):
None

Reportable transactions for the purposes of this schedule include:

- Category (a) A single transaction within the plan year in excess of 5% of the current value of the plan assets at the beginning of the plan year.
- Category (b) Any series of transactions with, or in conjunction with, the same person, involving property other than securities, amounting in the aggregate within the plan year to more than 5% of the current value of plan assets at the beginning of the plan year.
- Category (c) Any series of transactions involving securities of the same issue that, within the plan year, amount in the aggregate to more than 5% of the current value of the plan assets at the beginning of the plan year.
- Category (d) Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with that person exceeds 5% of the current value of plan assets at the beginning of the plan year.

*Identifies each person known to be a party-in-interest to the Plan.