

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

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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
1a	Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1968
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) HIGHLAND HOSPITAL OF ROCHESTER 1000 SOUTH AVENUE ROCHESTER, NY 14620
2b	Employer Identification Number (EIN) 16-0743037
2c	Plan Sponsor's telephone number 585-341-6686
2d	Business code (see instructions) 622000

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1345
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 390 6a(2) 338 6b 446 6c 429 6d 1213 6e 34 6f 1247 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HIGHLAND HOSPITAL OF ROCHESTER	D Employer Identification Number (EIN) 16-0743037
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	137578469	
b	Actuarial value	2b	143826696	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	396	94683898	94683898
b	For terminated vested participants	559	25269982	25269982
c	For active participants	390	48159046	48633797
d	Total	1345	168112926	168587677
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.13 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	3334029	
b	Expected plan-related expenses	6b	1213000	
c	Target normal cost	6c	4547029	

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 TODD WEBER Type or print name of actuary MERCER Firm name 70 LINDEN OAKS, SUITE 310 ROCHESTER, NY 14625 Address of the firm	10/07/2025 Date 23-06399 Most recent enrollment number 585-389-8700 Telephone number (including area code)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.32</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		856
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>5.26</u> %		45
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		901
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.31 %
15 Adjusted funding target attainment percentage	15	84.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.60 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2024	1828000	0			
07/15/2024	1828000	0			
10/08/2024	1596000	0			
01/07/2025	1596000	0			
09/08/2025	496000	0			
Totals ►			18(b)	7344000	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	7092730

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: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
----------------	----------------------------

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

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

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

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

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	4547029
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		24760981	2544702
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	7091731
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	7091731
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	7092730
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	999
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHLAND HOSPITAL OF ROCHESTER	D Employer Identification Number (EIN) 16-0743037

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

(b)

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

(b)

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

(b)

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

(b)

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

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

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

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

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

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

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

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

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

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

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

MERCER (US) LLC

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	ACTUARY	261597	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	232859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50	NONE	31706	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

ACADIAN ASSET MANAGEMENT, LLC

04-2929221

(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	26684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(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	18532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MENGEL METZGER BARR & CO LLP

16-1092347

(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	15350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

STATE STREET GLOBAL ADVISORS TRUST

90-0337987

(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	11190	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY,NA

04-2767481

(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	9289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
US BANK	72	0

(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.
US BANK NATIONAL ASSOCIATION 31-0841368	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK	72	0

(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.
U.S. BANCORP ASSET MANAGEMENT 41-2003732	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
US BANK	72	0

(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.
U.S BANCORP FUND SERVICES, LLC 39-1939072	BASIS POINTS * PLAN ASSETS

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
US BANK	72	0

(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.
QUASAR DISTRIBUTIONS LLC 39-1982827	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HIGHLAND HOSPITAL OF ROCHESTER				D Employer Identification Number (EIN) 16-0743037	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M LONG CORPORATE COLLECTIVE FUND					
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY					
c EIN-PN 37-6567224-005		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20740854	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 20 YEAR U.S. TREASURY					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 90-0337987-169		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19948068	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TREASURY INDEX NL					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 85-1553502-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13751108	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT					
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY					
c EIN-PN 86-6497312-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12465842	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500(R) FLAGSHIP NL					
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) 11527936	
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US TREASURY INDEX					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 03-0511227-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9599406	
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II US INVESTMENT GRADE INTE					
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA					
c EIN-PN 04-6913417-206		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8387622	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2024 v. 240311					

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US LOW VOL

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

c EIN-PN 47-6557348-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6968120
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN NON-US ALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

c EIN-PN 04-2929221-016	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5470237
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5135721
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MARKETS EQUITY CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 86-6497312-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4692717
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX NON-LE

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

c EIN-PN 04-0025081-241	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1710690
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC DIVERSIFIED CREDIT CIT

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1067954
--------------------------------	------------------------	---

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHLAND HOSPITAL OF ROCHESTER		D Employer Identification Number (EIN) 16-0743037

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3245000	2092000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3800	2256
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1645700	906474
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	12193809	11517436
(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)	112208837	115996038
(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)	6825166	5470237
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1519567	3026678
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	137641879	139011119
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	137641879	139011119

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)	7344000	
(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)		7344000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111135	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		111135
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	161887	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		161887
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	400000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	410681	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10976701
(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)		1628270
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-44095
c Other income	2c		-4385700
d Total income. Add all income amounts in column (b) and enter total	2d		15781517

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12746555	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12746555
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)	15350	
(5) Investment advisory and investment management fees	2i(5)	298554	
(6) Bank or trust company trustee/custodial fees	2i(6)	31706	
(7) Actuarial fees	2i(7)	261597	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1058515	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1665722
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14412277

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1369240
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: **MENGEL METZGER BARR & CO.**

(2) EIN: **16-1092347**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558766.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HIGHLAND HOSPITAL OF ROCHESTER				D Employer Identification Number (EIN) 16-0743037	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0841368					
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	87
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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: 35.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 54.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 10.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments		2024		
			This Form is Open to Public Inspection		

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	16-0743037	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	643993	695145	8497485	9836623
2025	1179503	819780	8353048	10352331
2026	1678411	912019	8199842	10790272
2027	2104321	1085001	8036024	11225346
2028	2461048	1192792	7860967	11514807
2029	2731270	1330653	7658125	11720048
2030	2950082	1460618	7461704	11872404
2031	3125960	1518140	7250998	11895098
2032	3279146	1601965	6995610	11876721
2033	3396327	1666001	6756219	11818547
2034	3496706	1729723	6505903	11732332
2035	3600721	1730594	6242708	11574023
2036	3683308	1805534	5966441	11455283
2037	3739586	1877300	5677686	11294572
2038	3774594	1926664	5377300	11078558
2039	3790644	1934374	5066418	10791436
2040	3799573	1957134	4746467	10503174
2041	3850269	1918456	4419159	10187884
2042	3836070	1917649	4086546	9840265
2043	3800601	1932560	3751043	9484204
2044	3770557	1944775	3415379	9130711
2045	3713806	1945917	3082658	8742381
2046	3651910	1910767	2756292	8318969
2047	3553789	1856786	2439784	7850359
2048	3456820	1840054	2136647	7433521

Name of Plan	RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	16-0743037	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3347654	1774156	1850229	6972039
2050	3220277	1694386	1583446	6498109
2051	3070613	1609019	1338656	6018288
2052	2907274	1534488	1117492	5559254
2053	2735941	1463991	920797	5120729
2054	2568471	1374434	748668	4691573
2055	2389723	1284546	600492	4274761
2056	2211551	1195453	475048	3882052
2057	2036168	1108024	370640	3514832
2058	1865544	1022895	285209	3173648
2059	1701211	940623	216501	2858335
2060	1544402	861640	162181	2568223
2061	1396077	786272	119956	2302305
2062	1256881	714751	87670	2059302
2063	1127158	647233	63368	1837759
2064	1006984	583805	45343	1636132
2065	896202	524479	32155	1452836
2066	794518	469202	22623	1286343
2067	701554	417859	15807	1135220
2068	616848	370306	10981	998135
2069	539887	326404	7590	873881
2070	470177	286014	5222	761413
2071	407231	249000	3577	659808
2072	350588	215239	2439	568266
2073	299838	184613	1656	486107

**RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK**

ROCHESTER, NEW YORK

AUDITED FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

AND

INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2024 AND 2023



BUSINESS
ADVISORS
AND CPAS

CONTENTS

<u>AUDITED FINANCIAL STATEMENTS</u>	<u>PAGE</u>
Independent Auditor's Report	3
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
 <u>SUPPLEMENTAL SCHEDULES</u>	
Form 5500 – Schedule H – Part IV:	
Item 4i - Schedule of Assets Held for Investment Purposes at End of Year – December 31, 2024	19
Item 4j - Schedule of Reportable Transactions - Year Ended December 31, 2024	21



BUSINESS
ADVISORS
AND CPAS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Plan Participants
Retirement Plan for Employees of
Highland Hospital of Rochester, New York

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

We have performed audits of the financial statements of Retirement Plan for the Employees of Highland Hospital, 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 Retirement Plan for the Employees of Highland Hospital'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 D to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Retirement Plan for the Employees of Highland Hospital 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 Retirement Plan for the Employees of Highland Hospital's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan for the Employees of Highland Hospital'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 Retirement Plan for the Employees of Highland Hospital'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 certifications, 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 Matters - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets Held for Investment Purposes at End of Year - December 31, 2024 and Schedule of Reportable Transactions 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Mengel, Metzger, Baw & Co. LLP

Rochester, New York
October 9, 2025

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

<u>ASSETS</u>	December 31,	
	<u>2024</u>	<u>2023</u>
Investments, at fair value:		
Cash and cash equivalents	\$ 906,474	\$ 1,645,700
Mutual funds	3,026,678	1,519,567
Collective investment trusts	115,996,038	112,208,837
Other pooled investments	5,470,237	6,825,166
Limited partnerships	<u>11,517,436</u>	<u>12,193,809</u>
TOTAL INVESTMENTS	136,916,863	134,393,079
Receivables:		
Employer contribution receivable	2,092,000	3,245,000
Accrued investment income	<u>2,256</u>	<u>3,800</u>
	<u>2,094,256</u>	<u>3,248,800</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 139,011,119</u>	<u>\$ 137,641,879</u>

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	<u>Year ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Contributions:		
Employer	\$ 7,344,000	\$ 7,649,000
Investment income:		
Interest and dividends	273,022	201,884
Net appreciation in fair value of mutual funds	8,164,495	16,147,327
Other income	-	20,911
TOTAL ADDITIONS	<u>15,781,517</u>	<u>24,019,122</u>
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	12,746,555	8,430,910
Administrative expenses	<u>1,665,722</u>	<u>1,490,189</u>
TOTAL DEDUCTIONS	<u>14,412,277</u>	<u>9,921,099</u>
NET INCREASE	1,369,240	14,098,023
Net assets available for benefits at beginning of year	<u>137,641,879</u>	<u>123,543,856</u>
NET ASSETS AVAILABLE FOR		
BENEFITS AT END OF YEAR	<u>\$ 139,011,119</u>	<u>\$ 137,641,879</u>

See accompanying independent auditor's report and notes to the financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN

The following description of the Retirement Plan for Employees of Highland Hospital of Rochester, New York provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering the employees of the following entities beginning on the indicated effective dates:

<u>Name</u>	<u>Effective Date</u>
Highland Hospital of Rochester (the "Hospital")	January 1, 1968
Highland Community Development Corporation	January 1, 1995
The Highland Living Center, Inc.	January 1, 1995
Highland Hospital Foundation, Inc.	January 1, 1995
Medical Administrative Associates, Inc.	January 1, 1995
Highland Facilities Development Corporation	January 1, 1995

The above entities are defined collectively as the Plan Sponsor.

The Plan is frozen as of December 31, 2003 for participants employed by The Highlands Living Center, Inc. and The Highlands Community Development Corporation. The benefits of these participants which had accrued on December 31, 2003 shall be frozen and paid out in accordance with terms of the Plan when the participants become eligible for payment.

On August 2, 2010, the Plan Sponsor approved the freezing of the Plan as of August 3, 2010. Effective as of that date, the Plan was closed to new members; however, the Plan continues to accrue benefits as defined in the Plan for existing members. Beginning January 1, 2011 existing members could elect to continue accruing benefits under the Plan or participate in employer contributions in a Defined Contribution Plan sponsored by the Hospital. If a participant elects to enter the Defined Contribution Plan their benefits under the current plan will not accrue additional benefits after December 31, 2010.

During 2019, the Board adopted a resolution to give the Affiliate Pension Investment Committee the authority and responsibility to invest Plan assets and appoint and remove the Plan's trustees and custodians as it deems appropriate effective January 1, 2020. The Plan remains separate for legal and accounting purposes.

On October 25, 2022, the Plan was amended to exclude amounts paid to participants in connection with the New York State Healthcare Worker Bonus Program from the definition of compensation for the purposes of the Plan.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN, Cont'd

On June 17, 2024, the Plan was amended to exclude In-House Traveling Program employees from participation in the Plan. Effective September 1, 2024, the accrued benefit of a participant shall be frozen as of the date the participant becomes an In-House Traveling Program Employee. Accordingly, an In-House Traveling Program Employee's earnings and services after the later of September 1, 2024 or the date the employee becomes an In-House Traveling Program Employee shall not be treated as compensation under the Plan. If an employee who is an active participant in the Plan becomes an In-House Traveling Program Employee and subsequently returns to a category of employment that is generally eligible to participate in the Plan, such employee's accrued benefit shall remain frozen and such employee will not accrue further benefits under the Plan.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

With certain exceptions, all employees of the above organizations hired prior to January 1, 1999 who have completed one year of service are eligible to participate in the Plan. Those hired subsequent to December 31, 1998 who have completed two years of service and 1,000 hours in each year prior to August 2, 2010 are eligible to participate in the Plan.

Vesting

A participant's accrued benefit is 100 percent vested at all times. Accordingly, each participant who terminates employment with an accrued benefit shall be entitled to receive this benefit regardless of their length of service.

Contributions

The Plan is non-contributory and funded entirely by the Plan Sponsor. Contributions of the Plan Sponsor are determined based upon actuarial valuations and recommendations made by the actuary under accepted actuarial principles.

Cash and cash equivalents

Cash and cash equivalents include all highly liquid investments with original maturities of three months or less when purchased. The Plan maintains its cash and cash equivalents in bank and investment accounts which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash and cash equivalents.

Benefit provisions

Although this Plan was designed primarily to provide retirement income, there are circumstances in which death benefits are payable from the Plan. There are no disability benefits available under the Plan.

The annual rate of retirement income benefit represents 1.25% of a participant's final average compensation multiplied by the participant's years of benefit service, plus 0.50% of the excess, if any, of the participant's average compensation over the participant's covered compensation, multiplied by the participant's years of benefit service (up to a maximum of 35 years). This annual rate is computed on the basis of the benefit being payable in the form of an annuity solely for the life of a participant. The actual amount of accrual or monthly benefit shall depend on the actual form of payment being paid.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN, Cont'd

A participant who has reached age 55 and completed 5 years of service may elect early retirement, in which case the benefit shall be reduced by 4 percent for each year by which commencement of the payment of the benefit precedes the normal retirement date (age 65).

The normal form of retirement income benefit is a monthly installment from a straight life annuity or a qualified joint and survivor annuity, if the participant is married at retirement. Optional forms of annuity payments are available.

The Plan previously provided terminated employees the option to receive a lump sum distribution for accrued benefits up to \$20,000. On December 2, 2014, a modification of this provision was approved by the Pension Committee which allows terminated employees to receive lump sum payments for accrued benefits in excess of \$5,000 and up to \$30,000. The modification was effective January 1, 2015.

On June 3, 2024, the Plan was amended, and a former participant who has not commenced benefits under the Plan and whose accrued benefit has an actuarial equivalent lump sum value that exceeds \$30,000, shall be eligible to elect a lump-sum payment equal to the actuarial equivalent present value of their accrued benefit, provided the participant satisfies the requirements as stated in the amendment. This amendment was effective October 1, 2024 and the individual must have made the election by October 15, 2024.

Payments to provide annuity benefits

During previous years, the Plan purchased annuity contracts from CMFG Life Insurance Company to provide annuity benefits to current retirees of the Plan, thereby satisfying the Plan's future obligations to these retirees. During 2023, the Plan received \$20,911 from CMFG Life Insurance Company which is included in other income in the accompanying statements of changes in net assets available for benefits. There were no amounts received in 2024.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the plan document. Expenses that are paid directly by the Plan Sponsor 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 deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation or depreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Plan termination

Although the Plan Sponsor has no intention to do so, the Plan Sponsor has the right under the terms of the Plan to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE A: DESCRIPTION OF PLAN, Cont'd

Certain benefits under the Plan are insured by the Pension Benefit Guarantee Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during calendar 2024, that ceiling 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 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE B: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Valuation of investments 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. See Note E for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation or depreciation in fair value of investments consists of realized gains or losses and the unrealized appreciation or depreciation on those investments.

Payment of benefits

Benefits are recorded when paid.

Use of estimates in the preparation of financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and assumptions.

Subsequent events

The Plan has conducted an evaluation of potential subsequent events occurring after the date of the statement of net assets available for benefits through October 9, 2025, which is the date the financial statements are available to be issued. No subsequent events requiring disclosure were noted.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE C: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal or retirement) between the valuation date and the expected date of payment.

Actuarial present value of accumulated plan benefits at January 1, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Active participants	\$ 39,637,685	\$ 40,973,576
Retirees and beneficiaries receiving payments	83,989,160	77,786,909
Other participants	<u>20,845,810</u>	<u>21,379,983</u>
	144,472,655	140,140,468
Non-vested benefits	<u>447,421</u>	<u>480,039</u>
Total present value of accumulated plan benefits	<u>\$ 144,920,076</u>	<u>\$ 140,620,507</u>

Changes in accumulated plan benefits for the years ended January 1, 2024 and 2023 are as follows:

Actuarial present value of accumulated plan benefits		
at beginning of year	\$ 140,620,507	\$ 135,756,282
Benefits accumulated and reserves released	3,546,850	4,053,839
Interest	9,183,629	8,868,909
Benefits paid	<u>(8,430,910)</u>	<u>(8,058,523)</u>
Actuarial present value of accumulated		
plan benefits at end of year	<u>\$ 144,920,076</u>	<u>\$ 140,620,507</u>

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE C: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Cont'd

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

Actuarial cost methods	Traditional Unit Credit Cost Method
Discount rate	6.75%
Mortality basis	PRI-2012 mortality tables (with no collar adjustments), reflecting separate rates for males/females, annuitants/, non-annuitants, and current participants/surviving beneficiaries, projected with generational improvements using scale MP-2021.
Salary increases	3.00% - 4.00% per year
Normal retirement age	Range of ages from 55 – 67
Assumed rate of return on investments	6.75% per year

There were no significant changes in the assumptions underlying the actuarial computations as of January 1, 2024.

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

NOTE D: CERTIFIED INVESTMENTS (UNAUDITED)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, as detailed below, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank, N.A., trustee of the Plan. The following is a summary of the unaudited information regarding the Plan:

	December 31,	
	2024	2023
Cash and cash equivalents	\$ 906,474	\$ 1,645,700
Mutual funds	3,026,678	1,519,567
Collective investment trusts	115,996,038	112,208,837
Other pooled investments	5,470,237	6,825,166
Limited partnerships	11,517,436	12,193,809
Interest and dividends	273,022	201,884
Net appreciation in fair value of investments	8,164,495	16,147,327
Other income	-	20,911

All information included in the attached supplemental Schedule of Assets Held for Investment Purposes at End of Year – December 31, 2024 and Schedule of Reportable Transactions – Year Ended December 31, 2024 were included in the above certifications at and for the year ended December 31, 2024.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE E: FAIR VALUE MEASUREMENTS

GAAP establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are actively traded open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to report their net asset value and required to report their net asset value and to transact at that price.

Collective investment trusts: Valued at the net asset value reported by the fund as a practical expedient. There are no unfunded commitments and investments can be redeemed on a daily basis without restriction and are not subject to redemption notification provisions.

Other pooled investments: Valued on the basis of the relative interest of each participating investor (including each participant) in the fair value of the underlying net assets of the pooled separate accounts.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE E: FAIR VALUE MEASUREMENTS, Cont'd

Investment in limited partnerships: Valued using the net asset value per share practical expedient as determined by the issuer based on the current fair values of the underlying assets of the limited partnership. The following table lists investments in limited partnerships by fund and describes their liquidity as of December 31, 2024 and 2023:

Investment	Investment Strategy	December 31,				Redemption Frequency	Notice Period
		2024		2023			
		NAV in Funds	Unfunded Commitments	NAV in Funds	Unfunded Commitments		
Nut Tree Drawdown Offshore Fund LP	Distressed debt	\$ 1,023,324	\$ 700,000	\$ 1,964,144	\$ 700,000	Investment period of four years from initial close; term of entity eight years after final closing	N/A
KLCP Offshore Fund LP	Credit opportunities	3,001,246	497,154	2,856,325	324,432	Investment period of three years from initial close; term of entity five years with potential to extend for two one-year extensions	NA
Dawson Portfolio Finance (Offshore) 4, LP	Credit opportunities	1,773,087	520,780	1,883,424	734,337	Investment period of three years from initial close; term of entity six years with potential to extend for three one-year extensions	NA
Dawson Portfolio Finance (Offshore) 5, LP	Credit opportunities	974,857	948,156	859,848	1,195,162	Investment period of three years from initial close; term of entity six years with potential to extend for three one-year extensions	NA
MGG SF Evergreen Fund (Cayman), LP	Diversified direct lending	2,732,403	246,218	2,686,448	319,959	Investment period of two years, upon investor redemption, redeeming investor's portion of NAV is segregated in a redemption capital account and returned on a realized basis	NA
CVI Credit Value Fund BV, L.P.	Distressed debt	2,012,519	125,000	1,943,620	750,000	Investment period of three years from initial close, term of entity six years with potential to extend for two one-year extensions	NA
		\$ 11,517,436	\$ 3,037,308	\$ 12,193,809	\$ 4,023,890		

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE E: FAIR VALUE MEASUREMENTS, Cont'd

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2024</u>				
Cash and cash equivalents	\$ 906,474	\$ -	\$ -	\$ 906,474
Mutual funds, at fair value	3,026,678	-	-	3,026,678
Collective investment trusts measured at net asset value	-	-	-	115,996,038
Other pooled investments measured at net asset value	-	-	-	5,470,237
Limited partnerships measured at net asset value	-	-	-	11,517,436
	<u>\$ 3,933,152</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 136,916,863</u>
<u>December 31, 2023</u>				
Cash and cash equivalents	\$ 1,645,700	\$ -	\$ -	\$ 1,645,700
Mutual funds, at fair value	1,519,567	-	-	1,519,567
Collective investment trusts measured at net asset value	-	-	-	112,208,837
Other pooled investments measured at net asset value	-	-	-	6,825,166
Limited partnerships measured at net asset value	-	-	-	12,193,809
	<u>\$ 3,165,267</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 134,393,079</u>

NOTE F: TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated February 20, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter and the Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

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

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

NOTES TO FINANCIAL STATEMENTS, Cont'd

DECEMBER 31, 2024 AND 2023

NOTE G: TRANSACTIONS WITH PARTIES-IN-INTEREST

U.S. Bank, N.A. ("U.S. Bank") serves as the trustee and custodian of the Plan's assets. As a result, transactions with U.S. Bank are considered parties-in-interest transactions.

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

NOTE H: RISKS AND UNCERTAINTIES

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

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

Schedule SB, line 26a — Schedule of active participant data

Attained age	Years of credited service									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25										
25 - 29										
30 - 34										
35 - 39	1	10	1	5	2					
40 - 44	2	17	7	6	12	3				
45 - 49	1	11	10	13	12	7	1			
50 - 54		13	5	5	22	10	2	4		
55 - 59	1	13	5	16	18	9	4	4	3	
60 - 64	4	10	5	11	24	23	4	13	6	7
65 - 69		2	3	3	6	4	4	1	1	
70+				2	2					

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

Schedule SB, Part V — Statement of actuarial assumptions/methods

Actuarial assumptions for funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
	Stabilized	
• First 5 years	4.75%	
• Next 15 years	4.87%	
• Over 20 years	5.59%	
Mortality sponsor elections	Code Section 430(h)(3) prescribes separate generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using the IRS-modified Scale MP-2021.	
Economic assumptions		
• Salary increases	Attained age	Annual increase
	30 - 39	4.00%
	40 - 49	3.25%
	50+	3.00%
• Expected investment return	6.75% per year.	
• Expenses	Expected administrative expenses are based on actual expenses for the prior year adjusted for any expected differences, such as changes in the PBGC premium. \$1,213,000 is added to the current year’s normal cost.	
Demographic assumptions		
• Withdrawal incidence	Years of service	Rate
	0 - 4	15%
	5 - 9	12%
	10 - 14	8%
	15 - 19	7%
	20+	6%
• Disability incidence	None.	
• Retirement incidence	Attained age	Rate
	55 - 57	4%
	58 - 60	2%
	61 - 62	15%
	63 - 64	20%
	65	50%
	66	75%
	67+	100%
• Benefit commencement age for		
— Future vested deferred	Age 65.	
— Current vested deferred	Age 65.	

Schedule SB, Part V — Statement of actuarial assumptions/methods

	Male participants	Female participants
• Spouse assumptions		
— Percentage married	75%	60%
— Spouse age difference	3 years younger	3 years older
• Form of payment		
— Active retirements	Life annuity for participants who are not married and 50% joint and survivor annuity for married participants.	
— Vested deferred retirements	Life annuity.	
— Future deaths	50% joint and survivor annuity.	

Asset method

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

Funding method

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

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

An individual's funding target is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's target normal cost is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

The plan's target normal cost is the sum of the individual target normal costs, and the plan's funding target is the sum of the individual funding targets.

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 105 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					134,396,879.29		
COMPARATIVE VALUE (5%)					6,719,843.96		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
02/23/2024	B	10,247,450.060	1.0000		- 10,247,450 *	10,247,450	
02/23/2024	S	- 14,940,759.850	1.0000		14,940,760 *	14,940,760	
Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf							
02/29/2024	B	927,854.148	8.6220		- 8,000,000 *	8,000,000	
GRAND TOTAL				0	33,188,210	33,188,210	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

Issue: 96MSCEWK1 - Klcp Offshore Fund LP							
01/02/2024	B	6,250.000	1.0000		- 6,250	6,250	
Issue: 96MSCEWK1 - Klcp Offshore Fund LP							
01/18/2024	B	141,153.000	1.0000		- 141,153	141,153	
Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd							
01/31/2024	S	- 198.196	8.0654		1,599	1,549	50
Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp							
01/31/2024	S	- 228.026	9.0100		2,055	2,238	- 184
Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp							
01/31/2024	B	3,248.699	9.0100		- 29,271	29,271	
Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd							
01/31/2024	S	- 2.740	2,251.4599		6,169	5,837	332

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 106 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/22/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	- 2,246.427	1,335.4540		3,000,000	2,522,408	477,592
02/22/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 47,595.758	42.0206		2,000,000	1,742,244	257,756
02/22/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 13,242.728	132.1480		1,750,000	1,454,238	295,762
02/29/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf B	927,854.148	8.6220		- 8,000,000 *	8,000,000	
02/29/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 201.147	7.9003		1,589	1,572	17
02/29/2024	Issue: 95MSCG8U3 - Nepc US Small Cap Equity Cit Class A S	- 132,319.472	11.3362		1,500,000	1,323,195	176,805
02/29/2024	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - CI A S	- 142,356.860	10.5369		1,500,000	1,426,286	73,714
02/29/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	3,216.553	8.9000		- 28,627	28,627	
02/29/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd B	245,979.505	12.1961		- 3,000,000	3,000,000	
02/29/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund B	284,988.236	21.0535		- 6,000,000	6,000,000	
03/11/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 390,539.280	1.0000		390,539	390,539	
03/25/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	428,798.780	1.0000		- 428,799	428,799	
03/27/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 3,975.786	1.0212		4,060	3,976	84
03/28/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 2,012.353	1.0705		2,154	2,012	142

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 107 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/29/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf S	- 14.600	8.6411		126	126	
03/29/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 184.549	7.9602		1,469	1,442	27
03/29/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	-.092	1,380.6522		127	24	103
03/29/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 11.291	43.3416		489	76	413
03/29/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	3,285.026	8.9500		- 29,401	29,401	
03/29/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 3.502	136.8275		479	95	385
03/29/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd S	- 78.771	12.2550		965	119	846
03/29/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund S	- 5.134	21.1356		109	3	106
03/31/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 838.392	2,385.5189		2,000,000	1,455,920	544,080
04/01/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 125,000.000	1.0000		125,000	124,982	18
04/08/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 11,315.545	44.1870		500,000	85,794	414,206
04/09/2024	Issue: 96MSCSS66 - Nepc Global Equity Cit Class A S	- 108,360.207	11.5356		1,250,000	1,096,556	153,444
04/15/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 76,316.270	1.0000		76,316	76,316	
04/23/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 B	39,607.640	1.0000		- 39,608	39,608	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 108 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/29/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 2,222.590	1.0000		2,223	2,223	
04/30/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd S	- 206.358	7.6513		1,579	1,613	- 34
04/30/2024	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - Cl A B	93,867.628	10.6533		- 1,000,000	1,000,000	
04/30/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 3,972.920	1.0000		3,973	3,973	
04/30/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	3,318.873	8.8000		- 29,206	29,206	
04/30/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp S	- 241.475	8.8000		2,125	242	1,883
04/30/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 3.282	2,404.6313		7,892	5,699	2,193
05/15/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 81,882.860	1.0000		81,883	81,883	
05/28/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 400,000.000	1.0000		400,000	399,942	58
05/29/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 3,276.890	1.0000		3,277	3,277	
05/30/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 6,971.220	1.0000		6,971	6,971	
05/31/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd S	- 183.519	7.9553		1,460	1,434	26
05/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	167,785.235	8.9400		- 1,500,000	1,500,000	
05/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,251.325	8.8900		- 37,794	37,794	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 109 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/31/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 188.579	2,518.8383		475,000	394,257	80,743
05/31/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund B	1,957.616	140.4770		- 275,000	275,000	
06/10/2024	Issue: 96MSCNPR4 - Cvi Credit Value Fd B V LP B	375,000.000	1.0000		- 375,000	375,000	
06/13/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 225,000.000	1.0000		225,000	224,968	32
06/18/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	140,930.270	1.0000		- 140,930	140,930	
06/20/2024	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - CI A S	- 64,886.911	10.7880		700,000	659,824	40,176
06/21/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 B	148,800.050	1.0000		- 148,800	148,800	
06/25/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 B	43,509.110	1.0000		- 43,509	43,509	
06/27/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 2,465.330	1.0000		2,465	2,465	
06/28/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf S	- 45.241	8.7679		397	6	391
06/28/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 185.713	8.1276		1,509	1,451	58
06/28/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	-.081	1,478.6420		120	29	91
06/28/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 10.818	44.0858		477	81	396
06/28/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 20,321.560	1.0000		20,322	20,322	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 110 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/28/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,056.432	8.9100		- 36,143	36,143	
06/28/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 2.416	136.8502		331	61	270
06/28/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd S	- 91.901	12.5790		1,156	109	1,047
06/28/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund S	- 14.709	21.6147		318		318
07/15/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 75,000.000	1.0000		75,000	74,989	11
07/29/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 14,203.740	1.0000		14,204	14,204	
07/29/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	25,398.000	1.0000		- 25,398	25,398	
07/30/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 8,299.110	1.0000		8,299	8,299	
07/30/2024	Issue: 96MSCNPR4 - Cvi Credit Value Fd B V LP S	- 245,105.350	1.0000		245,105	245,105	
07/31/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd S	- 180.295	8.1319		1,466	1,409	57
07/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,027.343	9.0500		- 36,447	36,447	
07/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp S	- 262.954	9.0500		2,380	2,533	- 153
07/31/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 2.498	2,568.0544		6,415	5,123	1,292
08/08/2024	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - Cl A S	- 169,189.263	10.9345		1,850,000	1,720,458	129,542

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 111 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/09/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund B	1,289.576	1,434.5800		- 1,850,000	1,850,000	
08/15/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 47,052.980	1.0000		47,053	47,053	
08/22/2024	Issue: 95MSCPFV3 - Nepc Diversified Credit Cit - CI A S	- 67,819.293	11.0588		750,000	689,643	60,357
08/28/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 27,055.760	1.0000		27,056	27,056	
08/29/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 24,410.720	1.0000		24,411	24,411	
08/29/2024	Issue: 96MSCNPR4 - Cvi Credit Value Fd B V LP S	- 210,114.530	1.0000		210,115	210,115	
08/30/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 182.956	8.3191		1,522	1,430	92
08/30/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,038.036	9.1200		- 36,827	36,827	
09/04/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	49,854.900	1.0000		- 49,855	49,855	
09/20/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd S	- 219,528.807	13.6656		3,000,000	3,022,314	- 22,314
09/24/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 B	79,215.310	1.0000		- 79,215	79,215	
09/26/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 4,892.390	1.0000		4,892	4,892	
09/27/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 10,489.260	1.0000		10,489	10,489	
09/30/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf S	- 57.305	9.1650		525	30	495

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 112 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf B	326,975.477	9.1750		- 3,000,000	3,000,000	
09/30/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 181.798	8.6198		1,567	1,421	146
09/30/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	-.078	1,453.3333		113	22	91
09/30/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 9.471	45.5010		431	84	347
09/30/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	3,927.108	9.2000		- 36,129	36,129	
09/30/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 2.162	142.2757		308	66	242
09/30/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd S	- 83.165	13.7359		1,142	3	1,140
09/30/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund S	- 17.548	23.1479		406	27	379
10/03/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 21,137.627	47.3090		1,000,000	226,257	773,743
10/11/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 82,548.100	1.0000		82,548	82,548	
10/15/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 250,000.000	1.0000		250,000	250,000	
10/18/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	- 1,265.984	1,579.7988		2,000,000	517,987	1,482,013
10/18/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 25,750.773	48.5422		1,250,000	307,392	942,608
10/18/2024	Issue: 96MSCSS58 - Nepc Emrg Mrkt Eqty Cit CI A S	- 78,636.135	9.5376		750,000	751,559	- 1,559

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 113 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/25/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 100,000.000	1.0000		100,000	100,000	
10/29/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 16,565.030	1.0000		16,565	16,565	
10/29/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	12,645.710	1.0000		- 12,646	12,646	
10/30/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 13,408.920	1.0000		13,409	13,409	
10/31/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 183.216	8.4652		1,551	1,432	119
10/31/2024	Issue: 96MSCEWK1 - Klcp Offshore Fund LP S	- 320,125.000	1.0000		320,125	320,125	
10/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,033.530	9.0200		- 36,382	36,382	
10/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp S	- 302.591	9.0200		2,729	2,913	- 183
10/31/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 2.387	2,600.7541		6,208	4,895	1,313
10/31/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 6,955.070	143.7800		1,000,000	222,521	777,479
10/31/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP S	- 67,052.000	1.0000		67,052	67,052	
11/25/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	- 770.888	1,621.5066		1,250,000	347,567	902,433
11/25/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 24,849.991	50.3018		1,250,000	303,101	946,899
11/25/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 10,892.554	137.7088		1,500,000	282,366	1,217,634

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 114 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/26/2024	Issue: 95MSCG8U3 - Nepc US Small Cap Equity Cit Class A S	- 43,094.780	13.9228		600,000	430,948	169,052
11/26/2024	Issue: 96MSCSS58 - Nepc Emrg Mrkt Eqty Cit Cl A S	- 59,390.759	9.2607		550,000	567,623	- 17,623
11/26/2024	Issue: 96MSCSS66 - Nepc Global Equity Cit Class A S	- 179,660.800	12.5236		2,250,000	1,818,085	431,915
11/27/2024	Issue: 96MSCEZU6 - Nut Tree Drawdown Offshore Fund LP S	- 125,000.000	1.0000		125,000	125,000	
11/27/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 14,170.120	1.0000		14,170	14,170	
11/27/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 109,786.740	1.0000		109,787	109,787	
11/27/2024	Issue: 96MSCNPR4 - Cvi Credit Value Fd B V LP S	- 192,692.110	1.0000		192,692	192,692	
11/29/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd B	451,437.459	8.3068		- 3,750,000	3,750,000	
11/29/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd Cl Nd S	- 187.459	8.3473		1,565	1,481	84
11/29/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len B	20,308.280	49.2410		- 1,000,000	1,000,000	
11/29/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	4,026.767	9.0700		- 36,523	36,523	
11/29/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd B	383.543	2,607.2696		- 1,000,000	1,000,000	
11/29/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 284.136	2,639.5810		750,000	740,819	9,181
11/29/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd B	396,924.187	12.5969		- 5,000,000	5,000,000	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 115 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/29/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund B	68,690.754	21.8370		- 1,500,000	1,500,000	
12/09/2024	Issue: 96MSCWU56 - Mgg Sf Evergreen Fund (Cayman) LP B	42,400.380	1.0000		- 42,400	42,400	
12/23/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 B	18,094.780	1.0000		- 18,095	18,095	
12/30/2024	Issue: 95MSCYH18 - Dawson Portfolio Finance Offshore 5 S	- 13,771.570	1.0000		13,772	13,772	
12/30/2024	Issue: 96MSCNPR4 - Cvi Credit Value Fd B V LP S	- 105,081.320	1.0000		105,081	105,081	
12/31/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf S	- 66.482	9.0360		601	19	582
12/31/2024	Issue: 96MSCPSY1 - Ir+m Long Corp Collct Fd CI Nd S	- 197.589	8.3788		1,656	1,561	94
12/31/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund B	426.800	1,640.1125		- 700,000	700,000	
12/31/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund B	425.105	1,646.6520		- 700,000	700,000	
12/31/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	-.030	1,638.0000		49	12	37
12/31/2024	Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund S	-.054	1,627.4074		88	22	66
12/31/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 3.265	48.0245		157	32	124
12/31/2024	Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len S	- 6.398	48.0228		307	63	244
12/31/2024	Issue: 95MSCYH00 - Dawson Portfolio Finance Offshore 4 S	- 13,114.330	1.0000		13,114	13,114	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 116 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2024	Issue: 96MSCNT74 - Wtc Cif II US Inv Grade Inrt Corp B	3,916.290	8.9600		- 35,090	35,090	
12/31/2024	Issue: 96MSCSS58 - Nepc Emrg Mrkt Eqty Cit Cl A S	- 148,186.931	9.4475		1,400,000	1,416,285	- 16,285
12/31/2024	Issue: 96MSCCPQ0 - Acadian Non US All Cap Eq Fd S	- 148.453	2,694.4555		400,000	359,768	40,232
12/31/2024	Issue: 96MSCD390 - Ssga Msci Eafe Index NI Fund S	- 2.347	141.4274		332	70	262
12/31/2024	Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd S	- 92.731	12.9340		1,199	52	1,147
12/31/2024	Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund S	- 19.664	22.2752		438	12	426
Total For Direct From Issuer				0	79,959,315	69,602,208	10,357,107
GRAND TOTAL				0	79,959,315	69,602,208	10,357,107

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
01/05/2024	B	1,468,000.000	1.0000		- 1,468,000	1,468,000	
01/26/2024	B	1,397,472.480	1.0000		- 1,397,472	1,397,472	
01/31/2024	B	8,797.680	1.0000		- 8,798	8,798	
01/31/2024	B	22,752.660	1.0000		- 22,753	22,753	
02/02/2024	B	10,752.550	1.0000		- 10,753	10,753	
02/14/2024	B	860.940	1.0000		- 861	861	
02/21/2024	B	30.000	1.0000		- 30	30	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 117 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/22/2024	B	1,750,000.000	1.0000		- 1,750,000	1,750,000	
02/23/2024	B	10,247,450.060	1.0000		- 10,247,450 *	10,247,450	
02/26/2024	B	1,066,021.850	1.0000		- 1,066,022	1,066,022	
02/29/2024	B	1,868.510	1.0000		- 1,869	1,869	
03/04/2024	B	10,078.170	1.0000		- 10,078	10,078	
03/04/2024	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
03/12/2024	B	390,539.280	1.0000		- 390,539	390,539	
03/26/2024	B	538.080	1.0000		- 538	538	
04/02/2024	B	135,091.390	1.0000		- 135,091	135,091	
04/04/2024	B	1,534.880	1.0000		- 1,535	1,535	
04/05/2024	B	1,807,414.000	1.0000		- 1,807,414	1,807,414	
04/09/2024	B	1,750,000.000	1.0000		- 1,750,000	1,750,000	
04/12/2024	B	2,148.350	1.0000		- 2,148	2,148	
04/16/2024	B	76,316.270	1.0000		- 76,316	76,316	
04/30/2024	B	2,222.590	1.0000		- 2,223	2,223	
05/02/2024	B	13,142.060	1.0000		- 13,142	13,142	
05/15/2024	B	81,882.860	1.0000		- 81,883	81,883	
05/22/2024	B	475,000.000	1.0000		- 475,000	475,000	
05/29/2024	B	400,000.000	1.0000		- 400,000	400,000	
05/30/2024	B	3,276.890	1.0000		- 3,277	3,277	
05/31/2024	B	6,971.220	1.0000		- 6,971	6,971	
06/04/2024	B	7,397.920	1.0000		- 7,398	7,398	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 118 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/14/2024	B	225,000.000	1.0000		- 225,000	225,000	
06/20/2024	B	1,400,000.000	1.0000		- 1,400,000	1,400,000	
06/28/2024	B	2,465.330	1.0000		- 2,465	2,465	
07/01/2024	B	20,321.560	1.0000		- 20,322	20,322	
07/02/2024	B	2,993.800	1.0000		- 2,994	2,994	
07/09/2024	B	181.780	1.0000		- 182	182	
07/15/2024	B	1,828,000.000	1.0000		- 1,828,000	1,828,000	
07/16/2024	B	75,000.000	1.0000		- 75,000	75,000	
07/30/2024	B	14,203.740	1.0000		- 14,204	14,204	
07/31/2024	B	8,299.110	1.0000		- 8,299	8,299	
07/31/2024	B	245,105.350	1.0000		- 245,105	245,105	
08/02/2024	B	4,002.090	1.0000		- 4,002	4,002	
08/08/2024	B	1,850,000.000	1.0000		- 1,850,000	1,850,000	
08/15/2024	B	47,052.980	1.0000		- 47,053	47,053	
08/23/2024	B	750,000.000	1.0000		- 750,000	750,000	
08/29/2024	B	27,055.760	1.0000		- 27,056	27,056	
08/30/2024	B	24,410.720	1.0000		- 24,411	24,411	
08/30/2024	B	210,114.530	1.0000		- 210,115	210,115	
09/04/2024	B	3,683.380	1.0000		- 3,683	3,683	
09/12/2024	B	309.590	1.0000		- 310	310	
09/13/2024	B	1,718,785.150	1.0000		- 1,718,785	1,718,785	
09/23/2024	B	2,420,309.070	1.0000		- 2,420,309	2,420,309	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 119 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/27/2024	B	4,892.390	1.0000		- 4,892	4,892	
09/30/2024	B	10,489.260	1.0000		- 10,489	10,489	
10/02/2024	B	6,268.320	1.0000		- 6,268	6,268	
10/02/2024	B	1,006.370	1.0000		- 1,006	1,006	
10/04/2024	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
10/07/2024	B	610.920	1.0000		- 611	611	
10/08/2024	B	1,597,074.820	1.0000		- 1,597,075	1,597,075	
10/17/2024	B	82,548.100	1.0000		- 82,548	82,548	
10/17/2024	B	250,000.000	1.0000		- 250,000	250,000	
10/18/2024	B	5,000,000.000	1.0000		- 5,000,000	5,000,000	
10/25/2024	B	100,000.000	1.0000		- 100,000	100,000	
10/30/2024	B	16,565.030	1.0000		- 16,565	16,565	
10/31/2024	B	13,408.920	1.0000		- 13,409	13,409	
11/04/2024	B	21,807.430	1.0000		- 21,807	21,807	
11/26/2024	B	900,000.000	1.0000		- 900,000	900,000	
11/27/2024	B	370,251.240	1.0000		- 370,251	370,251	
11/27/2024	B	222,440.870	1.0000		- 222,441	222,441	
11/29/2024	B	14,170.120	1.0000		- 14,170	14,170	
11/29/2024	B	234,786.740	1.0000		- 234,787	234,787	
12/03/2024	B	17,117.750	1.0000		- 17,118	17,118	
12/16/2024	B	428,324.360	1.0000		- 428,324	428,324	
12/18/2024	B	428,324.360	1.0000		- 428,324	428,324	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 120 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/20/2024	B	120,085.530	1.0000		- 120,086	120,086	
12/26/2024	B	400,000.000	1.0000		- 400,000	400,000	
12/30/2024	B	105,081.320	1.0000		- 105,081	105,081	
12/31/2024	B	13,114.330	1.0000		- 13,114	13,114	
Total For Buys				0	45,373,222	45,373,222	0
01/02/2024	S	- 712,102.150	1.0000		712,102	712,102	
01/03/2024	S	- 2,840.100	1.0000		2,840	2,840	
01/17/2024	S	- 8,570.000	1.0000		8,570	8,570	
01/18/2024	S	- 141,153.000	1.0000		141,153	141,153	
02/01/2024	S	- 725,803.530	1.0000		725,804	725,804	
02/21/2024	S	- 13,050.770	1.0000		13,051	13,051	
02/23/2024	S	- 14,940,759.850	1.0000		14,940,760 *	14,940,760	
03/01/2024	S	- 734,151.980	1.0000		734,152	734,152	
03/19/2024	S	- 26,685.000	1.0000		26,685	26,685	
03/25/2024	S	- 2,594.040	1.0000		2,594	2,594	
03/25/2024	S	- 428,798.780	1.0000		428,799	428,799	
04/01/2024	S	- 729,399.060	1.0000		729,399	729,399	
04/08/2024	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
04/10/2024	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
04/11/2024	S	- 3,089.660	1.0000		3,090	3,090	
04/23/2024	S	- 39,607.640	1.0000		39,608	39,608	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 121 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/25/2024	S	- 2,573.960	1.0000		2,574	2,574	
05/01/2024	S	- 736,808.190	1.0000		736,808	736,808	
05/01/2024	S	- 233,326.120	1.0000		233,326	233,326	
05/07/2024	S	- 18,739.260	1.0000		18,739	18,739	
05/13/2024	S	- 58,214.850	1.0000		58,215	58,215	
05/16/2024	S	- 12,272.000	1.0000		12,272	12,272	
05/17/2024	S	- 24,736.100	1.0000		24,736	24,736	
05/17/2024	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	
05/23/2024	S	- 275,000.000	1.0000		275,000	275,000	
05/24/2024	S	- 2,599.930	1.0000		2,600	2,600	
06/03/2024	S	- 731,619.010	1.0000		731,619	731,619	
06/10/2024	S	- 375,000.000	1.0000		375,000	375,000	
06/11/2024	S	- 58,214.850	1.0000		58,215	58,215	
06/17/2024	S	- 6,140.050	1.0000		6,140	6,140	
06/18/2024	S	- 140,930.270	1.0000		140,930	140,930	
06/21/2024	S	- 700,000.000	1.0000		700,000	700,000	
06/21/2024	S	- 148,800.050	1.0000		148,800	148,800	
06/25/2024	S	- 2,809.120	1.0000		2,809	2,809	
06/25/2024	S	- 43,509.110	1.0000		43,509	43,509	
06/27/2024	S	- 4,788.430	1.0000		4,788	4,788	
07/01/2024	S	- 764,712.160	1.0000		764,712	764,712	
07/05/2024	S	- 27,043.650	1.0000		27,044	27,044	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 122 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/10/2024	S	- 15,350.000	1.0000		15,350	15,350	
07/12/2024	S	- 669.810	1.0000		670	670	
07/25/2024	S	- 802,612.050	1.0000		802,612	802,612	
07/29/2024	S	- 25,398.000	1.0000		25,398	25,398	
08/01/2024	S	- 776,812.450	1.0000		776,812	776,812	
08/05/2024	S	- 22,128.340	1.0000		22,128	22,128	
08/05/2024	S	- 13,389.000	1.0000		13,389	13,389	
08/08/2024	S	- 5,084.200	1.0000		5,084	5,084	
08/09/2024	S	- 1,850,000.000	1.0000		1,850,000	1,850,000	
08/14/2024	S	- 84,709.000	1.0000		84,709	84,709	
08/21/2024	S	- 4,118.820	1.0000		4,119	4,119	
08/23/2024	S	- 2,643.670	1.0000		2,644	2,644	
09/03/2024	S	- 783,186.610	1.0000		783,187	783,187	
09/04/2024	S	- 49,854.900	1.0000		49,855	49,855	
09/20/2024	S	- 2,420,309.070	1.0000		2,420,309	2,420,309	
09/24/2024	S	- 79,215.310	1.0000		79,215	79,215	
09/25/2024	S	- 2,697.540	1.0000		2,698	2,698	
10/01/2024	S	- 810,386.150	1.0000		810,386	810,386	
10/07/2024	S	- 610.920	1.0000		611	611	
10/11/2024	S	- 1,058,515.000	1.0000		1,058,515	1,058,515	
10/25/2024	S	- 2,691.230	1.0000		2,691	2,691	
10/29/2024	S	- 12,645.710	1.0000		12,646	12,646	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 123 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/01/2024	S	- 548,331.660	1.0000		548,332	548,332	
11/05/2024	S	- 21,174.260	1.0000		21,174	21,174	
11/06/2024	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
11/07/2024	S	- 2,250,000.000	1.0000		2,250,000	2,250,000	
11/08/2024	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
11/25/2024	S	- 2,689.620	1.0000		2,690	2,690	
11/25/2024	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	
11/26/2024	S	- 16,020.220	1.0000		16,020	16,020	
12/02/2024	S	- 3,338,077.110	1.0000		3,338,077	3,338,077	
12/05/2024	S	- 17,061.570	1.0000		17,062	17,062	
12/06/2024	S	- 135,355.850	1.0000		135,356	135,356	
12/09/2024	S	- 40,363.650	1.0000		40,364	40,364	
12/10/2024	S	- 1,575.790	1.0000		1,576	1,576	
12/11/2024	S	- 10,714.000	1.0000		10,714	10,714	
12/13/2024	S	- 7,297.400	1.0000		7,297	7,297	
12/13/2024	S	- 428,324.360	1.0000		428,324	428,324	
12/17/2024	S	- 83,701.670	1.0000		83,702	83,702	
12/17/2024	S	- 344,622.690	1.0000		344,623	344,623	
12/20/2024	S	- 124,502.830	1.0000		124,503	124,503	
12/23/2024	S	- 18,094.780	1.0000		18,095	18,095	
12/24/2024	S	- 2,717.550	1.0000		2,718	2,718	
12/31/2024	S	- 14,815.940	1.0000		14,816	14,816	

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 124 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	46,104,914	46,104,914	0
Total First Am Govt Ob Fd Cl Z				0	91,478,136	91,478,136	0
Issue: 9SPMTH791 - Ssga Ftse Rafi US 1000 Index Non-Len							
11/29/2024	B	20,308.280	49.2410		- 1,000,000	1,000,000	
Total For Buys				0	1,000,000	1,000,000	0
02/22/2024	S	- 47,595.758	42.0206		2,000,000	1,742,244	257,756
03/29/2024	S	- 11.291	43.3416		489	76	413
04/08/2024	S	- 11,315.545	44.1870		500,000	85,794	414,206
06/28/2024	S	- 10.818	44.0858		477	81	396
09/30/2024	S	- 9.471	45.5010		431	84	347
10/03/2024	S	- 21,137.627	47.3090		1,000,000	226,257	773,743
10/18/2024	S	- 25,750.773	48.5422		1,250,000	307,392	942,608
11/25/2024	S	- 24,849.991	50.3018		1,250,000	303,101	946,899
12/31/2024	S	- 3.265	48.0245		157	32	124
12/31/2024	S	- 6.398	48.0228		307	63	244
Total For Sells				0	6,001,861	2,665,124	3,336,736
Total Ssga Ftse Rafi US 1000 Index Non-Len				0	7,001,861	3,665,124	3,336,736

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 125 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 9SPMTKEP0 - Ssga Long US Treasury Index NI Fund							
02/29/2024	B	284,988.236	21.0535		- 6,000,000	6,000,000	
11/29/2024	B	68,690.754	21.8370		- 1,500,000	1,500,000	
Total For Buys				0	7,500,000	7,500,000	0
03/29/2024	S	- 5.134	21.1356		109	3	106
06/28/2024	S	- 14.709	21.6147		318		318
09/30/2024	S	- 17.548	23.1479		406	27	379
12/31/2024	S	- 19.664	22.2752		438	12	426
Total For Sells				0	1,271	42	1,229
Total Ssga Long US Treasury Index NI Fund				0	7,501,271	7,500,042	1,229
Issue: 95MSC0DR9 - Ssga S&p 500 Flagship NI Fund							
08/09/2024	B	1,289.576	1,434.5800		- 1,850,000	1,850,000	
12/31/2024	B	426.800	1,640.1125		- 700,000	700,000	
12/31/2024	B	425.105	1,646.6520		- 700,000	700,000	
Total For Buys				0	3,250,000	3,250,000	0
02/22/2024	S	- 2,246.427	1,335.4540		3,000,000	2,522,408	477,592
03/29/2024	S	-.092	1,380.6522		127	24	103
06/28/2024	S	-.081	1,478.6420		120	29	91

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 126 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024	S	-.078	1,453.3333		113	22	91
10/18/2024	S	- 1,265.984	1,579.7988		2,000,000	517,987	1,482,013
11/25/2024	S	- 770.888	1,621.5066		1,250,000	347,567	902,433
12/31/2024	S	-.030	1,638.0000		49	12	37
12/31/2024	S	-.054	1,627.4074		88	22	66
Total For Sells				0	6,250,497	3,388,071	2,862,426
Total Ssga S&p 500 Flagship NI Fund				0	9,500,497	6,638,071	2,862,426
Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf							
02/29/2024	B	927,854.148	8.6220		- 8,000,000 *	8,000,000	
09/30/2024	B	326,975.477	9.1750		- 3,000,000	3,000,000	
Total For Buys				0	11,000,000	11,000,000	0
03/29/2024	S	- 14.600	8.6411		126	126	
06/28/2024	S	- 45.241	8.7679		397	6	391
09/30/2024	S	- 57.305	9.1650		525	30	495
12/31/2024	S	- 66.482	9.0360		601	19	582
Total For Sells				0	1,649	181	1,468
Total Ssga US Treasury Index NI Ctf				0	11,001,649	11,000,181	1,468

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 127 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 96MSCD3A7 - Ssga 20+ Yrs US Trea Strips Indx Fd							
02/29/2024	B	245,979.505	12.1961		- 3,000,000	3,000,000	
11/29/2024	B	396,924.187	12.5969		- 5,000,000	5,000,000	
Total For Buys				0	8,000,000	8,000,000	0
03/29/2024	S	- 78.771	12.2550		965	119	846
06/28/2024	S	- 91.901	12.5790		1,156	109	1,047
09/20/2024	S	- 219,528.807	13.6656		3,000,000	3,022,314	- 22,314
09/30/2024	S	- 83.165	13.7359		1,142	3	1,140
12/31/2024	S	- 92.731	12.9340		1,199	52	1,147
Total For Sells				0	3,004,462	3,022,597	- 18,134
Total Ssga 20+ Yrs US Trea Strips Indx Fd				0	11,004,462	11,022,597	- 18,134
Issue: 96MSCSS66 - Nepc Global Equity Cit Class A							
01/31/2024	S	- 132,058.030	10.6014		1,400,000	1,336,367	63,633
02/29/2024	S	- 250,020.456	10.9991		2,750,000	2,530,093	219,907
04/09/2024	S	- 108,360.207	11.5356		1,250,000	1,096,556	153,444
11/26/2024	S	- 179,660.800	12.5236		2,250,000	1,818,085	431,915
Total For Sells				0	7,650,000	6,781,101	868,899

00008104
65- -12-C -66 -023-04
1202 -99-03321-04



HIGHLAND HOSPITAL RET PL-USB STIF
ACCOUNT 001050971120

Page 128 of 128
Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total Nepc Global Equity Cit Class A				0	7,650,000	6,781,101	868,899
GRAND TOTAL				0	145,137,876	138,085,252	7,052,624

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

02/29/2024	Issue: 95MSC3CU7 - Ssga US Treasury Index NI Ctf B	927,854.148	8.6220		- 8,000,000 *	8,000,000	
Total For Direct From Issuer				0	79,959,315	69,602,208	10,357,107

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HIGHLAND HOSPITAL OF ROCHESTER, NY	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HIGHLAND HOSPITAL OF ROCHESTER	D Employer Identification Number (EIN) 16-0743037
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	137,578,469	
b	Actuarial value	2b	143,826,696	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	396	94,683,898	94,683,898
b	For terminated vested participants	559	25,269,982	25,269,982
c	For active participants	390	48,159,046	48,633,797
d	Total	1,345	168,112,926	168,587,677
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.13%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	3,334,029	
b	Expected plan-related expenses	6b	1,213,000	
c	Target normal cost	6c	4,547,029	

Statement by Enrolled Actuary

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

SIGN HERE	Todd Weber TEW Signature of actuary	10/07/2025 Date
TODD WEBER Type or print name of actuary	2306399 Most recent enrollment number	585-389-8700 Telephone number (including area code)
MERCER Firm name	70 LINDEN OAKS, SUITE 310 Address of the firm	
ROCHESTER NY 14625 Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.32</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		856
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>5.26</u> %		45
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		901
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	85.31 %
15 Adjusted funding target attainment percentage	15	84.29 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.60 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/05/2024	1,828,000	0			
07/15/2024	1,828,000	0			
10/08/2024	1,596,000	0			
01/07/2025	1,596,000	0			
09/08/2025	496,000	0			
Totals ►			18(b)	7,344,000	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	7,092,730

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: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	4,547,029
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	24,760,981	2,544,702
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 7,091,731
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 7,091,731
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 7,092,730
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 999
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB, line 22 — Description of weighted average retirement age

Each employee is assumed to retire in accordance with the below table of retirement rates. The average retirement age is 63.

(A) Retirement age	(B) Retirement percent	(C) Number of employees	(D) Number of employees expected to retire (B) x (C)	(E) Accumulation of years lived (A) x (D)
55	4%	10,000	400	22,000
56	4%	9,600	384	21,504
57	4%	9,216	369	21,033
58	2%	8,847	177	10,266
59	2%	8,670	173	10,207
60	2%	8,497	170	10,200
61	15%	8,327	1,249	76,189
62	15%	7,078	1,062	65,844
63	20%	6,016	1,203	75,789
64	20%	4,813	963	61,632
65	50%	3,850	1,925	125,125
66	75%	1,925	1,444	95,304
67	100%	481	481	32,227
		Total	10,000	627,320
Weighted average retirement age				62.7

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

Effective date and plan year	Original plan: January 1, 1968 Restated plan: January 1, 2015 Plan year: January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals. No employees can enter the plan after August 3, 2010.
Significant events that occurred during the year	None.

Definitions

• Eligibility requirements	An employee is eligible to participate on the first day of the plan year in which he/she completes two years of service with 1,000 hours. Participation froze effective August 3, 2010.
• Benefit service	A participant earns a year of benefit service for each plan year during which he/she completes at least 1,872 hours of service. A partial year is earned if a participant completes at least 1,000 but less than 1,872 hours of service. A partial year is also earned in the year of termination or retirement for any hours worked. A partial year is calculated by dividing hours worked by 1,872 and rounding up to the next 1/12 of a year.
• Final average compensation	This is the average compensation during the five highest consecutive years out of all years of service.
• Covered compensation	This is the average of the annual Social Security taxable wage bases during a 35-year period. This 35-year period ends on the last day of the calendar year in which a participant terminates employment with Highland Hospital and is determined based on an individual reaching Social Security normal retirement age in the year of termination.

Normal retirement

• Eligibility	Age 65.
• Benefit	1.25% of final average compensation times years of benefit service plus 0.50% of the final average compensation in excess of the covered compensation times years of benefit service (up to 35 years).

Early retirement

• Eligibility	Age 55 and five years of service.
• Benefit	The normal retirement benefit reduced by 1/3 of 1% for each month by which benefit commencement precedes normal retirement date.

Late retirement

• Eligibility	Termination after normal retirement date.
• Benefit	The benefit, as determined above, based on the participant's years of benefit service and compensation at termination, payable commencing on the first day of the month following the participant's termination date.

Schedule SB, Part V — Summary of plan provisions

Deferred vested

- Eligibility 100% vested at all times.
- Benefit The benefit is payable at normal retirement and is based on years of benefit service and final average compensation at termination. If eligible, a participant may elect to receive a reduced benefit at early retirement.

Pre-retirement death

- Eligibility Eligible at all times.
- Benefit The surviving spouse of a participant will receive a benefit payable for life equal to 50% of the benefit which would have been payable to the participant if the participant had terminated employment (if active at time of death) immediately prior to his/her death with the 50% joint and survivor annuity option in effect. The spouse's benefit will commence (i) on what would have been the participant's normal retirement date or (ii) at the election of the spouse, on the first day of any month on or following what would have been the participant's early retirement date. If the participant is age 65 or older at date of death, the benefit will commence immediately.

Forms of payment

- Automatic form for unmarried participants Life annuity.
- Automatic form for married participants 50% joint and survivor annuity.
- Optional forms Life annuity; 50%, 75%, or 100% joint and survivor annuity; 10-year certain and life annuity; and lump sum distribution if the present value of the normal retirement benefit is \$30,000 or less.
- Actuarial equivalence Actuarial equivalence is based on unisex factors developed from the 1971 Group Annuity Mortality Table rates and an interest rate of 5.50% per year. Conversion from a life annuity to a lump sum is based on mortality and interest rates specified under Code Section 417(e).

Benefits included or excluded

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

Plan amendments: Any amendments adopted after the valuation date or effective after the current plan year are excluded from valuations.

Late retirement increases:

- *Active participants:* The plan provides suspension of benefits notices to participants who work beyond normal retirement and do not elect to commence benefits. Therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including late retirement actuarial increases.

Code Sections 401(a)(17) and 415(b): The limitations of Code Sections 401(a)(17) and 415(b) are included in valuations.

Schedule SB, Part V — Summary of plan provisions

Code Section 416 rules for top-heavy plans: We do not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Plan provision changes since prior valuation

Maximum compensation limits and benefit limits under IRS rules were updated from 2023 to 2024.

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

EIN: 16-0743037
PLAN NUMBER: 001

FORM 5500 – SCHEDULE H – PART IV

ITEM 4i – SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR – DECEMBER 31, 2024

(a) Party-in- interest	(b) & (c) Identity of issue, borrower, lessor or similar party, and description of investment	(d) Cost	(e) Current value
	<u>Cash and cash equivalents:</u>		
*	First American Government Obligation Fund Class Y	\$ 906,474	\$ 906,474
	Total Cash and Cash Equivalents	906,474	906,474
	<u>Mutual funds:</u>		
	Pimco All Asset Fund	3,237,985	3,026,678
	Total Mutual Funds	3,237,985	3,026,678
	<u>Collective Investment Trusts</u>		
	SSga FTSE RAFI U.S. 1000 Index NL CTF	5,573,413	6,968,120
	SSga S&P 500 Flagship NL Fund	8,862,992	11,527,936
	Ssga Long US Treasury Index NL Fund	9,942,377	9,599,406
	SSga US Treasury Index NL CTF	13,584,290	13,751,107
	SSga MSCI EAFE Index NI Fund	1,407,052	1,710,690
	Wtc-Cif II US Inv Grade Intermediate Corporate	9,006,491	8,387,623
	SSga 20+ Year U.S. Treasury STRIPS Index NL Fund	23,224,805	19,948,068
	IR&M Long Corporate Collective Fund	20,339,387	20,740,854
	NEPC Global Market Equity CIT	10,362,049	12,465,842
	NEPC Emerging Market Equity CIT	4,874,235	4,692,717
	NEPC US Small Cap Equity Cit Class A	3,992,165	5,135,721
	NEPC Diversified Credit CIT CL A	972,704	1,067,954
	Total Collective Investment Trusts	112,141,960	115,996,038
	<u>Other Pooled Investments</u>		
	Acadian Non-U.S. All Cap Equity Fund	3,095,242	5,470,237
	Total Other Pooled Investments	3,095,242	5,470,237

* Party-in-interest

RETIREMENT PLAN FOR EMPLOYEES OF
HIGHLAND HOSPITAL OF ROCHESTER, NEW YORK

EIN: 16-0743037
PLAN NUMBER: 001

FORM 5500 – SCHEDULE H – PART IV, Cont'd

ITEM 4i – SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR – DECEMBER 31, 2024

(a) Party-in- interest	(b) & (c) Identity of issue, borrower, lessor or similar party, and description of investment	(d) Cost	(e) Current value
	<u>Limited Partnerships</u>		
	Nut Tree Drawdown Offshore Fund LP	\$ 1,023,324	\$ 1,023,324
	KLCP Offshore Fund LP	3,001,246	3,001,246
	Dawson Portfolio Finance (Offshore) 4, LP	1,773,087	1,773,087
	Dawson Portfolio Finance (Offshore) 5, LP	974,857	974,857
	MGG SF Evergreen Fund (Cayman) LP	2,732,403	2,732,403
	CVI Credit Value Fund B V LP	2,012,519	2,012,519
	Total Limited Partnerships	<u>11,517,436</u>	<u>11,517,436</u>
	Total Investments	<u>\$ 130,899,097</u>	<u>\$ 136,916,863</u>

* Party-in-interest

Schedule SB, line 32 — Schedule of amortization bases

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

Shortfall bases			
Year established	Outstanding balance	Years remaining	2024 installment
2021	\$ 15,999,304	12	\$ 1,706,891
2022	(1,870,572)	13	(188,214)
2023	13,153,762	14	1,255,433
2024	(2,521,513)	15	(229,408)
Total	\$ 24,760,981		\$ 2,544,702

Schedule SB, line 24 — Change in actuarial assumptions

The normal cost expense load increased from \$1,187,000 to \$1,213,000.