

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AOMC PENSION PLAN FOR NON-UNION EMPLOYEES</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARNOT OGDEN MEDICAL CENTER</u></p> <p><u>ARNOT OGDEN MEDICAL CENTER</u> <u>600 ROE AVE</u> <u>ELMIRA, NY 14905-1629</u></p>	<p>1c Effective date of plan <u>01/01/1959</u></p> <p>2b Employer Identification Number (EIN) <u>16-0743905</u></p> <p>2c Plan Sponsor's telephone number <u>607-737-4507</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	REBECCA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name			
c Plan Name		4d PN	
5 Total number of participants at the beginning of the plan year		5	2073
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		6a(1)	313
a(2) Total number of active participants at the end of the plan year		6a(2)	276
b Retired or separated participants receiving benefits.....		6b	1196
c Other retired or separated participants entitled to future benefits		6c	505
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1977
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	67
f Total. Add lines 6d and 6e		6f	2044
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		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 1I

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>AOMC PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARNOT OGDEN MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743905</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>106104911</u>
	b Actuarial value	2b	<u>108885638</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1256</u>	<u>76894024</u>
	b For terminated vested participants	<u>504</u>	<u>17075305</u>
	c For active participants	<u>313</u>	<u>14409150</u>
	d Total	<u>2073</u>	<u>108378479</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.10 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>896000</u>
	c Target normal cost	6c	<u>896000</u>

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

SIGN HERE Signature of actuary <u>JACK BROESAMLE, JR.</u> Type or print name of actuary <u>SECURITY ADMINISTRATORS, INC.</u> Firm name <u>100 COURT STREET</u> <u>BINGHAMTON, NY 13901</u> Address of the firm	<u>05/09/2025</u> Date <u>23-03365</u> Most recent enrollment number <u>607-771-1180</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2857432	1211665
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	2857432	1211665
10	Interest on line 9 using prior year's actual return of <u>23.32</u> %	666353	282560
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	3523785	1494225

Part III Funding Percentages			
14	Funding target attainment percentage	14	95.83 %
15	Adjusted funding target attainment percentage	15	100.47 %
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	111.84 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 896000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	4510851		412274	
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 1308274
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	1308274	0	1308274	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan AOMC PENSION PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ARNOT OGDEN MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743905	

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

VANGUARD GROUP

23-1945930

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

ARTISAN MID-CAP

39-1894287

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

MFS INTERNATIONAL EQUITY FUND

04-3287964

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

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

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

CONNING COLLECTIVE INVESTMENT TRUST

30-6543051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	72466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	70331	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SILCHESTER INTERNATIONAL

36-7045783

(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?
	NONE	65813	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>AOMC PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARNOT OGDEN MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743905</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NON-BARGAINING UNION TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>ARNOT OGDEN MEDICAL CENTER</u>		
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)	
<u>16-0743905-001</u>	<u>M</u>		<u>101117339</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AOMC PENSION PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ARNOT OGDEN MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743905

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 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 7604	10550
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11) 105753424	101117339
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(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	105761028	101127889
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	105761028	101127889

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	108082	
(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)		108082
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	83180	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	413596	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		496776
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3130032
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		3679
d Total income. Add all income amounts in column (b) and enter total.....	2d		3738569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7750160	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7750160
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)		
(5) Investment advisory and investment management fees	2i(5)	212132	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	409416	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		621548
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8371708

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4633139
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: **EFPR GROUP, CPAS, PLLC**

(2) EIN: **47-4526160**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554453.

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

A Name of plan <u>AOMC PENSION PLAN FOR NON-UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARNOT OGDEN MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743905</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 8.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 2.2 %
 High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 7.5 % Other: 81.4 %

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 _____.

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

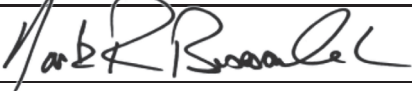
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan AOMC PENSION PLAN FOR NON-UNION EMPLOYEES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARNOT OGDEN MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743905	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	106,104,911
	b Actuarial value	2b	108,885,638
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,256	76,894,024
	b For terminated vested participants	504	17,075,305
	c For active participants	313	14,409,150
	d Total	2,073	108,378,479
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.10%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	896,000
	c Target normal cost	6c	896,000

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

SIGN HERE	 Signature of actuary	<u>05/09/2025</u> Date
	JACK BROESAMLE, JR., EA, FCA, MAAA Type or print name of actuary	<u>2303365</u> Most recent enrollment number
	SECURITY ADMINISTRATORS, INC. Firm name	<u>607-771-1180</u> Telephone number (including area code)
	100 COURT STREET BINGHAMTON NY 13901 Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 896,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	4,510,851		412,274	
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 1,308,274
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	1,308,274	0	1,308,274	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

**Actuarial Valuation
For
The Pension Plan for Non-Union Employees of
Arnot-Ogden Medical Center**

**As of
January 1, 2025**

June 24, 2025

Arnot-Ogden Medical Center, Inc.
600 Roe Avenue
Elmira, NY 14905

Dear Ms. Sandroni

We have completed the actuarial valuation of The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

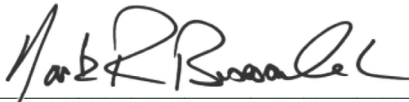
A handwritten signature in black ink, appearing to read "Jack R. Broesamle, Jr.", written in a cursive style.

Jack R. Broesamle, Jr., EA, FCA, MAAA

Arnot Ogden Medical Center
Arnot NonUnion - NU Act & Term plus both Ret
Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025
Adjusted Funding Target Attainment Percentage

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

1. Target Liability as of 01/01/2025	\$108,019,462
2. Assets under Section 430(f)(4)(B):	\$ 92,202,972
a. Market Value of Assets:	\$101,743,126
b. Smoothed Actuarial Value of Assets:	\$ 95,955,732
c. Current Cash Value:	\$ 0
d. Prior Year Carryover Balance:	\$ 2,206,237
e. Prior Year Prefunding Balance:	\$ 1,546,523
3. Funding Target Attainment Percentage (FTAP):	85.36%
4. Annuity Purchases for NHCE's in the Last 2 Years:	\$ 0
5. Adjusted Funding Target Attainment Percentage (AFTAP):	85.36%

SIGNATURE:  DATE: 6/23/2025

NAME: Jack Broesamle, Jr, EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

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**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	313	276
Terminated Vested Participants	504	505
Retired Members and Beneficiaries	<u>1,256</u>	<u>1,263</u>
Total Participants	2,073	2,044
 <u>Valuation Assets</u>	 \$108,885,638	 \$ 95,955,732
<u>Funding Target</u>	108,378,478	108,019,462
<u>Assets / Funding Target</u>	100.47%	85.36%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 0

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year can be zero, if a portion of the Carry Over Balance is elected (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$62,854,711.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The minimum quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$596,000.

Plan Changes

No plan provisions have been changes, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 957,000
2.	Funding Target	108,019,462
3.	a. Assets as of January 1, 2025	95,955,732
	b. Carry Over Balance	2,206,237
	c. Funding Standard Account Credit Balance	<u>1,546,523</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	92,202,972
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 957,000

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$	957,000
2.	Shortfall Amortization Charge (Balances \$15,126,815)		1,425,555
3.	Waiver Amortization Charge (Balances \$ 0)		0
4.	Minimum Required Contribution as of January 1, 2025		2,382,555
5.	Use part of Carry Over balance (see page 6)		(2,382,555)
6.	Remaining Minimum Contribution [(4) - (5)] as of 1/01/25		0

Amortization Bases under PPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2024	Shortfall	4,510,851	15	4,231,931	14	412,274
1/01/2025	Shortfall	10,894,884	15	10,894,884	15	1,013,281
Total Shortfall Balance and Amortization Payment:				15,126,815		1,425,555

* The fifteen-year amortization factor is 10.752081 for 2025.
The fourteen-year amortization factor is 10.264850 for 2025.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$105,235,629
2.	Target Normal Cost (including expenses)	957,000
3.	Cushion (based on projected funding target: \$105,235,629)	52,617,814
4.	Maximum Funding Liability	158,810,443
5.	Actuarial Value of Assets as of January 1, 2025	95,955,732
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 62,854,711

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES
FROM PRIOR PLAN YEAR**

		Prefunding Balance	Carry Over Balance
1.	Balance at 1/01/24	\$1,494,225	\$3,523,785
2.	Amount Elected to be Used at 1/01/24	0	1,392,155
3.	Amount Remaining [(1) – (2)]	1,494,225	2,131,630
4.	Interest at Actual 2024 Return Rate of <u>3.50%*</u>	52,298	74,607
5.	Minimum Required Contribution at 1/01/24	0	N/A
6.	Remaining Required Contribution at [(5) – (2)]	0	N/A
7.	Discounted Contributions at 1/01/24	0	N/A
8.	Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9.	Interest at 2024 Effective Rate of <u>5.10%</u>	0	N/A
10.	Additional Balance Available at 1/01/25 [(8) + (9)]	0	N/A
11.	Portion of (10) Elected to Add to Prefunding Balance	0	0
12.	Reduction due to Election or Deemed Burn	0	0
13.	Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$1,546,523	\$2,206,237

* See item 8 on page 10 for rate used.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 14,409,150	\$ 12,928,028
b. Terminated Vested Participants	17,075,305	17,634,775
c. Retired Participants	<u>76,894,024</u>	<u>77,456,659</u>
d. Total	\$108,378,479	\$108,019,462
2.		
a. Assets	\$108,885,638	\$ 95,955,732
b. Carry Over Balance	3,523,755	2,206,237
c. Funding Standard Account Credit Balance	<u>1,494,225</u>	<u>1,546,523</u>
d. Adjusted Assets (a) – (b) – (c)	\$103,867,628	\$ 92,202,972
3. Initial FTAP = (2d) / (1d)	95.84%	85.36%
4. AFTAP with full assets (2a) / (1d)	100.47%	88.83%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	100.47%	85.36%

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 63,778,695	\$ 63,842,989
b. Other Participants	<u>23,574,988</u>	<u>22,770,834</u>
c. Total	\$ 87,353,683	\$ 86,613,823
2. Actuarial Value of Assets	\$108,885,638	\$ 95,955,732
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	313	276
b. Terminated Vested Participants	504	505
c. Retired Participants	<u>1,256</u>	<u>1,263</u>
d. Total	2,073	2,044
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$ 87,353,683	\$ 86,613,823
8. Funded Ratio (2) / (7)	124.64%	110.79%

* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Annuitant and Non-Annuitant mortality tables for Males and Females.

**THE PENSION PLAN FOR NON-UNION EMPLOYEE OF
ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	6,480,810
Benefits Accrued/Lost and Mortality Table changes	239,386
Benefits Paid	<u>(7,460,056)</u>
Net Increase (Decrease)	\$ (739,860)

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$86,613,823
Beginning of prior year, January 1, 2024	<u>87,353,683</u>
Net Increase (Decrease)	\$ (739,860)

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$106,104,911
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	3,526,436
5. Benefit Payments	(7,460,656)
6. Expenses (PBGC)	(427,565)
7. Market Value of Assets on December 31, 2024	\$101,743,126
8. Estimated Rate of Return*:	3.50%*

* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$101,743,126																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: center; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: center; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: center;">3,526,436</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">2,350,957</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: center;"><u>10,309,311</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;"><u>3,436,437</u></td> </tr> <tr> <td>Total</td> <td style="text-align: center;">13,835,747</td> <td></td> <td style="text-align: right;">5,787,394</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	3,526,436	2/3	2,350,957	12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>	Total	13,835,747		5,787,394	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	3,526,436	2/3	2,350,957														
12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>														
Total	13,835,747		5,787,394														
3. Preliminary Actuarial Value (1) – (2)	95,955,732																
4. 90% of Market Value	91,568,813																
5. 110% of Market Value	111,917,439																
6. Actuarial Value of Plan Assets (Item 3 not less than (4) or greater than (5))	\$ 95,955,732																

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	313
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(20)
	Terminations without vested rights	0
	Retirements	(17)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	276
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	1,256
	Retirements	37
	New Beneficiaries	0
	Death without continued payment eligibility	(30)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	1,263
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	504
	Additional vested former participants	20
	New beneficiaries	0
	Deaths	0
	Retirements	(20)
	Paid lump sums	0
	Data corrections	<u>1</u>
	Terminated vested participants as of January 1, 2025	505
4.	<u>Total Participants as of January 1, 2025</u>	2,044

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	-	-	-	-	1
35-39	-	-	2	4	-	-	-	6
40-44	-	-	2	9	15	3	-	29
45-49	-	-	-	5	15	10	-	30
50-54	-	-	1	3	14	10	4	32
55-59	-	-	-	3	13	10	20	46
60-64	-	-	1	3	13	7	54	78
65 +	-	-	1	3	18	3	29	54
Total	0	0	8	30	88	43	107	276

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate 4.97% (5.10% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits: 7.75%

e. Withdrawal: None assumed

f. Mortality: As required under PPA '06

Pre-Retirement: 2025 Non-Annuitant, Male and Female
Post-Retirement: 2025 Annuitant, Male and Female

g. Marriage: 80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale: N/A

i. Turnover Table Table T-6

j. Retirement Age: Assumed to retire at the later of Normal Retirement age or attained age.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage = $\text{Assets} \div \text{FT}$, where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if $\text{Assets} \div \text{FT}$ is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

Full Market Value.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$957,000.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center.
2. Original Effective Date: January 1, 1959
Restated Most recently amended January 1, 2021 to merge in the St. Joseph's Hospital Retirement Income Plan
3. Employer: Arnot-Ogden Medical Center
4. Eligibility: Non-Union Employees, other than physicians, are eligible to participate immediately at hire. The Arnot-Nonunion portion of the plan was closed to new participants effective 12/31/06 and the St. Joseph's Hospital portion was closed 8/1/03.

Participation was closed effective August 10, 2013.
5. Normal Retirement:
 - a. Age: 65Arnot-Ogden Medical Center employees – Frozen 12/31/06.

St. Joseph's Hospital employees – Frozen 10/31/15.
6. Early Retirement:
 - a. Age: 55
 - b. Service: 10 years (5 years for St. Joseph employees)
 - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit ERISA minimum Joint & 50% to surviving spouse.

**Actuarial Valuation
For
The Pension Plan for Non-Union Employees of
Arnot-Ogden Medical Center**

**As of
January 1, 2025**

June 24, 2025

Arnot-Ogden Medical Center, Inc.
600 Roe Avenue
Elmira, NY 14905

Dear Ms. Sandroni

We have completed the actuarial valuation of The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

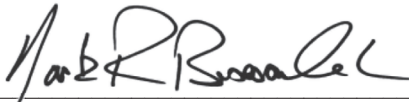


Jack R. Broesamle, Jr., EA, FCA, MAAA

Arnot Ogden Medical Center
Arnot NonUnion - NU Act & Term plus both Ret
Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025
Adjusted Funding Target Attainment Percentage

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

1. Target Liability as of 01/01/2025	\$108,019,462
2. Assets under Section 430(f)(4)(B):	\$ 92,202,972
a. Market Value of Assets:	\$101,743,126
b. Smoothed Actuarial Value of Assets:	\$ 95,955,732
c. Current Cash Value:	\$ 0
d. Prior Year Carryover Balance:	\$ 2,206,237
e. Prior Year Prefunding Balance:	\$ 1,546,523
3. Funding Target Attainment Percentage (FTAP):	85.36%
4. Annuity Purchases for NHCE's in the Last 2 Years:	\$ 0
5. Adjusted Funding Target Attainment Percentage (AFTAP):	85.36%

SIGNATURE:  DATE: 6/23/2025

NAME: Jack Broesamle, Jr, EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

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**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	313	276
Terminated Vested Participants	504	505
Retired Members and Beneficiaries	<u>1,256</u>	<u>1,263</u>
Total Participants	2,073	2,044
 <u>Valuation Assets</u>	 \$108,885,638	 \$ 95,955,732
<u>Funding Target</u>	108,378,478	108,019,462
<u>Assets / Funding Target</u>	100.47%	85.36%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 0

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year can be zero, if a portion of the Carry Over Balance is elected (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$62,854,711.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The minimum quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$596,000.

Plan Changes

No plan provisions have been changes, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 957,000
2.	Funding Target	108,019,462
3.	a. Assets as of January 1, 2025	95,955,732
	b. Carry Over Balance	2,206,237
	c. Funding Standard Account Credit Balance	<u>1,546,523</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	92,202,972
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 957,000

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$	957,000
2.	Shortfall Amortization Charge (Balances \$15,126,815)		1,425,555
3.	Waiver Amortization Charge (Balances \$ 0)		0
4.	Minimum Required Contribution as of January 1, 2025		2,382,555
5.	Use part of Carry Over balance (see page 6)		(2,382,555)
6.	Remaining Minimum Contribution [(4) - (5)] as of 1/01/25		0

Amortization Bases under PPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2024	Shortfall	4,510,851	15	4,231,931	14	412,274
1/01/2025	Shortfall	10,894,884	15	10,894,884	15	1,013,281
Total Shortfall Balance and Amortization Payment:				15,126,815		1,425,555

* The fifteen-year amortization factor is 10.752081 for 2025.
The fourteen-year amortization factor is 10.264850 for 2025.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$105,235,629
2.	Target Normal Cost (including expenses)	957,000
3.	Cushion (based on projected funding target: \$105,235,629)	52,617,814
4.	Maximum Funding Liability	158,810,443
5.	Actuarial Value of Assets as of January 1, 2025	95,955,732
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 62,854,711

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES
FROM PRIOR PLAN YEAR**

	Prefunding Balance	Carry Over Balance
1. Balance at 1/01/24	\$1,494,225	\$3,523,785
2. Amount Elected to be Used at 1/01/24	0	1,392,155
3. Amount Remaining [(1) – (2)]	1,494,225	2,131,630
4. Interest at Actual 2024 Return Rate of <u>3.50%*</u>	52,298	74,607
5. Minimum Required Contribution at 1/01/24	0	N/A
6. Remaining Required Contribution at [(5) – (2)]	0	N/A
7. Discounted Contributions at 1/01/24	0	N/A
8. Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9. Interest at 2024 Effective Rate of <u>5.10%</u>	0	N/A
10. Additional Balance Available at 1/01/25 [(8) + (9)]	0	N/A
11. Portion of (10) Elected to Add to Prefunding Balance	0	0
12. Reduction due to Election or Deemed Burn	0	0
13. Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$1,546,523	\$2,206,237

* See item 8 on page 10 for rate used.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 14,409,150	\$ 12,928,028
b. Terminated Vested Participants	17,075,305	17,634,775
c. Retired Participants	<u>76,894,024</u>	<u>77,456,659</u>
d. Total	\$108,378,479	\$108,019,462
2. a. Assets	\$108,885,638	\$ 95,955,732
b. Carry Over Balance	3,523,755	2,206,237
c. Funding Standard Account Credit Balance	<u>1,494,225</u>	<u>1,546,523</u>
d. Adjusted Assets (a) – (b) – (c)	\$103,867,628	\$ 92,202,972
3. Initial FTAP = (2d) / (1d)	95.84%	85.36%
4. AFTAP with full assets (2a) / (1d)	100.47%	88.83%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	100.47%	85.36%

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 63,778,695	\$ 63,842,989
b. Other Participants	<u>23,574,988</u>	<u>22,770,834</u>
c. Total	\$ 87,353,683	\$ 86,613,823
2. Actuarial Value of Assets	\$108,885,638	\$ 95,955,732
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	313	276
b. Terminated Vested Participants	504	505
c. Retired Participants	<u>1,256</u>	<u>1,263</u>
d. Total	2,073	2,044
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$ 87,353,683	\$ 86,613,823
8. Funded Ratio (2) / (7)	124.64%	110.79%

* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Annuitant and Non-Annuitant mortality tables for Males and Females.

**THE PENSION PLAN FOR NON-UNION EMPLOYEE OF
ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	6,480,810
Benefits Accrued/Lost and Mortality Table changes	239,386
Benefits Paid	<u>(7,460,056)</u>
Net Increase (Decrease)	\$ (739,860)

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$86,613,823
Beginning of prior year, January 1, 2024	<u>87,353,683</u>
Net Increase (Decrease)	\$ (739,860)

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$106,104,911
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	3,526,436
5. Benefit Payments	(7,460,656)
6. Expenses (PBGC)	(427,565)
7. Market Value of Assets on December 31, 2024	\$101,743,126
8. Estimated Rate of Return*:	3.50%*

* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$101,743,126																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: center; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: center; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: center;">3,526,436</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">2,350,957</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: center;"><u>10,309,311</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;"><u>3,436,437</u></td> </tr> <tr> <td>Total</td> <td style="text-align: center;">13,835,747</td> <td></td> <td style="text-align: right;">5,787,394</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	3,526,436	2/3	2,350,957	12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>	Total	13,835,747		5,787,394	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	3,526,436	2/3	2,350,957														
12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>														
Total	13,835,747		5,787,394														
3. Preliminary Actuarial Value (1) – (2)	95,955,732																
4. 90% of Market Value	91,568,813																
5. 110% of Market Value	111,917,439																
6. Actuarial Value of Plan Assets (Item 3 not less than (4) or greater than (5))	\$ 95,955,732																

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	313
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(20)
	Terminations without vested rights	0
	Retirements	(17)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	276
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	1,256
	Retirements	37
	New Beneficiaries	0
	Death without continued payment eligibility	(30)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	1,263
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	504
	Additional vested former participants	20
	New beneficiaries	0
	Deaths	0
	Retirements	(20)
	Paid lump sums	0
	Data corrections	<u>1</u>
	Terminated vested participants as of January 1, 2025	505
4.	<u>Total Participants as of January 1, 2025</u>	2,044

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	-	-	-	-	1
35-39	-	-	2	4	-	-	-	6
40-44	-	-	2	9	15	3	-	29
45-49	-	-	-	5	15	10	-	30
50-54	-	-	1	3	14	10	4	32
55-59	-	-	-	3	13	10	20	46
60-64	-	-	1	3	13	7	54	78
65 +	-	-	1	3	18	3	29	54
Total	0	0	8	30	88	43	107	276

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate 4.97% (5.10% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits: 7.75%

e. Withdrawal: None assumed

f. Mortality: As required under PPA '06

Pre-Retirement: 2025 Non-Annuitant, Male and Female
Post-Retirement: 2025 Annuitant, Male and Female

g. Marriage: 80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale: N/A

i. Turnover Table Table T-6

j. Retirement Age: Assumed to retire at the later of Normal Retirement age or attained age.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage = $\text{Assets} \div \text{FT}$, where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if $\text{Assets} \div \text{FT}$ is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

Full Market Value.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$957,000.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center.
2. Original Effective Date: January 1, 1959
Restated: Most recently amended January 1, 2021 to merge in the St. Joseph's Hospital Retirement Income Plan
3. Employer: Arnot-Ogden Medical Center
4. Eligibility: Non-Union Employees, other than physicians, are eligible to participate immediately at hire. The Arnot-Nonunion portion of the plan was closed to new participants effective 12/31/06 and the St. Joseph's Hospital portion was closed 8/1/03.

Participation was closed effective August 10, 2013.
5. Normal Retirement:
 - a. Age: 65Arnot-Ogden Medical Center employees – Frozen 12/31/06.
St. Joseph's Hospital employees – Frozen 10/31/15.
6. Early Retirement:
 - a. Age: 55
 - b. Service: 10 years (5 years for St. Joseph employees)
 - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit: ERISA minimum Joint & 50% to surviving spouse.

SUMMARY OF ASSETS
AS OF DECEMBER 31, 2024

ARNOT OGDEN MED CTR MASTER PEN CONS
ACCOUNT NUMBER 25963199

	<u>COST VALUE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>% TOTAL MARKET</u>	<u>ESTIMATED ANNUAL INCOME</u>	<u>CURRENT YIELD</u>	<u>ACCRUED INCOME</u>
CASH	0.00	0.00		0.00			
CASH EQUIVALENTS	7,853,516.44	7,853,516.44	0.00	6.84	342,057.80	4.36	9,526.74
POOLED, COMMON AND COLLECTIVE F	81,482,616.21	80,772,409.00	710,207.21-	70.33	0.00	0.00	0.00
BONDS & NOTES	2,353,936.92	2,108,272.23	245,664.69-	1.84	0.00	0.00	0.00
EQUITIES	5,072,765.82	7,720,130.08	2,647,364.26	6.72	84,259.01	1.09	2,453.92
MUTUAL FUNDS	4,192,149.26	9,042,716.03	4,850,566.77	7.88	130,046.23	1.44	0.00
MISCELLANEOUS ASSETS	3,782,144.55	7,332,623.02	3,550,478.47	6.39	0.00	0.00	0.00
TOTAL ASSETS	104,737,129.20	114,829,666.80	10,092,537.60	99.99	556,363.04	0.49	11,980.66
ACCRUED INCOME	11,980.66	11,980.66		0.01			
NET PENDING TRADES	0.00	0.00		0.00			
TOTAL ACCOUNT	104,749,109.86	114,841,647.46	10,092,537.60	100.00	556,363.04	0.49	11,980.66

**Actuarial Valuation
For
The Pension Plan for Non-Union Employees of
Arnot-Ogden Medical Center**

**As of
January 1, 2025**

June 24, 2025

Arnot-Ogden Medical Center, Inc.
600 Roe Avenue
Elmira, NY 14905

Dear Ms. Sandroni

We have completed the actuarial valuation of The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

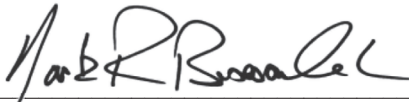


Jack R. Broesamle, Jr., EA, FCA, MAAA

Arnot Ogden Medical Center
Arnot NonUnion - NU Act & Term plus both Ret
Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025
Adjusted Funding Target Attainment Percentage

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

1. Target Liability as of 01/01/2025	\$108,019,462
2. Assets under Section 430(f)(4)(B):	\$ 92,202,972
a. Market Value of Assets:	\$101,743,126
b. Smoothed Actuarial Value of Assets:	\$ 95,955,732
c. Current Cash Value:	\$ 0
d. Prior Year Carryover Balance:	\$ 2,206,237
e. Prior Year Prefunding Balance:	\$ 1,546,523
3. Funding Target Attainment Percentage (FTAP):	85.36%
4. Annuity Purchases for NHCE's in the Last 2 Years:	\$ 0
5. Adjusted Funding Target Attainment Percentage (AFTAP):	85.36%

SIGNATURE:  DATE: 6/23/2025

NAME: Jack Broesamle, Jr, EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

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Maximum Contribution	5
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**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	313	276
Terminated Vested Participants	504	505
Retired Members and Beneficiaries	<u>1,256</u>	<u>1,263</u>
Total Participants	2,073	2,044
 <u>Valuation Assets</u>	 \$108,885,638	 \$ 95,955,732
<u>Funding Target</u>	108,378,478	108,019,462
<u>Assets / Funding Target</u>	100.47%	85.36%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 0

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year can be zero, if a portion of the Carry Over Balance is elected (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$62,854,711.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The minimum quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$596,000.

Plan Changes

No plan provisions have been changes, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 957,000
2.	Funding Target	108,019,462
3.	a. Assets as of January 1, 2025	95,955,732
	b. Carry Over Balance	2,206,237
	c. Funding Standard Account Credit Balance	<u>1,546,523</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	92,202,972
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 957,000

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$	957,000
2.	Shortfall Amortization Charge (Balances \$15,126,815)		1,425,555
3.	Waiver Amortization Charge (Balances \$ 0)		0
4.	Minimum Required Contribution as of January 1, 2025		2,382,555
5.	Use part of Carry Over balance (see page 6)		(2,382,555)
6.	Remaining Minimum Contribution [(4) - (5)] as of 1/01/25		0

Amortization Bases under PPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2024	Shortfall	4,510,851	15	4,231,931	14	412,274
1/01/2025	Shortfall	10,894,884	15	10,894,884	15	1,013,281
Total Shortfall Balance and Amortization Payment:				15,126,815		1,425,555

* The fifteen-year amortization factor is 10.752081 for 2025.
The fourteen-year amortization factor is 10.264850 for 2025.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$105,235,629
2.	Target Normal Cost (including expenses)	957,000
3.	Cushion (based on projected funding target: \$105,235,629)	52,617,814
4.	Maximum Funding Liability	158,810,443
5.	Actuarial Value of Assets as of January 1, 2025	95,955,732
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 62,854,711

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES
FROM PRIOR PLAN YEAR**

		Prefunding Balance	Carry Over Balance
1.	Balance at 1/01/24	\$1,494,225	\$3,523,785
2.	Amount Elected to be Used at 1/01/24	0	1,392,155
3.	Amount Remaining [(1) – (2)]	1,494,225	2,131,630
4.	Interest at Actual 2024 Return Rate of <u>3.50%*</u>	52,298	74,607
5.	Minimum Required Contribution at 1/01/24	0	N/A
6.	Remaining Required Contribution at [(5) – (2)]	0	N/A
7.	Discounted Contributions at 1/01/24	0	N/A
8.	Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9.	Interest at 2024 Effective Rate of <u>5.10%</u>	0	N/A
10.	Additional Balance Available at 1/01/25 [(8) + (9)]	0	N/A
11.	Portion of (10) Elected to Add to Prefunding Balance	0	0
12.	Reduction due to Election or Deemed Burn	0	0
13.	Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$1,546,523	\$2,206,237

* See item 8 on page 10 for rate used.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 14,409,150	\$ 12,928,028
b. Terminated Vested Participants	17,075,305	17,634,775
c. Retired Participants	<u>76,894,024</u>	<u>77,456,659</u>
d. Total	\$108,378,479	\$108,019,462
2.		
a. Assets	\$108,885,638	\$ 95,955,732
b. Carry Over Balance	3,523,755	2,206,237
c. Funding Standard Account Credit Balance	<u>1,494,225</u>	<u>1,546,523</u>
d. Adjusted Assets (a) – (b) – (c)	\$103,867,628	\$ 92,202,972
3. Initial FTAP = (2d) / (1d)	95.84%	85.36%
4. AFTAP with full assets (2a) / (1d)	100.47%	88.83%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	100.47%	85.36%

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 63,778,695	\$ 63,842,989
b. Other Participants	<u>23,574,988</u>	<u>22,770,834</u>
c. Total	\$ 87,353,683	\$ 86,613,823
2. Actuarial Value of Assets	\$108,885,638	\$ 95,955,732
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	313	276
b. Terminated Vested Participants	504	505
c. Retired Participants	<u>1,256</u>	<u>1,263</u>
d. Total	2,073	2,044
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$ 87,353,683	\$ 86,613,823
8. Funded Ratio (2) / (7)	124.64%	110.79%

* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Annuitant and Non-Annuitant mortality tables for Males and Females.

**THE PENSION PLAN FOR NON-UNION EMPLOYEE OF
ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	6,480,810
Benefits Accrued/Lost and Mortality Table changes	239,386
Benefits Paid	<u>(7,460,056)</u>
Net Increase (Decrease)	\$ (739,860)

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$86,613,823
Beginning of prior year, January 1, 2024	<u>87,353,683</u>
Net Increase (Decrease)	\$ (739,860)

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$106,104,911
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	3,526,436
5. Benefit Payments	(7,460,656)
6. Expenses (PBGC)	(427,565)
7. Market Value of Assets on December 31, 2024	\$101,743,126
8. Estimated Rate of Return*:	3.50%*

* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$101,743,126																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: center; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: center; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: center;">3,526,436</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">2,350,957</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: center;"><u>10,309,311</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;"><u>3,436,437</u></td> </tr> <tr> <td>Total</td> <td style="text-align: center;"><u>13,835,747</u></td> <td></td> <td style="text-align: right;"><u>5,787,394</u></td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	3,526,436	2/3	2,350,957	12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>	Total	<u>13,835,747</u>		<u>5,787,394</u>	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	3,526,436	2/3	2,350,957														
12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>														
Total	<u>13,835,747</u>		<u>5,787,394</u>														
3. Preliminary Actuarial Value (1) – (2)	95,955,732																
4. 90% of Market Value	91,568,813																
5. 110% of Market Value	111,917,439																
6. Actuarial Value of Plan Assets (Item 3 not less than (4) or greater than (5))	\$ 95,955,732																

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	313
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(20)
	Terminations without vested rights	0
	Retirements	(17)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	276
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	1,256
	Retirements	37
	New Beneficiaries	0
	Death without continued payment eligibility	(30)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	1,263
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	504
	Additional vested former participants	20
	New beneficiaries	0
	Deaths	0
	Retirements	(20)
	Paid lump sums	0
	Data corrections	<u>1</u>
	Terminated vested participants as of January 1, 2025	505
4.	<u>Total Participants as of January 1, 2025</u>	2,044

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	-	-	-	-	1
35-39	-	-	2	4	-	-	-	6
40-44	-	-	2	9	15	3	-	29
45-49	-	-	-	5	15	10	-	30
50-54	-	-	1	3	14	10	4	32
55-59	-	-	-	3	13	10	20	46
60-64	-	-	1	3	13	7	54	78
65 +	-	-	1	3	18	3	29	54
Total	0	0	8	30	88	43	107	276

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate 4.97% (5.10% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits: 7.75%

e. Withdrawal: None assumed

f. Mortality: As required under PPA '06

Pre-Retirement: 2025 Non-Annuitant, Male and Female
Post-Retirement: 2025 Annuitant, Male and Female

g. Marriage: 80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale: N/A

i. Turnover Table Table T-6

j. Retirement Age: Assumed to retire at the later of Normal Retirement age or attained age.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage = $\text{Assets} \div \text{FT}$, where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if $\text{Assets} \div \text{FT}$ is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

Full Market Value.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$957,000.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center.
2. Original Effective Date: January 1, 1959
Restated: Most recently amended January 1, 2021 to merge in the St. Joseph's Hospital Retirement Income Plan
3. Employer: Arnot-Ogden Medical Center
4. Eligibility: Non-Union Employees, other than physicians, are eligible to participate immediately at hire. The Arnot-Nonunion portion of the plan was closed to new participants effective 12/31/06 and the St. Joseph's Hospital portion was closed 8/1/03.

Participation was closed effective August 10, 2013.
5. Normal Retirement:
 - a. Age: 65Arnot-Ogden Medical Center employees – Frozen 12/31/06.
St. Joseph's Hospital employees – Frozen 10/31/15.
6. Early Retirement:
 - a. Age: 55
 - b. Service: 10 years (5 years for St. Joseph employees)
 - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit: ERISA minimum Joint & 50% to surviving spouse.

**Actuarial Valuation
For
The Pension Plan for Non-Union Employees of
Arnot-Ogden Medical Center**

**As of
January 1, 2025**

June 24, 2025

Arnot-Ogden Medical Center, Inc.
600 Roe Avenue
Elmira, NY 14905

Dear Ms. Sandroni

We have completed the actuarial valuation of The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

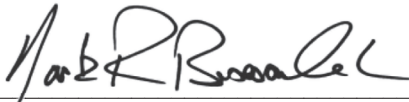


Jack R. Broesamle, Jr., EA, FCA, MAAA

Arnot Ogden Medical Center
Arnot NonUnion - NU Act & Term plus both Ret
Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025
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c. Current Cash Value:	\$ 0
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e. Prior Year Prefunding Balance:	\$ 1,546,523
3. Funding Target Attainment Percentage (FTAP):	85.36%
4. Annuity Purchases for NHCE's in the Last 2 Years:	\$ 0
5. Adjusted Funding Target Attainment Percentage (AFTAP):	85.36%

SIGNATURE:  DATE: 6/23/2025

NAME: Jack Broesamle, Jr, EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

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**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

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1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

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 <u>Valuation Assets</u>	 \$108,885,638	 \$ 95,955,732
<u>Funding Target</u>	108,378,478	108,019,462
<u>Assets / Funding Target</u>	100.47%	85.36%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 0

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year can be zero, if a portion of the Carry Over Balance is elected (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$62,854,711.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The minimum quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$596,000.

Plan Changes

No plan provisions have been changes, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 957,000
2.	Funding Target	108,019,462
3.	a. Assets as of January 1, 2025	95,955,732
	b. Carry Over Balance	2,206,237
	c. Funding Standard Account Credit Balance	<u>1,546,523</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	92,202,972
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 957,000

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$	957,000
2.	Shortfall Amortization Charge (Balances \$15,126,815)		1,425,555
3.	Waiver Amortization Charge (Balances \$ 0)		0
4.	Minimum Required Contribution as of January 1, 2025		2,382,555
5.	Use part of Carry Over balance (see page 6)		(2,382,555)
6.	Remaining Minimum Contribution [(4) - (5)] as of 1/01/25		0

Amortization Bases under PPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2024	Shortfall	4,510,851	15	4,231,931	14	412,274
1/01/2025	Shortfall	10,894,884	15	10,894,884	15	1,013,281
Total Shortfall Balance and Amortization Payment:				15,126,815		1,425,555

* The fifteen-year amortization factor is 10.752081 for 2025.
The fourteen-year amortization factor is 10.264850 for 2025.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$105,235,629
2.	Target Normal Cost (including expenses)	957,000
3.	Cushion (based on projected funding target: \$105,235,629)	52,617,814
4.	Maximum Funding Liability	158,810,443
5.	Actuarial Value of Assets as of January 1, 2025	95,955,732
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 62,854,711

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES
FROM PRIOR PLAN YEAR**

	Prefunding Balance	Carry Over Balance
1. Balance at 1/01/24	\$1,494,225	\$3,523,785
2. Amount Elected to be Used at 1/01/24	0	1,392,155
3. Amount Remaining [(1) – (2)]	1,494,225	2,131,630
4. Interest at Actual 2024 Return Rate of <u>3.50%*</u>	52,298	74,607
5. Minimum Required Contribution at 1/01/24	0	N/A
6. Remaining Required Contribution at [(5) – (2)]	0	N/A
7. Discounted Contributions at 1/01/24	0	N/A
8. Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9. Interest at 2024 Effective Rate of <u>5.10%</u>	0	N/A
10. Additional Balance Available at 1/01/25 [(8) + (9)]	0	N/A
11. Portion of (10) Elected to Add to Prefunding Balance	0	0
12. Reduction due to Election or Deemed Burn	0	0
13. Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$1,546,523	\$2,206,237

* See item 8 on page 10 for rate used.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 14,409,150	\$ 12,928,028
b. Terminated Vested Participants	17,075,305	17,634,775
c. Retired Participants	<u>76,894,024</u>	<u>77,456,659</u>
d. Total	\$108,378,479	\$108,019,462
2. a. Assets	\$108,885,638	\$ 95,955,732
b. Carry Over Balance	3,523,755	2,206,237
c. Funding Standard Account Credit Balance	<u>1,494,225</u>	<u>1,546,523</u>
d. Adjusted Assets (a) – (b) – (c)	\$103,867,628	\$ 92,202,972
3. Initial FTAP = (2d) / (1d)	95.84%	85.36%
4. AFTAP with full assets (2a) / (1d)	100.47%	88.83%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	100.47%	85.36%

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 63,778,695	\$ 63,842,989
b. Other Participants	<u>23,574,988</u>	<u>22,770,834</u>
c. Total	\$ 87,353,683	\$ 86,613,823
2. Actuarial Value of Assets	\$108,885,638	\$ 95,955,732
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	313	276
b. Terminated Vested Participants	504	505
c. Retired Participants	<u>1,256</u>	<u>1,263</u>
d. Total	2,073	2,044
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$ 87,353,683	\$ 86,613,823
8. Funded Ratio (2) / (7)	124.64%	110.79%

* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Annuitant and Non-Annuitant mortality tables for Males and Females.

**THE PENSION PLAN FOR NON-UNION EMPLOYEE OF
ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	6,480,810
Benefits Accrued/Lost and Mortality Table changes	239,386
Benefits Paid	<u>(7,460,056)</u>
Net Increase (Decrease)	\$ (739,860)

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$86,613,823
Beginning of prior year, January 1, 2024	<u>87,353,683</u>
Net Increase (Decrease)	\$ (739,860)

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$106,104,911
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	3,526,436
5. Benefit Payments	(7,460,656)
6. Expenses (PBGC)	(427,565)
7. Market Value of Assets on December 31, 2024	\$101,743,126
8. Estimated Rate of Return*:	3.50%*

* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$101,743,126																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: left; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: left; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td>3,526,436</td> <td>2/3</td> <td>2,350,957</td> </tr> <tr> <td>12/31/23</td> <td><u>10,309,311</u></td> <td>1/3</td> <td><u>3,436,437</u></td> </tr> <tr> <td>Total</td> <td>13,835,747</td> <td></td> <td>5,787,394</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	3,526,436	2/3	2,350,957	12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>	Total	13,835,747		5,787,394	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	3,526,436	2/3	2,350,957														
12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>														
Total	13,835,747		5,787,394														
3. Preliminary Actuarial Value (1) – (2)	95,955,732																
4. 90% of Market Value	91,568,813																
5. 110% of Market Value	111,917,439																
6. Actuarial Value of Plan Assets (Item 3 not less than (4) or greater than (5))	\$ 95,955,732																

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	313
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(20)
	Terminations without vested rights	0
	Retirements	(17)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	276
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	1,256
	Retirements	37
	New Beneficiaries	0
	Death without continued payment eligibility	(30)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	1,263
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	504
	Additional vested former participants	20
	New beneficiaries	0
	Deaths	0
	Retirements	(20)
	Paid lump sums	0
	Data corrections	<u>1</u>
	Terminated vested participants as of January 1, 2025	505
4.	<u>Total Participants as of January 1, 2025</u>	2,044

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	-	-	-	-	1
35-39	-	-	2	4	-	-	-	6
40-44	-	-	2	9	15	3	-	29
45-49	-	-	-	5	15	10	-	30
50-54	-	-	1	3	14	10	4	32
55-59	-	-	-	3	13	10	20	46
60-64	-	-	1	3	13	7	54	78
65 +	-	-	1	3	18	3	29	54
Total	0	0	8	30	88	43	107	276

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate 4.97% (5.10% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits: 7.75%

e. Withdrawal: None assumed

f. Mortality: As required under PPA '06

Pre-Retirement: 2025 Non-Annuitant, Male and Female
Post-Retirement: 2025 Annuitant, Male and Female

g. Marriage: 80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale: N/A

i. Turnover Table Table T-6

j. Retirement Age: Assumed to retire at the later of Normal Retirement age or attained age.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage = $\text{Assets} \div \text{FT}$, where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if $\text{Assets} \div \text{FT}$ is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

Full Market Value.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$957,000.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center.
2. Original Effective Date: January 1, 1959
Restated: Most recently amended January 1, 2021 to merge in the St. Joseph's Hospital Retirement Income Plan
3. Employer: Arnot-Ogden Medical Center
4. Eligibility: Non-Union Employees, other than physicians, are eligible to participate immediately at hire. The Arnot-Nonunion portion of the plan was closed to new participants effective 12/31/06 and the St. Joseph's Hospital portion was closed 8/1/03.

Participation was closed effective August 10, 2013.
5. Normal Retirement:
 - a. Age: 65Arnot-Ogden Medical Center employees – Frozen 12/31/06.
St. Joseph's Hospital employees – Frozen 10/31/15.
6. Early Retirement:
 - a. Age: 55
 - b. Service: 10 years (5 years for St. Joseph employees)
 - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit: ERISA minimum Joint & 50% to surviving spouse.

**Actuarial Valuation
For
The Pension Plan for Non-Union Employees of
Arnot-Ogden Medical Center**

**As of
January 1, 2025**

June 24, 2025

Arnot-Ogden Medical Center, Inc.
600 Roe Avenue
Elmira, NY 14905

Dear Ms. Sandroni

We have completed the actuarial valuation of The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actual experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

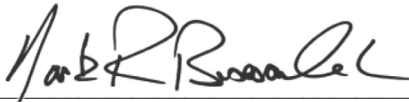


Jack R. Broesamle, Jr., EA, FCA, MAAA

Arnot Ogden Medical Center
Arnot NonUnion - NU Act & Term plus both Ret
Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025
Adjusted Funding Target Attainment Percentage

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

1. Target Liability as of 01/01/2025	\$108,019,462
2. Assets under Section 430(f)(4)(B):	\$ 92,202,972
a. Market Value of Assets:	\$101,743,126
b. Smoothed Actuarial Value of Assets:	\$ 95,955,732
c. Current Cash Value:	\$ 0
d. Prior Year Carryover Balance:	\$ 2,206,237
e. Prior Year Prefunding Balance:	\$ 1,546,523
3. Funding Target Attainment Percentage (FTAP):	85.36%
4. Annuity Purchases for NHCE's in the Last 2 Years:	\$ 0
5. Adjusted Funding Target Attainment Percentage (AFTAP):	85.36%

SIGNATURE:  DATE: 6/23/2025

NAME: Jack Broesamle, Jr, EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

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**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	313	276
Terminated Vested Participants	504	505
Retired Members and Beneficiaries	<u>1,256</u>	<u>1,263</u>
Total Participants	2,073	2,044
 <u>Valuation Assets</u>	 \$108,885,638	 \$ 95,955,732
<u>Funding Target</u>	108,378,478	108,019,462
<u>Assets / Funding Target</u>	100.47%	85.36%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 0

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

SUMMARY
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year can be zero, if a portion of the Carry Over Balance is elected (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$62,854,711.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The minimum quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$596,000.

Plan Changes

No plan provisions have been changes, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 957,000
2.	Funding Target	108,019,462
3.	a. Assets as of January 1, 2025	95,955,732
	b. Carry Over Balance	2,206,237
	c. Funding Standard Account Credit Balance	<u>1,546,523</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	92,202,972
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 957,000

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$	957,000
2.	Shortfall Amortization Charge (Balances \$15,126,815)		1,425,555
3.	Waiver Amortization Charge (Balances \$ 0)		0
4.	Minimum Required Contribution as of January 1, 2025		2,382,555
5.	Use part of Carry Over balance (see page 6)		(2,382,555)
6.	Remaining Minimum Contribution [(4) - (5)] as of 1/01/25		0

Amortization Bases under PPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2024	Shortfall	4,510,851	15	4,231,931	14	412,274
1/01/2025	Shortfall	10,894,884	15	10,894,884	15	1,013,281
Total Shortfall Balance and Amortization Payment:				15,126,815		1,425,555

* The fifteen-year amortization factor is 10.752081 for 2025.
The fourteen-year amortization factor is 10.264850 for 2025.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$105,235,629
2.	Target Normal Cost (including expenses)	957,000
3.	Cushion (based on projected funding target: \$105,235,629)	52,617,814
4.	Maximum Funding Liability	158,810,443
5.	Actuarial Value of Assets as of January 1, 2025	95,955,732
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 62,854,711

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES
FROM PRIOR PLAN YEAR**

	Prefunding Balance	Carry Over Balance
1. Balance at 1/01/24	\$1,494,225	\$3,523,785
2. Amount Elected to be Used at 1/01/24	0	1,392,155
3. Amount Remaining [(1) – (2)]	1,494,225	2,131,630
4. Interest at Actual 2024 Return Rate of <u>3.50%*</u>	52,298	74,607
5. Minimum Required Contribution at 1/01/24	0	N/A
6. Remaining Required Contribution at [(5) – (2)]	0	N/A
7. Discounted Contributions at 1/01/24	0	N/A
8. Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9. Interest at 2024 Effective Rate of <u>5.10%</u>	0	N/A
10. Additional Balance Available at 1/01/25 [(8) + (9)]	0	N/A
11. Portion of (10) Elected to Add to Prefunding Balance	0	0
12. Reduction due to Election or Deemed Burn	0	0
13. Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$1,546,523	\$2,206,237

* See item 8 on page 10 for rate used.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 14,409,150	\$ 12,928,028
b. Terminated Vested Participants	17,075,305	17,634,775
c. Retired Participants	<u>76,894,024</u>	<u>77,456,659</u>
d. Total	\$108,378,479	\$108,019,462
2. a. Assets	\$108,885,638	\$ 95,955,732
b. Carry Over Balance	3,523,755	2,206,237
c. Funding Standard Account Credit Balance	<u>1,494,225</u>	<u>1,546,523</u>
d. Adjusted Assets (a) – (b) – (c)	\$103,867,628	\$ 92,202,972
3. Initial FTAP = (2d) / (1d)	95.84%	85.36%
4. AFTAP with full assets (2a) / (1d)	100.47%	88.83%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	100.47%	85.36%

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 63,778,695	\$ 63,842,989
b. Other Participants	<u>23,574,988</u>	<u>22,770,834</u>
c. Total	\$ 87,353,683	\$ 86,613,823
2. Actuarial Value of Assets	\$108,885,638	\$ 95,955,732
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	313	276
b. Terminated Vested Participants	504	505
c. Retired Participants	<u>1,256</u>	<u>1,263</u>
d. Total	2,073	2,044
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$ 87,353,683	\$ 86,613,823
8. Funded Ratio (2) / (7)	124.64%	110.79%

* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Annuitant and Non-Annuitant mortality tables for Males and Females.

**THE PENSION PLAN FOR NON-UNION EMPLOYEE OF
ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	6,480,810
Benefits Accrued/Lost and Mortality Table changes	239,386
Benefits Paid	<u>(7,460,056)</u>
Net Increase (Decrease)	\$ (739,860)

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$86,613,823
Beginning of prior year, January 1, 2024	<u>87,353,683</u>
Net Increase (Decrease)	\$ (739,860)

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$106,104,911
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	3,526,436
5. Benefit Payments	(7,460,656)
6. Expenses (PBGC)	(427,565)
7. Market Value of Assets on December 31, 2024	\$101,743,126
8. Estimated Rate of Return*:	3.50%*

* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$101,743,126																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: center; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: center; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: center;">3,526,436</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">2,350,957</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: center;"><u>10,309,311</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;"><u>3,436,437</u></td> </tr> <tr> <td>Total</td> <td style="text-align: center;"><u>13,835,747</u></td> <td></td> <td style="text-align: right;"><u>5,787,394</u></td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	3,526,436	2/3	2,350,957	12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>	Total	<u>13,835,747</u>		<u>5,787,394</u>	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	3,526,436	2/3	2,350,957														
12/31/23	<u>10,309,311</u>	1/3	<u>3,436,437</u>														
Total	<u>13,835,747</u>		<u>5,787,394</u>														
3. Preliminary Actuarial Value (1) – (2)	95,955,732																
4. 90% of Market Value	91,568,813																
5. 110% of Market Value	111,917,439																
6. Actuarial Value of Plan Assets (Item 3 not less than (4) or greater than (5))	\$ 95,955,732																

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	313
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(20)
	Terminations without vested rights	0
	Retirements	(17)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	276
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	1,256
	Retirements	37
	New Beneficiaries	0
	Death without continued payment eligibility	(30)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	1,263
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	504
	Additional vested former participants	20
	New beneficiaries	0
	Deaths	0
	Retirements	(20)
	Paid lump sums	0
	Data corrections	<u>1</u>
	Terminated vested participants as of January 1, 2025	505
4.	<u>Total Participants as of January 1, 2025</u>	2,044

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	-	-	-	-	1
35-39	-	-	2	4	-	-	-	6
40-44	-	-	2	9	15	3	-	29
45-49	-	-	-	5	15	10	-	30
50-54	-	-	1	3	14	10	4	32
55-59	-	-	-	3	13	10	20	46
60-64	-	-	1	3	13	7	54	78
65 +	-	-	1	3	18	3	29	54
Total	0	0	8	30	88	43	107	276

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate 4.97% (5.10% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits: 7.75%

e. Withdrawal: None assumed

f. Mortality: As required under PPA '06

Pre-Retirement: 2025 Non-Annuitant, Male and Female
Post-Retirement: 2025 Annuitant, Male and Female

g. Marriage: 80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale: N/A

i. Turnover Table Table T-6

j. Retirement Age: Assumed to retire at the later of Normal Retirement age or attained age.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage = $\text{Assets} \div \text{FT}$, where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if $\text{Assets} \div \text{FT}$ is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

Full Market Value.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$957,000.

**THE PENSION PLAN FOR NON-UNION EMPLOYEES OF
ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for Non-Union Employees of Arnot-Ogden Medical Center.
2. Original Effective Date: January 1, 1959
Restated: Most recently amended January 1, 2021 to merge in the St. Joseph's Hospital Retirement Income Plan
3. Employer: Arnot-Ogden Medical Center
4. Eligibility: Non-Union Employees, other than physicians, are eligible to participate immediately at hire. The Arnot-Nonunion portion of the plan was closed to new participants effective 12/31/06 and the St. Joseph's Hospital portion was closed 8/1/03.

Participation was closed effective August 10, 2013.
5. Normal Retirement:
 - a. Age: 65Arnot-Ogden Medical Center employees – Frozen 12/31/06.
St. Joseph's Hospital employees – Frozen 10/31/15.
6. Early Retirement:
 - a. Age: 55
 - b. Service: 10 years (5 years for St. Joseph employees)
 - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit: ERISA minimum Joint & 50% to surviving spouse.

Statement Regarding Lack of Audited Financial Statement

No audited financial statement is attached to this Form 5500 for the plan year ending December 31, 2024 for the Arnot Ogden Medical Center Pension Plan for Non-Union Employees ("Plan") due to an ongoing process between Arnot Ogden Medical Center, and the United States Department of Labor, to resolve open issues so that the report of the independent qualified public accountant can be issued without an unacceptable material qualification.

Specifically, the Plan Administrator of the Plan is a party to a consolidated litigation proceeding that stems from OALJ Case Number 2023-RIS-00081 (Department of Labor Case Number 23-1149D), and OALJ Case Number 2024-RIS-00061 (Department of Labor Case Number 24-0094N).

The record of the consolidated litigation proceeding sets forth a comprehensive description of process that Arnot Ogden Medical Center is working through with the United States Department of Labor.

In summary, the United States Department of Labor assessed a penalty for the Form 5500 for the Plan that was filed for the plan year ending December 31, 2021 because the report of the independent qualified public accountant contained an unacceptable material qualification. An additional penalty was assessed by the United States Department of Labor for failing to timely file a Form 5500 for the Plan for the plan year ending December 31, 2022.

Arnot Ogden Medical Center contested both penalties referenced in the preceding paragraph, which resulted in the docketing of the OALJ case numbers referenced above. An amended Form 5500 for the Plan with respect to the plan year ending December 31, 2021 was filed by Arnot Ogden Medical Center that did not contain an unacceptable material qualification. Similarly, a Form 5500 for the Plan with respect to the plan year ending December 31, 2022 was also filed.

However, the Office of the Chief Accountant requested to review the working papers of the independent qualified public accountant with respect to the amended Form 5500 for the Plan that was filed, and has requested that the independent qualified public accountant engage in additional procedures to issue a report without an unacceptable material qualification. Arnot Ogden Medical Center and the United States Department of Labor requested that the above referenced OALJ cases be consolidated because compliance must be achieved for the plan year ending December 31, 2021 before further compliance can be achieved. The presiding ALJ granted such request finding that the two proceedings involve a common question of law or fact.

Pursuant to comments received by the independent qualified public accountant from the Office of the Chief Accountant, Arnot Ogden Medical Center is taking steps so that the Office of the Chief Accountant will approve the report of the independent qualified public accountant being issued without an unacceptable material qualification. Once that is

achieved, an amended Form 5500 for the Plan with respect to the plan year ending December 31, 2024 will be filed that contains an audited financial statement.

Because the lack of inclusion of an audited financial statement with this Form 5500 for the Plan with respect to the plan year ending December 31, 2024 involves a common issue of fact or law with the above referenced OALJ proceedings, and cannot be issued until compliance is achieved for the plan year ending December 31, 2021, Arnot Ogden Medical Center respectfully requests that no additional penalty be imposed.

Dated: October 10, 2025



Elyse Bellinger, AVP of Finance
PLAN ADMINISTRATOR OF THE
ARNOT OGDEN MEDICAL CENTER
PENSION PLAN FOR NON-UNION
EMPLOYEES