

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1991
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) CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND 8 FAIRFIELD BLVD, STE 105 WALLINGFORD, CT 06492
2b Employer Identification Number (EIN) 06-1313462
2c Plan Sponsor's telephone number 203-269-7741
2d Business code (see instructions) 623000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for BARBARA SIMONETTA and JONATHAN HOLCOMB.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1106
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	388
	6a(2)	363
	6b	425
	6c	284
	6d	1072
	6e	19
	6f	1091
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

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 checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase 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>CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND</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>CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND</u>	D Employer Identification Number (EIN) <u>06-1313462</u>	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	<u>81205020</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>85081367</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>104627914</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>103310044</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>173549645</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>979275</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>9490307</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>9697307</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	Date
<u>HAL S TEPFER</u>	<u>10/03/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>CBIZ RETIREMENT PLAN SERVICES</u>	<u>267-800-1602</u>
Firm name	Telephone number (including area code)
<u>500 BOYLSTON STREET, 4TH FLOOR BOSTON, MA 02116</u>	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	81205020
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	431	100608229
(2) For terminated vested participants	286	36832006
(3) For active participants:		
(a) Non-vested benefits		32679
(b) Vested benefits		36076731
(c) Total active	388	36109410
(4) Total	1105	173549645
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	46.79 %

3 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
06/30/2024	1578563	0			
06/30/2024	307889	0			
01/01/2025	1160631	0			
01/01/2025	235222	0			
			Totals ▶	3(b)	3(c)
				3282305	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	82.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	9999

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit) **d** Aggregate
- e** Frozen initial liability **f** Individual level premium **g** Individual aggregate **h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	8.00 %
e Salary scale	6e	3.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	8.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	207000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	894192	96730

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	67221

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	338746

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

		Outstanding balance	
9c(1)		33542573	4434735
9c(2)			
9c(3)			

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	381878
9e	5155359

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	3017487
9g	3282305

h Amortization credits as of valuation date.....

		Outstanding balance	
9h		10978539	1608907

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	444943
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	28921458	
9j(2)	71767652	
9j(3)		

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	8353642
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	3198283
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	D Employer Identification Number (EIN) 06-1313462	

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

NEWTOWER TRUST COMPANY	7315 WISCONSIN AVENUE SUITE 350W BETHESDA, MD 20814
30-0872552	

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

LANDMARK EQUITY ADVISORS LLC	10 MILL POND LANE SIMSBURY, CT 06070
06-1519082	

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

GROSVENOR CAPITAL MANAGEMENT	900 NORTH MICHIGAN AVENUE STE 1100 CHICAGO, IL 60611
36-3795985	

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

ENTRUSTPERMAL PARTNERS OFFSHORE LLC	375 PARK AVENUE, 24TH FLOOR NEW YORK, NY 10152
90-0644478	

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

HAMILTON LANE ADVISORS, LLC

ONE PRESIDENTIAL BLVD, 4TH FLOOR
BALA CYNWYD, PA 19004

23-2962336

(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)

SEGAL MARCO ADVISORS

25 BRAINTREE HILL OFFICE PARK, SUIT
BRAINTREE, MA 02184

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	225000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZENITH AMERICAN SOLUTIONS INC

10 TECHNOLOGY DRIVE
WALLINGFORD, CT 06492

06-0811449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	63900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ

500 BOYLSTON STREET, 4TH FLOOR
BOSTON, MA 02116

26-1371674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	37250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEGAL SELECT INSURANCE SERVICE, INC

333 WEST 34TH STREET, 2ND FLOOR
NEW YORK, NY 10001

13-2646110

(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?
53	NONE	33171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BEERS, HAMERMAN, COHEN & BURGER PC

234 CHURCH STREET
NEW HAVEN, CT 06535

47-2517893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN REALTY ADVISORS

515 S FLOWER ST, 49TH FLOOR
LOS ANGELES, CA 90071

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		20299	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COMERICA

411 W. LAFAYETTE
DETROIT, MI 48226

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 59 62 72 99	NONE	14740	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND</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>CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND</u>	D Employer Identification Number (EIN) <u>06-1313462</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EQUITY GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SEGAL ADVISORS</u>		
c EIN-PN <u>27-6230536-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>41443247</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIXED INCOME GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SEGAL ADVISORS</u>		
c EIN-PN <u>27-6230536-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>10683177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>2080382</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)

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)

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 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	D Employer Identification Number (EIN) 06-1313462

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	790981	866684
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	737993	1160631
(2) Participant contributions	1b(2)	139181	235222
(3) Other	1b(3)	5640	8140
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	339889	772993
(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)	22648141	23642455
(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)	4181757	3921134
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	51581732	52126424
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	857547	877769
(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	81282861	83611452
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	77841	84269
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	77841	84269
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	81205020	83527183

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)	2739194	
(B) Participants.....	2a(1)(B)	543111	
(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)		3282305
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	155586	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19659102	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14467347	
(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)	470053	
(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)		3007943
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-234811
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2141
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11874972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9100413	
(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)		9100413
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)	63894	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20400	
(5) Investment advisory and investment management fees	2i(5)	237288	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	46750	
(8) Legal fees	2i(8)	4311	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	30671	
(11) Other expenses	2i(11)	49082	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		452396
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9552809

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2322163
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: **BEERS, HAMERMAN, COHEN & BURGER, P.**

(2) EIN: **47-2517893**

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		500000
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 562261.

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 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	D Employer Identification Number (EIN) 06-1313462	

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer WATERBURY HOSPITAL

b EIN 06-0665979 **c** Dollar amount contributed by employer 470994

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 07 Day 01 Year 2025

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): 8% OF WAGES

a Name of contributing employer CONNECTICUT HEALTH CARE ASSOCIATES

b EIN 06-0960693 **c** Dollar amount contributed by employer 8443

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 07 Day 01 Year 2025

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): 8% OF WAGES

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 checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	72
	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	76
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	78	
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	1.02
	b The corresponding number for the second preceding plan year.....	15b	1.08
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	0
	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.....		<input type="checkbox"/>

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.....	<input type="checkbox"/>
19	If the total number of participants is 1,000 or more, complete lines (a) and (b):	
a	Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: <u>100.0</u> %	
b	Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Design-based safe harbor method <input type="checkbox"/> "Prior year" ADP test <input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> 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 _____.



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Connecticut Health Care Associates Pension Fund
Wallingford, Connecticut

Opinion

We have audited the accompanying financial statements of the Connecticut Health Care Associates Pension Fund (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Connecticut Health Care Associates Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Connecticut Health Care Associates Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New Haven, Connecticut
October 15, 2025

2024 Schedule MB, line 6
Summary of Plan Provisions

Connecticut Health Care Associates Pension Plan

EIN: 06-1313462 PN: 001

Plan Year: January 1 to December 31.

Eligibility: Effective July 1, 2006, contributions will be required once the employee has completed one Year of Service and has attained age 21.

Applicable Effective Date: The date on which the employer became obligated to contribute to the Fund.

Accrued Benefit: The monthly benefit is the sum of (a) Past Service Benefit, plus (b) Future Service Benefit through December 31, 2008, plus (c) Annual Accruals earned from January 1, 2009 through December 31, 2019, plus (d) Annual Accruals earned on/after January 1, 2020, as follows:

- (a) Past Service Benefit - Greater of (i) or (ii), and divided by 12
 - (i) 1.9% of Past Service Pay times Credited Past Service further multiplied by 175%, or
 - (ii) \$66 times Credited Past Service further multiplied by 175%.
- (b) Future Service Benefit - 1.9% of Average Annual Pay times Credited Future Service as of December 31, 2008, and divided by 12.
- (c) Annual Accruals - 1.6% of annual Compensation earned from January 1, 2009 through December 31, 2019, and divided by 12.
- (d) Annual Accruals - 0.5% of annual Compensation earned on/after January 1, 2020, and divided by 12.

Compensation: Regular Pay is the total pay in a Plan Year during periods for which a contributing employer is required to contribute, including overtime, double-time, shift differential, weekend pay, charge pay and holiday pay. This definition of Compensation was effective January 1, 2004. Effective January 1, 2009, the definition of Compensation excludes OT and DT.

Past Service Pay is Regular Pay in effect on the employer's Applicable Effective Date.

Average Annual Pay calculated as of December 31, 2008 is the highest average Regular Pay during five consecutive Plan Years after employer's Applicable Effective Date and within the last ten years of Credited Service before date of termination or January 1, 2009 if earlier.

**2024 Schedule MB, line 6
Summary of Plan Provisions**

**Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001**

Vesting Service:	The number of Plan Years the Participant worked at least 1,000 hours.
Break in Service:	Plan Years in which a Participant does not work at least 500 hours.
Credited Service:	The sum of Credited Past Service and Credited Future Service, as follows: (a) Credited Past Service - Years and months worked before the employer's Applicable Effective Date. (b) Credited Future Service - Years and months worked after the employer's Applicable Effective Date through their date of termination.
Normal Retirement Benefits:	<p><i>Normal Retirement Date</i> : At or after age 65 with 5 years of participation.</p> <p><i>Monthly Benefit</i> : The Accrued Benefit as of Normal Retirement.</p> <p>The monthly benefit amount payable to a Participant who retires after Normal Retirement Date will be the greater of (i) the actuarially increased Normal Retirement Benefit or (ii) the monthly benefit determined on the date of retirement, if benefits were not suspended.</p>
Early Retirement Benefits:	<p><i>Early Retirement Date</i> : At or after age 55 with at least 5 years of Vesting Service or Credited Service.</p> <p><i>Monthly Benefit</i> : Effective for retirements on/after April 1, 2020, equal to the accrued benefit payable at age 65 actuarially reduced to date of early retirement. For retirements before April 1, 2020, the accrued benefit payable at age 65 reduced 6% per year from age 65 to date of early retirement.</p> <p>The above change was made under the 2019 Rehabilitation Plan</p>
Disability Retirement Benefits:	<p><i>Eligibility</i>: Becoming totally and permanently disabled while an active Participant after completion of 10 years of Vesting Service. A Participant who retires with an Early Retirement Benefit and later submits acceptable proof of his/her disability may convert his/her benefit to a Disability Retirement Benefit.</p> <p><i>Monthly Benefit</i>: The Accrued Benefit as of date of Disability.</p>

**2024 Schedule MB, line 6
Summary of Plan Provisions**

**Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001**

**Vested Benefits Upon
Termination of
Employment:**

Vesting: 100% vesting upon completion of five years of Vesting Service or five years of Credited Service.

Monthly Benefit: The Accrued Benefit at Normal Retirement Date. Participants with at least 5 years of Credited or Vesting Service may elect Early Retirement on a reduced basis as described above.

**Non-Vested Benefits
Upon Termination of
Employment:**

Effective December 2017, Participants who terminate their employment before becoming 100% vested in their pension, and do not return to employment before their non-vested benefit is forfeited, will receive a refund of any contributions made by that Participant, with interest.

Normal Form:

Single: Life Annuity

Married: Joint & 50% Survivor Annuity (reduced)

Optional Forms of Benefit:

Single Life Annuity
10 Year Certain and Continuous Annuity
Joint & 50% Survivor Annuity
Joint & 75% Survivor Annuity (under PPA)
Joint & 100% Survivor Annuity

**Pre-Retirement Death
Benefits:**

Single: No benefits.

Married: Provided the Participant has at least five years of Credited or Vesting Service and was married to his/her current spouse for at least one year, the surviving spouse will receive a monthly lifetime benefit equal to 50% of the amount the Participant would have received by assuming the Participant terminated on the day before death and retired on a 50% Joint and Survivor Pension when first eligible.

Effective December 2017, designated beneficiaries of Participants who die before retirement, will receive a return of any contributions made by that Participant, with interest, if the Participant is not eligible for the Plan's Pre-Retirement Death Benefit.

**2024 Schedule MB, line 6
Summary of Plan Provisions**

**Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001**

- Employer Contributions:** A percentage, not to exceed 8%, of the monthly gross payroll earned by eligible Participants. Contributions are made monthly based upon the previous month's payroll. If contributions in excess of 8% are needed to fund the Plan, the amount in excess of 8%, not to exceed 2% of gross earnings, may be contributed by each individual bargaining unit member through payroll deduction (see below).
- Employee Contributions:** The Trustees invoked Article XXX, Section 8 of the Collective Bargaining Agreement, requiring all active Participants in the Plan to contribute 2% of their Compensation to the Plan, starting in December 2017.
- Withdrawal Liability:** "Rolling-Five" Method used.
- Changes since the Prior
Valuation:** None.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN 06-1313462, PLAN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Fair Value</u>
	<u>Common and Collective Trusts</u>			
	Multi-Employer Property Trust	164 units	\$ 2,162,987	\$ 2,080,382
*	Marco Consulting Fixed Income Group Trust	735,159 units	10,417,755	10,683,177
*	Marco Consulting Group Trust I	874,287 units	34,932,331	41,443,247
	American Core Realty Fund, LLC	15 units	1,911,920	1,814,166
	EntrustPermal Diversified SMA Fund LTD	64 units	22,623	26,586
			<hr/>	<hr/>
		Total Common and Collective Trusts	49,447,616	56,047,558
	<u>Mutual Funds</u>			
	AFL-CIO Housing Investment Trust	897 shares	873,098	877,769
	<u>Partnership Joint Interest</u>			
	<u>Units</u>			
	Hamilton Lane Private Equity Fund	412,312 units	404,541	412,312
	Grosvenor Portfolio Completion Strategies Fund	89,581 units	88,310	89,581
	Grosvenor Altscape Fund	1,884,628 units	1,771,938	1,884,628
	GCM-Grosvenor Multi-Asset Class Fund II	2,806,580 units	4,377,180	2,806,580
	GCM-Grosvenor Multi-Asset Class Fund III	4,052,326 units	3,148,712	4,052,326
	AG Direct Lending Fund II LP	1,022,279 units	972,228	1,022,279
	Mesirow Financial Private Equity Fund VII LP	1,929,704 units	1,622,787	1,929,704
	Mesirow Financial Real Estate Fund LP III	3,072,828 units	3,044,026	3,072,828
	Mesirow Financial Real Estate Fund LP V	786,451 units	884,900	786,451
	Landmark Equity Partners	8,082 units	6,353	8,082
	Segal Marco Select Private Equity Fund II LP	2,634,739 units	2,484,113	2,634,739
	FP Credit Partners Agregator Fund II LP	1,750,699 units	1,542,976	1,750,699
	White Oak Yield Spectrum Peer Fund LP	2,708,075 units	2,455,836	2,708,075
			<hr/>	<hr/>
		Total Partnership Joint Interest	22,803,900	23,158,284
	<u>Offshore Limited Partnership</u>			
	Hamilton Lane Private Equity Offshore Fund VII, L.P. (Series A)	344,780 units	383,868	344,780
	Hamilton Lane Private Equity Offshore Fund VII, L.P. (Series B)	139,391 units	138,813	139,391
			<hr/>	<hr/>
		Total Offshore Limited Partnership	522,681	484,171
	<u>Short-Term Investments</u>			
*	Comerica Short-Term Fund	825,552 shares	772,993	772,993
			<hr/>	<hr/>
		Total Investments	\$ 74,420,288	\$ 81,340,775

*Denotes party-in-interest

2024 Schedule MB, line 8b(2)
Schedule of Active Participant Data

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Attained Age	Years of Credited Service										Total Number
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up	
Under 25	66	6	0	0	0	0	0	0	0	0	72
25 to 29	25	40	0	0	0	0	0	0	0	0	65
30 to 34	2	33	11	0	0	0	0	0	0	0	46
35 to 39	2	18	7	2	1	0	0	0	0	0	30
40 to 44	4	17	4	2	5	2	0	0	0	0	34
45 to 49	2	8	8	1	3	7	2	0	0	0	31
50 to 54	0	9	1	2	2	8	3	1	0	0	26
55 to 59	0	7	4	3	3	2	2	9	1	1	32
60 to 64	0	5	3	5	6	6	4	0	8	8	45
65 to 69	0	0	1	0	0	1	0	1	1	1	5
70 & Up	0	1	0	0	1	0	0	0	0	0	2
Total	101	144	39	15	21	26	11	11	10	10	388

Department of the Treasury - Internal Revenue Service
**Annual Certification for Multiemployer
Defined Benefit Plans**

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

Part I – Basic Plan Information

1a. Name of plan Connecticut Health Care Associates Pension Plan		1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Trustees of the Connecticut Health Care Associates Pension Plan		1d. Employer identification number (EIN) 06-1313462
1e. Plan sponsor's telephone number (203) 269-7741	1f. Plan sponsor's address, city, state, ZIP code c/o Zenith American Solutions 8 Fairfield Blvd., Suite # 105, Wallingford, CT 06492	

Part II – Plan Actuary's Information

2a. Plan actuary's name Hal Tepfer	2b. Plan actuary's firm name CBIZ
2c. Plan actuary's firm address, city, state, ZIP code 75 Second Avenue, Suite 605, Needham, MA 02494	
2d. Plan actuary's enrollment number 23-03918	2e. Plan actuary's telephone number (617) 262-6240

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input checked="" type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 3/29/2024
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**Actuarial Certification of the
Connecticut Health Care Associates Pension Plan
For the Plan Year Beginning January 1, 2024**

Plan Name	Connecticut Health Care Associates Pension Plan
Employer Identification Number	06-1313462
Plan Number	001
Plan Sponsor	Trustees of the Connecticut Health Care Associates Pension Plan
Plan Sponsor Address	c/o Zenith American Solutions 8 Fairfield Blvd., Suite # 105, Wallingford, CT 06492
Plan Sponsor Phone	(203) 269-7741
Plan Year of Certification	January 1, 2024 – December 31, 2024

I. Background

The Pension Protection Act of 2006 added Internal Revenue Code §432(b)(3)(A) and ERISA §305(b)(3)(A), which require that multiemployer pension plans receive an annual Certification by the plan's actuary of the plan's funded status no later than the 90th day of each plan year. The Certification requires the actuary to:

- 1) Determine the ratio of the Plan's Actuarial Value of Assets to the Plan's Accrued Liability using the traditional unit credit funding method (the "Funded Percentage");
- 2) Project the Plan's Funding Standard Account Credit Balance to determine whether a negative Credit Balance (a "Funding Deficiency") is expected to occur;
- 3) Project the Plan's assets;
- 4) Project the Plan's Normal Cost, Contributions, and Accrued Liability; and
- 5) Project the Plan's liabilities separately for active participants and inactive participants.

II. Selected Assumptions Used in the Certification Calculations

- 1) We estimated the Plan's "accrued liability" as of January 1, 2024 by projecting its January 1, 2023 accrued liability. In performing the projection, we:
 - a. Used the "traditional unit credit" funding method;
 - b. Used the January 1, 2023 census data projected forward assuming a stable active population (381) using a new entrant profile that was based on the characteristics of the new entrants and rehires within the last five Plan Years; and
 - c. Assumed that all active participants earned compensation in 2023 equal to their 2022 compensation increased by the 3.0% wage increase per the current Collective Bargaining Agreement, and annualized for new hires.
- 2) We used the same actuarial assumptions and actuarial funding method that we used for the January 1, 2023 actuarial valuation for purposes of determining the value of all other Plan liabilities and projecting the Plan's Minimum Funding Standard Account, which are summarized on the attached Addendum.

- 3) We assumed that actual Administrative Expenses (net of PBGC premiums) will increase by 2% per year, and that future PBGC premium rates per participant will increase by \$1 each year from \$37 in 2024 to \$43 in 2030, with a \$9 increase to \$52 in 2031, then a \$1 increase each year thereafter.
- 4) We used the contribution rate that is described in the current Collective Bargaining Agreement (8.0% of compensation, including overtime and double-time compensation), with no assumed increases beyond the expiration of that agreement, and reflecting the provision of the Collective Bargaining Agreement the Trustees invoked requiring all active Participants in the Plan to contribute 2% of their compensation to the Plan, to improve the funded status of the Plan, which started in December 2017.
- 5) We used asset information provided to us by Zenith American Solutions as of December 31, 2023, which is unaudited asset information. We incorporated the Schedule of Closing Balances on December 31, 2023 as the Plan's "Market Value of Assets" for purposes of calculating the Plan's "Actuarial Value of Assets" on January 1, 2024. For this calculation, we used a "5-year smoothing" method for all years' investment gains and losses. To estimate the investment gain for 2023, we relied on the Internal Activity Statement from January 1 – December 31, 2023 provided to us by Zenith American Solutions.
- 6) The projection of assets and the Minimum Funding Standard Account, shown on the attached supporting documentation, includes an assumption regarding anticipated employer contributions for the current and succeeding Plan Years based on a reasonable projection of industry activity (including future covered employment and contribution levels) as provided by the Plan Sponsor who acted reasonably and in good faith. The current assumption is that the expected industry activity will remain level at its 2023 level reflecting expected compensation in each future year, but applying a limit to expected contributions for 2024 and future plan years. Accordingly, expected future contributions will not exceed a 3% increase over the actual contributions received for 2023 based on contribution information provided by Zenith American Solutions. In addition, we have assumed no future withdrawal liability payments.
- 7) We have not applied any provision of the American Rescue Plan Act of 2021 ("ARPA"), except we have reflected the increase in PBGC premium to \$52 per participant in 2031.

III. Certification of Funded Status

In compliance with Title II of the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014, **I hereby certify that the Connecticut Health Care Associates Pension Plan remains in "Critical Status" for the Plan Year beginning January 1, 2024.**

I have certified that the Plan remains in "Critical Status" because the Plan is projected to have an accumulated funding deficiency within the next 9 succeeding plan years, taking into account the IRS-approved 5-year extension of amortization periods under Internal Revenue Code §431(d)(1), but without taking into account the Plan changes that will become effective under the Rehabilitation Plan adopted by the Plan's Trustees on November 17, 2023. This means the Plan does not satisfy the "Special Emergence Rule" under Internal Revenue Code §432(e)(4)(B)(ii)(I) and cannot emerge from "Critical Status" on January 1 2024.

I further certify that the Plan is not in "Critical and Declining Status" for the Plan Year beginning January 1, 2024.

IV. Certification of Scheduled Progress

As the Plan reentered Critical Status in 2023, the Plan’s Trustees formally adopted a Rehabilitation Plan in 2023 within the required 240-day timeframe. The Plan’s Rehabilitation Period will start on January 1, 2026, therefore a certification of whether or not the Plan is making the scheduled progress in meeting the requirements of its Rehabilitation Plan is not applicable for this 2024 Certification. That said, the 2023 Rehabilitation Plan is expected to allow the Plan to emerge from Critical Status in 2025.

V. Certification by Plan Actuary

We have performed this Certification based on our understanding of Internal Revenue Code §432 and ERISA §305 to meet the requirements of the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014. This Certification may not be appropriate for other purposes, such as determining benefit security or the Plan’s annual funding requirements.


In preparing this Certification, we relied upon participant data and financial information provided by the Plan Sponsor and other organizations designated by the Plan Sponsor. While we did not audit this data, we have reviewed it for reasonableness and consistency with prior years, and we believe the information is sufficient to be relied upon for the purposes intended.

In our opinion, the projections, calculations, and procedures used in this Certification are based on reasonable actuarial estimates and assumptions, and offer our best estimate of anticipated experience under the Plan. However, we relied directly on the Plan Sponsor’s good faith projection of industry activity when determining future Plan contributions.

CBIZ’s relationship with the Plan and Plan Sponsor is strictly professional. There are no aspects of the relationship that may impair or appear to impair the objectivity of our work. The undersigned credentialed actuary meets the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States and is qualified to render the actuarial opinion contained herein.

Certified by:

CBIZ



Hal Tepfer, FSA, EA, MAAA
Senior Vice President
Enrolled Actuary No. 23-03918

March 29, 2024
Date

CBIZ
75 Second Avenue, Suite 605
Needham, MA 02494
(617) 262-6240



Assumptions and Methods Addendum

a. Interest Rate

Minimum Funding: 8.00%
RPA Current Liability: 2.55%

b. Mortality Table

Healthy Lives: RP-2000 Mortality Table for males and females and no adjustment for blue collar vs. white collar. This table reflects no expected mortality improvement after the valuation date.
Disabled Lives: 1985 Pension Disability Mortality for males and females.

c. Retirement Rates

Active Participants:

The rate of retirement for active participants is assumed to vary by age, as follows:
(Weighted Average Retirement Age is 62)

Age	Retirement Rates	Age	Retirement Rates
55-56	5%	65	75%
57	10%	66	65%
58	5%	67-68	70%
59-61	10%	69	65%
62	25%	70+	100%
63-64	15%		

Terminated Vested Participants:

Assumed to retire at age 65, or on the valuation date, if later.

d. Disability

None.

e. Turnover Rates

Rates of turnover (for reasons other than death, retirement, or disability) are assumed to vary according to age and length of service. For participants with fewer than five years of service, the rate of turnover is assumed to vary by years of service as follows:

Years of Service	Turnover Rates
1	30%
2	25%
3	21%
4	18%

Assumptions and Methods Addendum (Continued)

Turnover Rates (continued)

For participants with five or more years of service, the rate of turnover is assumed to vary by age as follows:

Age	Turnover Rates
25	15%
30	12%
35	10%
40	8%
45	5%
50	2%
55+	0%

f. Salary Scale

Compensation is assumed to increase by 3.00% per year.

g. Administrative Expenses

The Administrative Expense assumption is determined by averaging the Administrative Expenses (excluding investment expenses) actually paid by the Plan during the three Plan Years immediately preceding the valuation date, and rounding up to the next \$1,000. For the 2023 valuation, the assumed expenses were equal to \$203,000.

h. Compensation for Plan Participants

Current annual pay is the prior year's compensation adjusted with one year of salary scale. Compensation for new hires is annualized before applying the salary scale. If applicable, compensation is limited in accordance with Internal Revenue Code (IRC) §401(a)(17).

i. Form of Payment

It is assumed that 100% of retiring members will elect the Single Life Annuity.

j. Marital Status

For purposes of determining the cost of the pre-retirement survivor annuity death benefit, it was assumed that 80% of non-retired Participants will have an eligible spouse, and that on average a female spouse will be three years younger than male spouses.

k. Late Retirement

Active participants working past their Normal Retirement Date (age 65) timely receive a Suspension of Benefits Notice.

l. Missing and Incomplete Data

For active Participants hired after 2009 with a missing date of birth, we assumed a hire age of 24. For all other non-retired Participants with a missing date of birth, we assumed a date of birth of January 1, 1962.

Assumptions and Methods Addendum (Continued)

m. Data

We relied on updated valuation data provided by Zenith American Solutions. Participants not in receipt of a pension who worked at least one month during the prior Plan Year were considered Active. New hires were considered new entrants into the Plan once contributions were required to be made to the Plan on their behalf, which is once the Employee has completed one Year of Service in a bargaining unit position and has attained age 21. We relied on new Participants provided by Zenith American Solutions as of the valuation date for this purpose although many are provided with missing dates of birth and hire. Participants with at least 5 years of Vesting Service (or Credited Service if greater) who were not Active and not yet in receipt of a pension were considered Terminated Vested. Participants in pay status, including beneficiaries, were based on a pension register provided by Zenith American Solutions. Deaths were also based on data from Zenith American Solutions.

n. Methodology for Creating New Amortization Base

Unfunded Accrued Liability not less than \$0.

o. Actuarial Valuation Method

Projected Unit Credit Cost Method

p. Asset Valuation Method

A smoothed market value method which reflects the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 5 years at a rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of the market value.

q. Shortfall Funding Method

Not used.

r. Amortization Extension Under IRC §431(d)(1)

Applies beginning with the 2017 Plan Year.

s. Excluded Participants

Terminated Vested Participants age 85 or older are excluded.

2024 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
A. Charges						
1. Amendment	1/1/2004	\$ 184,080	N/A	\$ 26,768	2.686	\$ 10,617
2. Actuarial Loss	1/1/2006	830,264	15	92,176	2.000	47,861
3. Actuarial Loss	1/1/2007	580,344	15	103,971	3.000	37,356
4. Plan Amendment	1/1/2008	581,652	15	145,747	4.000	40,744
5. Actuarial Loss	1/1/2008	960,772	15	240,744	4.000	67,302
6. Liability Loss	1/1/2009	2,170,016	15	699,314	5.000	162,174
7. 2008 Asset Loss	1/1/2009	15,664,579	29	11,573,560	14.000	1,299,849
8. Actuarial Loss	1/1/2011	1,505,764	15	693,995	7.000	123,423
9. Actuarial Loss	1/1/2012	5,082,924	15	2,675,228	8.000	431,046
10. Actuarial Loss	1/1/2014	1,075,881	15	696,814	10.000	96,154
11. Actuarial Loss	1/1/2015	2,266,510	15	1,594,239	11.000	206,773
12. Actuarial Loss	1/1/2016	2,957,483	15	2,235,305	12.000	274,642
13. Actuarial Loss	1/1/2017	3,001,424	15	2,416,198	13.000	283,057
14. Actuarial Loss	1/1/2018	3,457,749	15	2,523,537	9.000	374,044
15. Actuarial Loss	1/1/2019	3,091,651	15	2,423,656	10.000	334,441
16. Actuarial Loss	1/1/2020	2,532,870	15	2,112,520	11.000	273,995
17. Actuarial Loss	1/1/2021	600,939	15	529,089	12.000	65,007
18. Actuarial Loss	1/1/2023	1,936,853	15	1,865,520	14.000	209,520
19. Actuarial Loss	1/1/2024	894,192	15	894,192	15.000	96,730
Total				\$ 33,542,573		\$ 4,434,735
B. Credits						
1. Method Change (130%)	1/1/2009	\$ 4,264,159	30	\$ 3,242,107	15.000	\$ 350,717
2. Actuarial Gain	1/1/2010	3,019,992	15	326,689	1.000	326,689
3. Actuarial Gain	1/1/2013	6,105	15	2,363	4.000	661
4. Assumption Change	1/1/2019	888,850	15	696,801	10.000	96,152
5. Plan Amendment	1/1/2020	4,938,771	15	4,119,142	11.000	534,254
6. Actuarial Gain	1/1/2022	2,100,821	15	1,939,887	13.000	227,257
7. Assumption Change	1/1/2023	676,464	15	651,550	14.000	73,177
Total				\$ 10,978,539		\$ 1,608,907
C. Net (A - B)				\$ 22,564,034		\$ 2,825,828
D. Balance Test						
1. Credit balance / (funding deficiency)				\$ 3,017,487		
2. Balance test: [C - D(1)]				\$ 19,546,547		
3. Unfunded accrued liability, but no less than \$0				\$ 19,546,547		

* The Plan received approval from the IRS for an automatic 5-year extension of certain amortization charge bases in accordance with IRC §431(d)(1), following Rev. Proc 2010-52, beginning with the 2017 Plan Year. The charges in this Attachment reflect an extension of certain amortization charge bases.

2024 Schedule MB, line 11
Justification for Change in Actuarial Assumptions

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

The change(s) to the assumptions for the plan year beginning January 1, 2024 follow:

- ❶ The interest rate used to calculate the RPA current liability was increased from 2.55% to 3.29%, to remain within an allowable rate of interest within the “permissible range.” And, the mortality table used to calculate the RPA current liability was changed, as prescribed by law, from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table under final IRS Regulations.
- ❷ The Compensation limit increased from \$330,000 to \$345,000 under IRC Section 401(a)(17), but had no impact of the valuation results.

ERISA requires that the actuary use assumptions that represent his or her best estimate of future experience under the plan and reasonably relate to the experience of the plan. We believe that the current actuarial basis meets this requirement. We will monitor the actuarial experience under the plan in future years in order to judge the continuing appropriateness of these assumptions.

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Interest Rates:

Funding: 8.00% per year, compounded annually.
RPA Current Liability: 3.29% per year, compounded annually. (Previously, 2.55%).
Low Risk Default: 3.29% per year, compounded annually. (Same as RPA Current Liability).
FASB ASC 960: 8.00% per year, compounded annually.
Withdrawal Liability: 8.00% per year, compounded annually. (Same as Funding).

Mortality Table:

Healthy Lives: RP-2000 Mortality Table for males and females and no adjustment for blue collar vs. white collar. This table reflects no expected mortality improvement after the valuation date.

Disabled Lives: 1985 Pension Disability Mortality for males and females.

RPA Current Liability: IRS 2024 Generational Mortality Table, as prescribed.

Retirement Rates:

Active Participants: The rate of retirement for active participants is assumed to vary by age, as follows:

Age	Retirement Rate	Age	Retirement Rate
55-56	5%	65	75%
57	10%	66	65%
58	5%	67-68	70%
59-61	10%	69	65%
62	25%	70+	100%
63-64	15%		

(Weighted Average Retirement Age is 62.)

Terminated Vested Participants: Assumed to retire at age 65, or on the valuation date, if later.

Disability Rates: None.

Salary Scale: Compensation is assumed to increase by 3.00% per year.

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Termination Rates:

The rate of termination for active participants is assumed to vary based on age and years of service. For participants with fewer than five years of service, the rate of termination is assumed to vary by years of service, as follows:

Years of Service	Termination Rate
1	30.0%
2	25.0%
3	21.0%
4	18.0%

For participants with five or more years of service, the rate of termination is assumed to vary by age, as follows:

Age	Termination Rate
25	15.0%
30	12.0%
35	10.0%
40	8.0%
45	5.0%
50	2.0%
55+	0.0%

Compensation for Plan Participants:

Current annual pay is the prior year's compensation adjusted with one year of salary scale. Compensation for new hires is annualized before applying the salary scale.

Future Service:

For purposes of determining a participant's vested status, a participant is assumed to earn one year of service in each future year.

Marital Status:

For purposes of determining the cost of the pre-retirement survivor annuity death benefit, it is assumed that 80% of non-retired participants will have an eligible spouse, and that on average a female spouse will be three years younger than male spouses.

Form of Payment:

It is assumed that 100% of retiring members will elect the Single Life Annuity.

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Administrative Expenses:	The Administrative Expense assumption is determined by averaging the Administrative Expenses (excluding investment expenses) actually paid by the Plan during the three Plan Years immediately preceding the valuation date, and rounding up to the next thousand. For the 2024 valuation, assumed expenses were equal to \$207,000.
Compensation Limit:	The 2024 compensation has been limited to \$345,000 in accordance with Internal Revenue Code (IRC) §401(a)(17).
Future Increases in Plan Compensation Limits:	None.
Missing Data:	<p>For active Participants hired after 2009 with a missing date of birth, we assumed a hire age of 24. For all other non-retired Participants with a missing date of birth, we assumed a date of birth of January 1, 1962.</p> <p>In the year of hire, for Participants with a missing date of hire, we assumed the Participant was hired on the date that is the number of months credited during their year of hire before the valuation date.</p>
Shortfall Funding Method:	Not used.
Actuarial Valuation Method:	<p>Projected Unit Credit Cost Method.</p> <p>Under this method, the projected benefits of each participant are allocated to specific time periods on a proration basis. The actuarial present value of benefits allocated to a valuation year is called the normal cost. The actuarial present value of benefits allocated to all periods prior to the valuation year is called the actuarial accrued liability. Actuarial gains (losses), as they occur, reduce (increase) the unfunded actuarial accrued liability.</p>
Asset Valuation Method:	A smoothed market value method which reflects the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 5 years at a rate of 20% per year. The actuarial value is subject to a restriction that is not be less then 80% or more than 120% of the market value.
Late Retirement:	Active participants working past their Normal Retirement Date (age 65) timely receive a Suspension of Benefits Notice.

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Data: We relied on updated valuation data provided by Zenith American Solutions. Members not in receipt of a pension who worked at least one month during the prior Plan Year were considered Active on the valuation date. New hires were considered new entrants into the Plan once contributions were required to be made to the Plan on their behalf, which is once the Employee has completed one Year of Service in a bargaining unit position and has attained age 21. We relied on new members provided by Zenith American Solutions as of the valuation date for this purpose although many are provided with missing dates of birth and hire. Members with at least 5 years of Vesting Service (or Credited Service if greater) who were not Active and not yet in receipt of a pension were considered Terminated Vested. Members in pay status were based on a pension register provided by Zenith American Solutions. Deaths were also based on data from Zenith American Solutions. We assumed this data to be representative of the participants as of the valuation date. We did not

**Methodology for Creating
New Amortization Base:**

Unfunded Accrued Liability not less than \$0.

**Amortization Extension
Under IRC §431(d)(1):**

Applies beginning with the 2017 Plan Year.

Excluded Participants:

Terminated Vested Participants age 85 or older are excluded.

**Changes since the Prior
Valuation:**

The Current Liability Interest Rate was changed from 2.55% to 3.29% per IRS Notice 2024-21.

In addition, the RPA current liability mortality table changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table under final IRS Regulations.

The maximum salary limit increased from \$330,000 to \$345,000 under IRC §401(a)(17), but had no impact of the valuation results.

2024 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Rationale for Selection of Significant Actuarial Assumptions

Interest Rates:

The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's current investment policy asset allocation and other external sources such as available capital market assumption surveys have been considered.

Mortality:

Because the Plan does not have enough data to do a fully credible experience analysis with respect to mortality, the current assumption has been determined to be reasonable based on observations of recent studies available, adjusted to reflect estimated future experience based on historical and current demographic data, and professional judgment. An analysis is performed each valuation year wherein actual experience is compared to expected experience to confirm reasonableness.

Retirement:

Because the Plan does not have enough data to do a fully credible experience analysis with respect to retirement, the current assumption was reset last year based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor, and was determined to be reasonable.

Termination and Disability:

Because the Plan does not have enough data to do a fully credible experience analysis with respect to terminations and disabilities from active employment, the current assumption has been determined to be reasonable based on observations of recent terminations and disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition and geography.

Salary Scale:

Future assumed increases in Participant compensation are consistent with the terms of the current Collective Bargaining Agreement that sets future annual increases during the life of the agreement.

Form of Payment:

Because the Plan does not have enough data to do a fully credible experience analysis with respect to form of payment, the current assumption has been determined to be reasonable based on the Plan's Normal Form of Payment. Further, the Plan's optional forms of payment are actuarially equivalent and the plan's actuarial equivalent conversion factors do not provide a significant subsidy relative to the valuation assumptions.

Administrative Expenses:

The Administrative Expense assumption is determined by averaging the Administrative Expenses actually paid by the Plan during the three Plan Years immediately preceding the valuation date, and rounding up to the next thousand.

Marital Status:

The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.

2024 Schedule MB, line 6
Description of Weighted Average Retirement Age

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

(1)	(2)	(3)	(4)	(5)
Age of Retirement	Rates of Retirement	Percent Remaining	Percent Retiring	Weighted Age
55	5.00%	95.00%	5.00%	2.75
56	5.00%	90.25%	4.75%	2.66
57	10.00%	81.23%	9.03%	5.14
58	5.00%	77.16%	4.06%	2.36
59	10.00%	69.45%	7.72%	4.55
60	10.00%	62.50%	6.94%	4.17
61	10.00%	56.25%	6.25%	3.81
62	25.00%	42.19%	14.06%	8.72
63	15.00%	35.86%	6.33%	3.99
64	15.00%	30.48%	5.38%	3.44
65	75.00%	7.62%	22.86%	14.86
66	65.00%	2.67%	4.95%	3.27
67	70.00%	0.80%	1.87%	1.25
68	70.00%	0.24%	0.56%	0.38
69	65.00%	0.08%	0.16%	0.11
70	100.00%	0.00%	0.08%	0.06
			100.00%	61.52

Weighted Average Retirement Age = 62

**2024 Schedule R
Summary of Rehabilitation Plan**

Connecticut Health Care Associates Pension Plan

EIN: 06-1313462 PN: 001

The attached Rehabilitation Plan was adopted by the Board of Trustees on November 17, 2023.

Connecticut Health Care Associates Pension Plan
2023 “Rehabilitation Plan”

Pursuant to IRC §432, the Trustees of the Connecticut Health Care Associates Pension Plan (“Plan”) adopt this “Rehabilitation Plan”.

I. BACKGROUND

On March 31, 2023, the actuary of the Plan certified to the U.S. Department of the Treasury and to the Trustees of the Plan that the Plan reentered “Critical Status” for the 2023 Plan Year. The actuary of the Plan projects the plan will have an “Accumulated Funding Deficiency” (as defined in IRC §431) within the next nine Plan Years, taking into account an extension of amortization periods under IRC §431(d).

When a Plan is certified to be in “Critical Status,” or to have reentered “Critical Status,” the Plan Sponsor must adopt a “Rehabilitation Plan.”

A “Rehabilitation Plan” must include, “actions, including options or a range of options to be proposed to the bargaining parties, formulated, based on reasonably anticipated experience and reasonable actuarial assumptions, to enable the plan to cease to be in “Critical Status” by the end of the Rehabilitation Period and may include reductions in plan expenditures (including plan mergers and consolidations), reductions in future benefit accruals or increases in contributions, if agreed to by the bargaining parties, or any combination of such actions”¹, or if the Plan Sponsor determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan cannot reasonably be expected to emerge from “Critical Status” by the end of the Rehabilitation Period, reasonable measures to emerge from “Critical Status” at a later time or to forestall possible insolvency².

The adopted “Rehabilitation Plan” and the contribution and benefit Schedule(s) considered by the Board of Trustees, are based on the financial data as of December 31, 2022 and on reasonable assumptions regarding the Plan’s projected assets and liabilities. An important part of these projections is the future expected investment returns for the Plan, which depend on the financial markets.

The Plan generally will be considered to have emerged from “Critical Status” when the Plan actuary certifies that the Plan

- (1) is not projected to have an “Accumulated Funding Deficiency” for the Plan Year or any of the nine succeeding Plan Years, using specified actuarial assumptions, and
- (2) is not projected to become insolvent for any of the 30 succeeding Plan Years.

Generally, the Plan must emerge from “Critical Status” by the end of its “Rehabilitation Period,” which will *begin on January 1, 2026 and end on December 31, 2035*. However, if the Plan Sponsor determines that - based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures - the Plan cannot reasonably be expected to emerge from “Critical Status” by the end of the Rehabilitation Period, the Plan shall adopt reasonable measures to emerge from “Critical Status” at a later time or to forestall possible insolvency.

In accordance with the law, this “Rehabilitation Plan” must be adopted within 240 days following the required date for the Actuarial Certification of “Critical Status” for the Plan Year

¹ IRC §432(e)(3)(A)(i)

² IRC §432(e)(3)(A)(ii)

beginning January 1, 2023³. The Board of Trustees will update this “Rehabilitation Plan,” including the Schedule(s), as required. The Board of Trustees has the sole discretion to amend and construe the “Rehabilitation Plan,” including the Schedule(s).

II. SCHEDULES

Both the “Default Schedule” and the “Additional Schedule(s)” described in the “Rehabilitation Plan” will be provided to the Bargaining Parties no later than the 30th day after the Board of Trustees adopts the “Rehabilitation Plan”. Until the Default Schedule or one of the Additional Schedules takes effect, the contribution rates in effect, plus the statutory surcharges, continue to apply.

Based on actuarial projections of assets and liabilities, reasonable assumptions of anticipated employer contributions for the current and succeeding Plan Years, an assumption that the terms of the Collective Bargaining Agreement(s) pursuant to which the Plan is maintained for the current Plan Year will continue in effect for succeeding Plan Years, and a projection of activity in the industry (including future covered employment and contribution levels), the actuary of the Plan has projected that by the end of the “Rehabilitation Period,” or by the end of a later date, the Plan will emerge from “Critical Status” under the following schedules.

A. Default Schedule

1. *General Description.* This “Default Schedule” contains a benefit reduction that will be necessary for the Plan to make sufficient progress toward emerging from “Critical Status” by the end of the Rehabilitation Period described below.
2. *Rehabilitation Period.* At this time, the Plan Sponsor has determined that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan cannot reasonably be expected to emerge from Critical Status by the end of the otherwise required 10-year Rehabilitation Period. Therefore, the Rehabilitation Period under this Default Schedule has been revised to be the 14-year period ending approximately December 31, 2039.
3. *Contributions.* This “Default Schedule” requires **no contribution increase beyond the current 8.0%** of pay made by Contributing Employers and 2.0% of pay made by active Participants.
4. *Benefits.* Under this “Default Schedule,” future **benefit accruals will be reduced** from 0.5% of pay to 0.1% of pay, effective once the required notification to Plan Participants has been timely made.

B. Additional Schedule

1. *General Description.* This Schedule contains a contribution increase that will be necessary for the Plan to make sufficient progress toward emerging from “Critical Status” by the end of the 10-year “Rehabilitation Period.”
2. *Contributions.* This “Additional Schedule” requires a **contribution increase beyond the current 8.0%** of pay made by Contributing Employers to 9.5% of pay, and no change to the 2.0% of pay made by active Participants.
3. *Benefits.* Under this “Additional Schedule,” there will be **no change to future benefit accruals.**

³ The Actuarial Certification, including the IRS Form 15315, for the 2023 plan year was sent to the Trustees and the IRS on March 31, 2023.

III. ADDITIONAL REHABILITATION SCHEDULES

Nothing herein shall preclude the Trustees from amending the “Rehabilitation Plan” to include other Schedule(s) of benefit reductions and/or contribution increases, or - if permissible - to extend the “Rehabilitation Period.”

IV. PREVIOUS ACTIONS TAKEN BY THE BOARD OF TRUSTEES

Under the 2018 Rehabilitation Plan and 2019 update to that Rehabilitation Plan, the Plan’s Board of Trustees, took the following actions:

- Applied to the IRS for an extension of amortization periods under IRC §431(d), which was approved by the IRS, effective January 1, 2017;
- Invoked Article XXX, Section 8 of the Collective Bargaining Agreement, requiring all active Plan Participants to contribute 2% of pay to the Plan, effective December 2017;
- Effective January 1, 2020, reduced the Plan’s future benefit accrual formula from 1.6% of annual pay to 0.5% of annual pay; and
- Effective April 1, 2020, increased the Plan’s Early Retirement reduction factor from 6.0% each year that a Participant retires before age 65 to a true actuarial equivalent reduction.

A Plan is not permitted to pay lump sum benefits (in excess of \$5,000) while it is in “Critical Status.” However, this Plan does not provide any such lump sum benefits; this limitation does not apply to this Plan.

V. FUTURE ACTIONS TO BE TAKEN BY THE BOARD OF TRUSTEES

The Plan’s Board of Trustees will review the Plan’s “2023 Rehabilitation Plan,” including the Schedule(s), as required by law, and will update the “Rehabilitation Plan” as required by law to the extent necessary for the Plan to continue making progress toward emerging from “Critical Status” by the end of its “Rehabilitation Period,” to the extent reasonably possible.

VI. ANNUAL STANDARDS FOR MEETING THE REQUIREMENTS OF THIS “REHABILITATION PLAN”

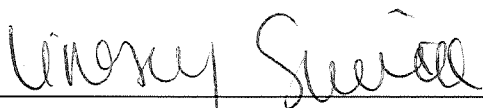
The Plan will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Plan to emerge from “Critical Status” by the end of its “Rehabilitation Period,” or a later date, if the Trustees determine - based on reasonable actuarial assumptions and upon the exhaustion of all reasonable measures - that the Plan cannot reasonably be expected to emerge from “Critical Status” by the end of its “Rehabilitation Period.”

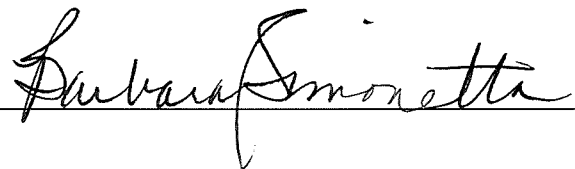
This “Rehabilitation Plan” amends any conflicting provision(s) in the Plan document.

This “Rehabilitation Plan” and the Schedules contained herein have been adopted by the Board of Trustees on November 17, 2023.

Employer Trustee

Union Trustee





**CONNECTICUT HEALTH CARE
ASSOCIATES PENSION FUND
FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION
YEARS ENDED
DECEMBER 31, 2024 AND 2023**

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Connecticut Health Care Associates Pension Fund
Wallingford, Connecticut

Opinion

We have audited the accompanying financial statements of the Connecticut Health Care Associates Pension Fund (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Connecticut Health Care Associates Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Connecticut Health Care Associates Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



New Haven, Connecticut
October 15, 2025

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value		
Common and collective trusts	\$ 56,047,558	\$ 55,763,489
Mutual funds	877,769	857,547
Partnership joint interests	23,158,284	21,997,383
Offshore limited partnerships	484,171	650,758
Short-term investments	<u>772,993</u>	<u>339,889</u>
Total Investments	<u>81,340,775</u>	<u>79,609,066</u>
Cash	<u>866,684</u>	<u>790,981</u>
Receivables		
Employer contributions	1,160,631	737,993
Employee contributions	<u>235,222</u>	<u>139,181</u>
Total Receivables	<u>1,395,853</u>	<u>877,174</u>
Prepaid Expenses	<u>8,140</u>	<u>5,640</u>
Total Assets	<u>83,611,452</u>	<u>81,282,861</u>
LIABILITIES		
Accounts Payable	<u>84,269</u>	<u>77,841</u>
Total Liabilities	<u>84,269</u>	<u>77,841</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 83,527,183</u>	<u>\$ 81,205,020</u>

See accompanying notes to the financial statements.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	<u>2024</u>	<u>2023</u>
Contributions and Investment Income		
Investment income		
Net appreciation in fair value of investments	\$ 8,437,081	\$ 9,142,133
Interest	-	5,447
Dividends	<u>155,586</u>	<u>90,856</u>
	8,592,667	9,238,436
Less: investment expenses	<u>237,288</u>	<u>245,012</u>
Net Investment Income	<u>8,355,379</u>	<u>8,993,424</u>
Contributions		
Employer	2,739,194	2,602,628
Participant	<u>543,111</u>	<u>488,485</u>
Total Contributions	<u>3,282,305</u>	<u>3,091,113</u>
Total Contributions and Investment Income	<u>11,637,684</u>	<u>12,084,537</u>
Deductions		
Benefits paid to participants	<u>9,100,413</u>	<u>8,464,980</u>
Administrative expenses		
Actuarial services	46,750	45,900
Contract administrator fees	63,894	62,400
Legal	4,311	5,153
Fiduciary responsibility insurance	30,671	36,399
Accounting and payroll compliance	20,400	19,900
Pension Benefit Guaranty Corporation premium	40,922	37,975
Other expenses	<u>8,160</u>	<u>3,823</u>
Total Administrative Expenses	<u>215,108</u>	<u>211,550</u>
Total Deductions	<u>9,315,521</u>	<u>8,676,530</u>
Change in Net Assets	2,322,163	3,408,007
Net Assets Available for Benefits, Beginning of Year	<u>81,205,020</u>	<u>77,797,013</u>
Net Assets Available for Benefits, End of Year	<u>\$ 83,527,183</u>	<u>\$ 81,205,020</u>

See accompanying notes to the financial statements.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION

The following description of the Connecticut Health Care Associates Pension Fund (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Connecticut Health Care Associates Pension Fund was established on November 30, 1990 under a Trust Agreement between the Connecticut Health Care Associates Labor Union and Employers that operate health care facilities in accordance with the collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan is a defined benefit pension plan which provides monthly pension benefits to retired or disabled participants. The Plan also provides a surviving spouse/dependent children benefit to eligible members and their families.

Vesting

Eligibility begins once the employee has completed one year of service and has attained age 21. Vesting requires the completion of at least five years of eligible service for early retirement at age 55 or five years of participation and the attainment of age 65. Benefits are reduced for each month pension benefits begin prior to age 65. A year of eligible service is equal to a calendar year in which an employee worked at least 1,000 hours.

Funding

Employers are required under the current collective bargaining agreement to contribute 8% of gross wages earned by members. As of the beginning of the year, these contributions continue to meet the minimum legal funding requirements, which are required by ERISA.

Additionally, the Plan requires a separate contribution of a maximum of 2% of gross wages to be made by participants in the Plan, if the funding status of the Plan, a decision by the Trustees or any other legal requirement would result in the participating employer being required to contribute more than 8% of gross wages. If a participant ceases to be a participant but is not yet vested in the pension, they will receive the return of any contribution made plus interest of 1% per year. The Plan will return contributions made by participants due to death.

Priorities Upon Termination

The Trustees intend to continue the Plan indefinitely but reserve the right to amend or terminate it. If the Plan is terminated, Plan assets will be allocated to provide benefits to plan members in the order of priority specified in the Plan or as otherwise required by law.

If the Plan terminates, participants' accumulated plan benefits will be paid on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC, while other benefits may not be provided for at all. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1 - PLAN DESCRIPTION – (CONTINUED)

Tax Status

The Internal Revenue Service on November 10, 2015 ruled that the Plan is exempt from Federal income taxes as a qualified plan under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America (GAAP), requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments of the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Fund's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions

Employer contributions are based on reports of gross wages as submitted by employers at rates contractually agreed upon.

Employee Contributions

Employee contributions are based on reports of gross wages submitted by employers at rates contractually agreed upon.

Employer Contribution Receivable

The Plan considers employer contribution receivable to be fully collectible; accordingly, no allowance for credit losses is required.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED)

Income Taxes

The Plan's Trustees evaluate all significant tax positions as required by accounting principles generally accepted in the United States of America. As of December 31, 2024 and 2023, the Plan's Trustees do not believe that they have taken any positions that would require the recording of any additional tax liability nor do they believe that there are any unrealized tax benefits that would either increase or decrease within the next year.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, the date which the financial statements were available to be issued. The Plan was amended effective January 1 to reduce the future accrual rate for benefits (see Note 3).

NOTE 3 - PLAN AMENDMENTS

Effective January 1, 2025, the accrual rate for future accruals was reduced from 0.5% to 0.1% in connection with the Rehabilitation Plan (see Note 9).

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board Accounting Standard Codification 820, *Fair Value Measurement*, are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

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

Short-term Investments: Valued at the daily closing price as reported by the fund. The short-term investment is an open-ended money-market mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value and to transact at that price. The short-term investment is deemed to be actively traded.

Mutual Funds, Common Collective Trusts, Partnership Joint Interest and Offshore Limited Partnership: Valued at their net asset value per unit of the underlying investment on the valuation date. The net asset value, or price per unit of each underlying trust is determined periodically throughout the year.

The following tables set forth by level within the fair value hierarchy, the Plan's assets at fair value:

	December 31, 2024		
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 3</u>
Common and collective trusts	\$ 3,921,134	\$ -	\$ 3,921,134
Partnership joint interest	23,158,284	-	23,158,284
Offshore limited partnership	484,171	-	484,171
Short-term investments	<u>772,993</u>	<u>772,993</u>	<u>-</u>
	<u>28,336,582</u>	<u>772,993</u>	<u>27,563,589</u>
Investments measured at net asset value*			
Common and collective trusts	52,126,424	-	-
Mutual funds	<u>877,769</u>	<u>-</u>	<u>-</u>
	<u>53,004,193</u>	<u>-</u>	<u>-</u>
	<u>\$ 81,340,775</u>	<u>\$ 772,993</u>	<u>\$ 27,563,589</u>

	December 31, 2023		
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 3</u>
Common and collective trusts	\$ 4,181,757	\$ -	\$ 4,181,757
Partnership joint interest	21,997,383	-	21,997,383
Offshore limited partnership	650,758	-	650,758
Short-term investments	<u>339,889</u>	<u>339,889</u>	<u>-</u>
	<u>27,169,787</u>	<u>339,889</u>	<u>26,829,898</u>
Investments measured at net asset value*			
Common and collective trusts	51,581,732	-	-
Mutual funds	<u>857,547</u>	<u>-</u>	<u>-</u>
	<u>52,439,279</u>	<u>-</u>	<u>-</u>
	<u>\$ 79,609,066</u>	<u>\$ 339,889</u>	<u>\$ 26,829,898</u>

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table provides further details of the Level 3 fair value measurements:

<u>Description</u>	Common and Collective <u>Trusts</u>	Partnership Joint <u>Interest</u>	Offshore Limited <u>Partnerships</u>	<u>Level 3</u>
Beginning balance, January 1, 2024	\$ 4,181,757	\$ 21,997,383	\$ 650,758	\$ 26,829,898
Realized/unrealized gains (loss)	(169,201)	1,306,524	(66,850)	1,070,473
Purchases	-	1,877,430	-	1,877,430
Sales	<u>(91,422)</u>	<u>(2,023,053)</u>	<u>(99,737)</u>	<u>(2,214,212)</u>
Ending balance, December 31, 2024	<u>\$ 3,921,134</u>	<u>\$ 23,158,284</u>	<u>\$ 484,171</u>	<u>\$ 27,563,589</u>
Unrealized gains (loss)	<u>\$ (234,811)</u>	<u>\$ 590,310</u>	<u>\$ 105,694</u>	<u>\$ 461,193</u>

<u>Description</u>	Common and Collective <u>Trusts</u>	Partnership Joint <u>Interest</u>	Offshore Limited <u>Partnership</u>	<u>Level 3</u>
Beginning balance, January 1, 2023	\$ 4,986,875	\$ 21,364,400	\$ 710,082	\$ 27,061,357
Realized/unrealized gains (loss)	(780,467)	743,202	(10,772)	(48,037)
Purchases	-	1,502,220	-	1,502,220
Sales	<u>(24,651)</u>	<u>(1,612,439)</u>	<u>(48,552)</u>	<u>(1,685,642)</u>
Ending balance, December 31, 2023	<u>\$ 4,181,757</u>	<u>\$ 21,997,383</u>	<u>\$ 650,758</u>	<u>\$ 26,829,898</u>
Unrealized gains (loss)	<u>\$ (786,009)</u>	<u>\$ 44,972</u>	<u>\$ 29,367</u>	<u>\$ (711,670)</u>

The Plan's investments are held in a bank custodial fund. The investments are managed by independent investment managers.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 - FAIR VALUE MEASUREMENTS – (CONTINUED)

Net Asset Value Per Share

ASC 820 allows a reporting entity, as a practical expedient, to estimate fair value of certain alternative investments at the net asset value as reported by the investee entity in instances where the net asset value has been calculated in a manner consistent with ASC 946, Financial Services - Investment Companies. The Plan's valuation is generally equal to or based upon the reported capital account or net asset value of the underlying fund investment as of December 31, 2024 and 2023. The following discloses the fair value and redemption frequency for those assets whose fair value is estimated using the reported capital account or net asset value per share as of:

		<u>December 31, 2024</u>		
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common and collective trusts:				
Marco Consulting Fixed Income Group Trust	\$ 10,683,177	-	Continuous	2 days
Marco Consulting Group Trust 1	<u>41,443,247</u>	-	Continuous	2 days
	<u>52,126,424</u>			
Mutual fund:				
AFL-CIO Housing Investment Trust	<u>877,769</u>	-	Continuous	Daily
	<u>\$ 53,004,193</u>			
		<u>December 31, 2023</u>		
<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common and collective trusts:				
Marco Consulting Fixed Income Group Trust	\$ 10,417,755	-	Continuous	2 days
Marco Consulting Group Trust 1	<u>41,163,977</u>	-	Continuous	2 days
	<u>51,581,732</u>			
Mutual fund:				
AFL-CIO Housing Investment Trust	<u>857,547</u>	-	Continuous	Daily
	<u>\$ 52,439,279</u>			

NOTE 5 - FIDELITY BOND

The Plan is insured to a maximum of \$500,000 in the aggregate, through a fidelity bond against loss from fraud or dishonesty.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to eligible members or their beneficiaries. Benefits under the Plan are based on the sum of credited past and future service. Benefits payable are included to the extent they are attributable to service rendered by the members, up to the valuation date.

The actuarial present values of the accumulated plan benefits are as follows:

	January 1,	
	<u>2024</u>	<u>2023</u>
Vested benefits		
Participating employees	\$ 18,309,257	\$ 19,558,016
Terminated participants with deferred benefits	16,863,491	16,964,690
Retirees and beneficiaries	<u>68,043,802</u>	<u>66,257,671</u>
	103,216,550	102,780,377
Non-vested benefits	<u>93,494</u>	<u>52,543</u>
Total	<u>\$ 103,310,044</u>	<u>\$ 102,832,920</u>
Factors affecting the change in the actuarial present value of accumulated plan benefits are:		
Benefits accumulated and gains and losses	\$ 1,054,070	\$ 1,165,230
Decrease in discount period	7,888,034	7,886,285
Actual benefits paid	(8,464,980)	(8,259,839)
Change in assumptions	<u>-</u>	<u>(667,240)</u>
Total	<u>\$ 477,124</u>	<u>\$ 124,436</u>

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary. This amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payments between the valuation date and the date of payment.

The significant actuarial assumptions used in the valuation are:

- a. Mortality rates for disabled lives are based upon the 1985 Pension Disability Mortality for males and females. For healthy lives they are based on the RP2000 for males and females and no adjustment for blue collar vs. white collar. For RPA current liability, they are based on the IRS 2024 Generational Mortality Table.
- b. A weighted-average retirement age of 62, with a variable retirement rate between the ages of 55 and 70.
- c. Funding interest rate of 8%.
- d. Compensation is assumed to increase by 3% per year as of January 1, 2024 and January 1, 2023.
- e. Administrative expenses of \$207,000, an increase from \$203,000 in the January 1, 2023 valuation.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)

These assumptions are based upon the continuance of the Plan. If the Plan were to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 7 - SIGNIFICANT CONTRIBUTING EMPLOYER

During the years ended December 31, 2024 and 2023 the Plan received 98% of its contribution income from one employer.

As of the date the financial statements were available to be issued, the employer is in bankruptcy proceedings. The employer has asserted its intention to continue its participation in the Plan and has made all required contributions through December 31, 2024.

NOTE 8 - PENSION BENEFIT GUARANTEE CORPORATION

Under the provisions of the Employee Retirement Security Act of 1974 (ERISA), the Plan is required to subscribe to plan termination insurance through the Pension Benefit Guaranty Corporation (PBGC). The PBGC guarantees participants in defined benefit pension plans against the loss of certain pension benefits if the Plan terminates, and it administers terminated plans in certain circumstances. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

If the Plan benefits have increased within the five years before Plan termination, the whole amount of the Plan's vested benefits or the benefit increases may not be guaranteed. In addition, there is a ceiling on the amount of the monthly benefit, which the PBGC guarantees. This is adjusted periodically. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency at that time of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 9 - FUNDED STATUS

The Pension Protection Act of 2006 (PPA06) requires multi-employer pension plans to determine their funded status on an annual basis. If a multi-employer plan is funded at a level below 65% (known as "Critical Status"), the Board of Trustees and bargaining parties are required to adopt a "Rehabilitation Plan," stating the steps that will be taken to correct the projected future funding deficiency.

On December 16, 2014, the Multiemployer Pension Reform Act of 2014 (MPRA) was enacted. MPRA expanded and clarified various zone status rules, made changes to withdrawal liability rules for plans in the red or yellow zones, enabled suspension of benefits for deeply troubled plans, and granted PBGC flexibility in facilitating plan mergers and approving partitions. It also amended ERISA to expand PBGC's guarantee to cover qualified pre-retirement survivor annuities. As a result, the value of this benefit is included in the present value of vested benefits used for determining withdrawal liability as of December 31, 2024 and 2023.

The actuaries for the Plan have determined that the Plan is in "Critical Status", as of January 1, 2024. The Trustees have adopted a Rehabilitation Plan designed to improve the financial situation of the Plan.

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 10 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering services to the Plan, and certain others. The Plan has arrangements with service providers providing legal, actuarial, and audit services. These transactions are exempt party-in-interest transactions under ERISA.

Plan assets include investments in funds managed by SegalMarco Consulting Group and Comerica Bank. Marco Consulting Group is the Plan's investment advisor, and Comerica Bank is the Plan's custodian. Transactions in such investments qualify as party-in-interest transactions which are exempt from prohibited transaction rules.

SUPPLEMENTAL INFORMATION

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN 06-1313462, PLAN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or <u>Similar Party</u>	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral <u>Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Fair Value</u>
	<u>Common and Collective Trusts</u>			
	Multi-Employer Property Trust	164 units	\$ 2,162,987	\$ 2,080,382
*	Marco Consulting Fixed Income Group Trust	735,159 units	10,417,755	10,683,177
*	Marco Consulting Group Trust I	874,287 units	34,932,331	41,443,247
	American Core Realty Fund, LLC	15 units	1,911,920	1,814,166
	EntrustPermal Diversified SMA Fund LTD	64 units	22,623	26,586
			<hr/>	<hr/>
		Total Common and Collective Trusts	49,447,616	56,047,558
	<u>Mutual Funds</u>			
	AFL-CIO Housing Investment Trust	897 shares	873,098	877,769
	<u>Partnership Joint Interest</u>			
	<u>Units</u>			
	Hamilton Lane Private Equity Fund	412,312 units	404,541	412,312
	Grosvenor Portfolio Completion Strategies Fund	89,581 units	88,310	89,581
	Grosvenor Altscape Fund	1,884,628 units	1,771,938	1,884,628
	GCM-Grosvenor Multi-Asset Class Fund II	2,806,580 units	4,377,180	2,806,580
	GCM-Grosvenor Multi-Asset Class Fund III	4,052,326 units	3,148,712	4,052,326
	AG Direct Lending Fund II LP	1,022,279 units	972,228	1,022,279
	Mesirow Financial Private Equity Fund VII LP	1,929,704 units	1,622,787	1,929,704
	Mesirow Financial Real Estate Fund LP III	3,072,828 units	3,044,026	3,072,828
	Mesirow Financial Real Estate Fund LP V	786,451 units	884,900	786,451
	Landmark Equity Partners	8,082 units	6,353	8,082
	Segal Marco Select Private Equity Fund II LP	2,634,739 units	2,484,113	2,634,739
	FP Credit Partners Agregator Fund II LP	1,750,699 units	1,542,976	1,750,699
	White Oak Yield Spectrum Peer Fund LP	2,708,075 units	2,455,836	2,708,075
			<hr/>	<hr/>
		Total Partnership Joint Interest	22,803,900	23,158,284
	<u>Offshore Limited Partnership</u>			
	Hamilton Lane Private Equity Offshore Fund VII, L.P. (Series A)	344,780 units	383,868	344,780
	Hamilton Lane Private Equity Offshore Fund VII, L.P. (Series B)	139,391 units	138,813	139,391
			<hr/>	<hr/>
		Total Offshore Limited Partnership	522,681	484,171
	<u>Short-Term Investments</u>			
*	Comerica Short-Term Fund	825,552 shares	772,993	772,993
			<hr/>	<hr/>
		Total Investments	\$ 74,420,288	\$ 81,340,775

*Denotes party-in-interest

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
SCHEDULE REPORTABLE TRANSACTIONS
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN 06-1313462, PLAN: 001

(a) Identity of <u>Party Involved</u>	(b) <u>Description of Asset</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(g) Cost of <u>Asset</u>	(h) Current Value at <u>Transaction Date</u>	(i) Gain or <u>(Loss)</u>
Series of Transactions Exceeds 5% of Value						
* Comerica Short Term Fund	Money Market Fund	\$ 11,096,344	\$ -	\$ 11,096,344	\$ 11,096,344	\$ -
* Comerica Short Term Fund	Money Market Fund	\$ -	\$ 10,609,890	\$ 10,609,890	\$ 10,609,890	\$ -
* Marco Consulting Group Trust I	Common and Collective Trust	\$ -	\$ 6,835,000	\$ 2,463,913	\$ 6,835,000	\$ 4,371,087

*Denotes party-in-interest

2024 Schedule MB, line 8b(1)
Schedule of Projection of Expected Benefit Payments

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$475,606	\$377,868	\$8,636,833	\$9,490,307
2025	\$862,982	\$507,111	\$8,382,680	\$9,752,773
2026	\$1,234,675	\$687,266	\$8,112,514	\$10,034,455
2027	\$1,420,089	\$875,541	\$7,827,286	\$10,122,916
2028	\$1,581,318	\$1,073,074	\$7,528,174	\$10,182,566
2029	\$1,689,916	\$1,164,170	\$7,215,953	\$10,070,039
2030	\$1,751,049	\$1,341,647	\$6,892,164	\$9,984,860
2031	\$1,810,528	\$1,526,834	\$6,557,314	\$9,894,676
2032	\$1,843,803	\$1,607,513	\$6,214,178	\$9,665,494
2033	\$1,873,984	\$1,834,263	\$5,863,738	\$9,571,985
2034	\$1,893,315	\$1,888,162	\$5,507,805	\$9,289,282
2035	\$1,913,637	\$2,006,827	\$5,147,810	\$9,068,274
2036	\$1,913,587	\$1,993,438	\$4,785,661	\$8,692,686
2037	\$1,918,952	\$2,012,389	\$4,423,457	\$8,354,798
2038	\$1,908,126	\$1,990,456	\$4,063,483	\$7,962,065
2039	\$1,883,715	\$1,977,355	\$3,708,177	\$7,569,247
2040	\$1,854,977	\$2,016,017	\$3,360,079	\$7,231,073
2041	\$1,833,927	\$2,029,185	\$3,021,800	\$6,884,912
2042	\$1,800,752	\$2,024,504	\$2,695,943	\$6,521,199
2043	\$1,743,995	\$1,991,954	\$2,384,994	\$6,120,943
2044	\$1,691,662	\$1,925,971	\$2,091,216	\$5,708,849
2045	\$1,643,731	\$1,862,074	\$1,816,561	\$5,322,366
2046	\$1,589,659	\$1,830,637	\$1,562,631	\$4,982,927
2047	\$1,515,787	\$1,765,523	\$1,330,614	\$4,611,924
2048	\$1,446,597	\$1,756,166	\$1,121,242	\$4,324,005
2049	\$1,368,112	\$1,707,633	\$934,750	\$4,010,495
2050	\$1,285,430	\$1,656,983	\$770,850	\$3,713,263
2051	\$1,199,956	\$1,590,788	\$628,743	\$3,419,487
2052	\$1,139,276	\$1,498,587	\$507,213	\$3,145,076
2053	\$1,051,107	\$1,424,098	\$404,710	\$2,879,915
2054	\$975,939	\$1,320,767	\$319,449	\$2,616,155
2055	\$911,100	\$1,242,184	\$249,499	\$2,402,783
2056	\$837,686	\$1,143,770	\$192,858	\$2,174,314

2024 Schedule MB, line 8b(1)
Schedule of Projection of Expected Benefit Payments

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	\$767,000	\$1,059,339	\$147,550	\$1,973,889
2058	\$709,000	\$974,673	\$111,721	\$1,795,394
2059	\$648,616	\$892,849	\$83,689	\$1,625,154
2060	\$595,582	\$815,537	\$61,989	\$1,473,108
2061	\$544,181	\$740,337	\$45,379	\$1,329,897
2062	\$495,823	\$670,471	\$32,814	\$1,199,108
2063	\$452,064	\$605,812	\$23,428	\$1,081,304
2064	\$414,537	\$546,140	\$16,508	\$977,185
2065	\$376,926	\$491,176	\$11,477	\$879,579
2066	\$340,425	\$440,615	\$7,872	\$788,912
2067	\$306,731	\$394,139	\$5,326	\$706,196
2068	\$275,807	\$351,440	\$3,554	\$630,801
2069	\$247,455	\$312,224	\$2,338	\$562,017
2070	\$221,487	\$276,221	\$1,516	\$499,224
2071	\$197,730	\$243,197	\$970	\$441,897
2072	\$176,023	\$212,955	\$613	\$389,591
2073	\$156,220	\$185,341	\$382	\$341,943

**2024 Schedule R
Update of Rehabilitation Plan**

**Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001**

When the Plan reentered Critical Status in 2023, the Plan's Trustees formally adopted a Rehabilitation Plan in 2023 within the required 240-day timeframe. The Plan's Rehabilitation Period will start on January 1, 2026, therefore a certification of whether or not the Plan was making the scheduled progress in meeting the requirements of its Rehabilitation Plan was not applicable for the 2024 or 2025 Certifications. However, the 2023 Rehabilitation Plan was reviewed in 2024, and the Plan had been expected to emerge from Critical Status in 2025 without any reduction in the future benefit accrual rate (under the Default Schedule) or any increase in future contribution rates (under the Additional Schedule). Recent events have caused an uncertainty regarding whether Prospect Medical Holdings' recent bankruptcy will affect the Plan's ability to maintain its progress in meeting the requirements of the Rehabilitation Plan. The status of Plan contributions will continue to be monitored during 2025.

2024 Schedule MB, line 4b
Illustration Supporting Actuarial Certification Status

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

OUR CALCULATIONS SHOW THAT THE PLAN REMAINED IN "CRITICAL STATUS" FOR 2024, BUT THE FUND IS NOT IN "CRITICAL AND DECLINING STATUS" FOR 2024 BECAUSE:

- 1) The Plan is projected to have an accumulated Funding Deficiency within the next 9 succeeding Plan Years, taking into account the IRS approved 5-year extension of amortization periods under Internal Revenue Code §431(d)(1), but
- 2) The Plan is not projected to become insolvent within the meaning of Internal Revenue Code §418E for any of the 30 succeeding Plan Years.

WE PERFORMED THE FOLLOWING CALCULATIONS:

- 1) Determine the ratio of the plan's actuarial value of assets to the plan's accrued liability using unit credit funding method (the Plan's "Funded Percentage").
See attached.
- 2) Project the plan's Funding Standard Account Credit Balance for 10 years to determine whether a negative Credit Balance (a "Funding Deficiency") is expected to occur during that period, reflecting the IRS's approval of the 5-year extension of amortization periods under IRC §431(d)(1).
See attached.
- 3) Make projections of the plan's assets for 30 years.
See attached.
- 4) Compare the Plan's Normal Cost plus interest on the Unfunded Accrued Liability to Contributions.
The Plan's Contributions exceed the Plan's Normal Cost plus interest on the Unfunded Accrued Liability.
- 5) Compare the plan's active participants to the plan's inactive participants (liabilities and counts).
The Plan's liabilities for inactive participants exceeds the liabilities for active participants.

OUR CERTIFICATION THAT THE PLAN REMAINED IN CRITICAL STATUS BUT IS NOT IN CRITICAL AND DECLINING STATUS RESULTS FROM:

The Plan is expected to have a Funding Deficiency in 2030, but is not expected to run out of assets within 30 years.



Retirement & Investment Solutions

Connecticut Health Care Associates Pension Plan

Cash Flow Projection Supporting 2024 Certification

Plan Year Beginning	Assumed Rate of Return	BOY Market Value of Assets	Benefit Payments	Administrative Expenses with 2% Inflation Plus PBGC Premiums	Bargained Contributions	Withdrawal Liability Payments	Investment Return	EOY Market Value of Assets
1/1/2024	8.00%	81,751,934	(9,427,298)	(224,443)	3,032,825	0	6,275,398	81,408,417
1/1/2025	8.00%	81,408,417	(9,729,403)	(229,100)	3,047,003	0	6,236,213	80,733,129
1/1/2026	8.00%	80,733,129	(10,028,468)	(234,060)	3,047,003	0	6,170,029	79,687,633
1/1/2027	8.00%	79,687,633	(10,141,888)	(238,980)	3,047,003	0	6,081,656	78,435,424
1/1/2028	8.00%	78,435,424	(10,258,368)	(243,936)	3,047,003	0	5,976,622	76,956,744
1/1/2029	8.00%	76,956,744	(10,190,348)	(249,053)	3,047,003	0	5,860,844	75,425,190
1/1/2030	8.00%	75,425,190	(10,146,371)	(254,165)	3,047,003	0	5,739,874	73,811,531
1/1/2031	8.00%	73,811,531	(10,107,484)	(267,992)	3,047,003	0	5,611,783	72,094,840
1/1/2032	8.00%	72,094,840	(9,945,176)	(273,150)	3,047,003	0	5,480,734	70,404,251
1/1/2033	8.00%	70,404,251	(9,925,567)	(278,386)	3,047,003	0	5,346,062	68,593,362
1/1/2034	8.00%	68,593,362	(9,688,151)	(283,702)	3,047,003	0	5,210,475	66,878,987
1/1/2035	8.00%	66,878,987	(9,548,402)	(289,157)	3,047,003	0	5,078,697	65,167,128
1/1/2036	8.00%	65,167,128	(9,244,734)	(294,640)	3,047,003	0	4,953,675	63,628,431
1/1/2037	8.00%	63,628,431	(8,980,177)	(300,151)	3,047,003	0	4,840,941	62,236,047
1/1/2038	8.00%	62,236,047	(8,659,283)	(305,747)	3,047,003	0	4,742,163	61,060,182
1/1/2039	8.00%	61,060,182	(8,337,536)	(311,431)	3,047,003	0	4,660,736	60,118,954
1/1/2040	8.00%	60,118,954	(8,058,093)	(317,204)	3,047,003	0	4,596,385	59,387,045



Retirement & Investment Solutions

Connecticut Health Care Associates Pension Plan

Cash Flow Projection Supporting 2024 Certification

Plan Year Beginning	Assumed Rate of Return	BOY Market Value of Assets	Benefit Payments	Administrative Expenses with 2% Inflation Plus PBGC Premiums	Bargained Contributions	Withdrawal Liability Payments	Investment Return	EOY Market Value of Assets
1/1/2041	8.00%	59,387,045	(7,789,002)	(323,006)	3,047,003	0	4,548,363	58,870,403
1/1/2042	8.00%	58,870,403	(7,496,457)	(328,962)	3,047,003	0	4,518,496	58,610,483
1/1/2043	8.00%	58,610,483	(7,153,607)	(335,013)	3,047,003	0	4,511,174	58,680,040
1/1/2044	8.00%	58,680,040	(6,796,531)	(341,161)	3,047,003	0	4,530,776	59,120,126
1/1/2045	8.00%	59,120,126	(6,462,245)	(347,343)	3,047,003	0	4,579,107	59,936,648
1/1/2046	8.00%	59,936,648	(6,178,634)	(353,692)	3,047,003	0	4,655,519	61,106,844
1/1/2047	8.00%	61,106,844	(5,851,986)	(360,144)	3,047,003	0	4,761,942	62,703,659
1/1/2048	8.00%	62,703,659	(5,608,602)	(366,701)	3,047,003	0	4,899,161	64,674,519
1/1/2049	8.00%	64,674,519	(5,330,674)	(373,437)	3,047,003	0	5,067,677	67,085,087
1/1/2050	8.00%	67,085,087	(5,060,031)	(380,286)	3,047,003	0	5,271,074	69,962,847
1/1/2051	8.00%	69,962,847	(4,789,362)	(387,249)	3,047,003	0	5,511,843	73,345,081
1/1/2052	8.00%	73,345,081	(4,555,414)	(394,330)	3,047,003	0	5,791,497	77,233,837
1/1/2053	8.00%	77,233,837	(4,314,446)	(401,605)	3,047,003	0	6,111,945	81,676,734



Connecticut Health Care Associates Pension Plan

Minimum Funding Standard Account and Funded Percentage Projections Supporting 2024 Certification*

Plan Year Beginning	Assumed Rate of Return	Actuarial Value of Assets	Unit Credit Liability	PPA Funded Percentage	Rehabilitation Period	BOY Credit Balance or (Funding Deficiency)	Normal Cost w/ Expenses	EOY Net Amortization Charge	Contribution Base Units (CBUs)**	Bargained Contributions
1/1/2024	8.00%	85,102,851	102,667,996	82.8%	--	2,816,813	337,423	2,922,716	30,328,253	3,032,825
1/1/2025	8.00%	84,372,185	101,497,164	83.1%	--	2,906,831	353,166	3,361,381	30,714,373	3,047,003
1/1/2026	8.00%	82,855,211	99,924,406	82.9%	Year 1	2,563,115	370,356	3,445,103	31,011,302	3,047,003
1/1/2027	8.00%	78,950,544	97,922,572	80.6%	Year 2	2,089,615	387,523	3,766,545	31,412,839	3,047,003
1/1/2028	8.00%	78,435,424	95,666,738	81.9%	Year 3	1,238,252	403,499	3,576,836	31,987,963	3,047,003
1/1/2029	8.00%	76,956,744	93,130,229	82.6%	Year 4	491,235	421,171	3,424,328	32,573,191	3,047,003
1/1/2030	8.00%	75,425,190	90,498,018	83.3%	Year 5	(182,121)	439,631	3,451,008	33,286,344	3,047,003
1/1/2031	8.00%	73,811,531	87,738,272	84.1%	Year 6	(955,962)	466,277	3,347,872	34,084,450	3,047,003
1/1/2032	8.00%	72,094,840	84,832,424	84.9%	Year 7	(1,717,352)	483,749	2,915,693	34,894,516	3,047,003
1/1/2033	8.00%	70,404,251	81,900,495	85.9%	Year 8	(2,126,344)	500,786	2,548,563	35,732,467	3,047,003
1/1/2034	8.00%	68,593,362	78,780,292	87.0%	Year 9	(2,219,325)	516,787	2,226,398	36,578,300	3,047,003
1/1/2035	8.00%	66,878,987	75,688,654	88.3%	Year 10	(2,014,862)	532,910	2,326,191	37,499,817	3,047,003

* Before reflecting the 2023 Rehabilitation Plan

** Expected compensation

2024 Schedule MB, line 4c
Documentation Regarding Progress Under
Rehabilitation Plan

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

As the Plan reentered Critical Status in 2023, the Plan's Trustees formally adopted a Rehabilitation Plan in 2023 within the required 240-day timeframe. The Plan's Rehabilitation Period will start on January 1, 2026, therefore a certification of whether or not the Plan is making the scheduled progress in meeting the requirements of its Rehabilitation Plan was not applicable for the 2024 Certification. That said, the 2023 Rehabilitation Plan was expected to allow the Plan to emerge from Critical Status in 2025.

**2024 Schedule MB, line 4f
Cash Flow Projections**

**Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001**

An illustration showing year-by-year cash flow projections for the 20-year period beginning with the 2024 Plan Year and a summary of the assumptions underlying the projections can be found in the attachment to line 4b of the 2024 Schedule MB and the attached 2024 Actuarial Certification.

2024 Schedule MB, line 8b(3)
Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments

Connecticut Health Care Associates Pension Plan
EIN: 06-1313462 PN: 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$3,032,825	\$0.00	\$3,032,825
2025	\$3,047,003	\$0.00	\$3,047,003
2026	\$3,047,003	\$0.00	\$3,047,003
2027	\$3,047,003	\$0.00	\$3,047,003
2028	\$3,047,003	\$0.00	\$3,047,003
2029	\$3,047,003	\$0.00	\$3,047,003
2030	\$3,047,003	\$0.00	\$3,047,003
2031	\$3,047,003	\$0.00	\$3,047,003
2032	\$3,047,003	\$0.00	\$3,047,003
2033	\$3,047,003	\$0.00	\$3,047,003

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here▶

Part II Basic Plan Information - enter all requested information

1a Name of plan CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	1b Three-digit plan number (PN) ▶ 001
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) CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND 8 FAIRFIELD BLVD, STE 105 WALLINGFORD CT 06492	1c Effective date of plan 01/01/1991 2b Employer Identification Number (EIN) 06-1313462 2c Plan Sponsor's telephone number 203-269-7741 2d Business code (see instructions) 623000

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	<i>Barbara Simonetta</i>	9-29-24	BARBARA SIMONETTA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>J. Holcomb</i>	9-26-25	JONATHAN HOLCOMB
	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

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

Form 5500 (2024)
v. 240311

CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND
SCHEDULE REPORTABLE TRANSACTIONS
DECEMBER 31, 2024
SCHEDULE H, LINE 4i - EIN 06-1313462, PLAN: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value at Transaction Date	(i) Gain or (Loss)
Series of Transactions Exceeds 5% of Value						
* Comerica Short Term Fund	Money Market Fund	\$ 11,096,344	\$ -	\$ 11,096,344	\$ 11,096,344	\$ -
* Comerica Short Term Fund	Money Market Fund	\$ -	\$ 10,609,890	\$ 10,609,890	\$ 10,609,890	\$ -
* Marco Consulting Group Trust I	Common and Collective Trust	\$ -	\$ 6,835,000	\$ 2,463,913	\$ 6,835,000	\$ 4,371,087

*Denotes party-in-interest

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND TRUSTEES

D Employer Identification Number (EIN)
06-1313462

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets **1b(1)** 81,205,020

(2) Actuarial value of assets for funding standard account **1b(2)** 85,081,367

c (1) Accrued liability for plan using immediate gain methods **1c(1)** 104,627,914

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases **1c(2)(a)**

(b) Accrued liability under entry age normal method **1c(2)(b)**

(c) Normal cost under entry age normal method **1c(2)(c)**

(3) Accrued liability under unit credit cost method **1c(3)** 103,310,044

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) **1d(1)**

(2) "RPA '94" information:

(a) Current liability **1d(2)(a)** 173,549,645

(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 979,275

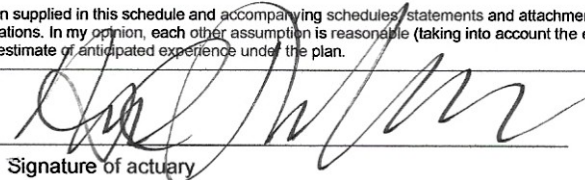
(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 9,490,307

(3) Expected plan disbursements for the plan year **1d(3)** 9,697,307

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

10/03/2025

Date

2303918

HAL S. TEPFER

Type or print name of actuary

Most recent enrollment number

267-800-1602

CBIZ

Firm name

Telephone number (including area code)

53 STATE STREET, 17th FLOOR
BOSTON MA 02109

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 MB (Form 5500) 2024
v. 240311

k Has a change been made in funding method for this plan year? Yes No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 3.29%

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) A	A
(2) Females	6c(2) A	A
d Valuation liability interest rate	6d 8.00%	8.00%
e Salary scale	6e 3.00% <input type="checkbox"/> N/A	
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1) <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	8.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.1%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.0%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	207,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	894,192	96,730

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. Yes No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). Yes No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. Yes No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? Yes No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? Yes No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2) 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? Yes No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? Yes No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	67,221
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	338,746
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	33,542,573
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	381,878
e Total charges. Add lines 9a through 9d	9e	5,155,359
Credits to funding standard account:		
f Prior year credit balance, if any	9f	3,017,487
g Employer contributions. Total from column (b) of line 3	9g	3,282,305
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h(1)	10,978,539
(2) "RPA '94" override (90% current liability FFL)	9h(2)	1,608,907
(3) FFL credit	9h(3)	444,943
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	28,921,458
(2) "RPA '94" override (90% current liability FFL)	9j(2)	71,767,652
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	8,353,642
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	3,198,283
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No