

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</u></p> <p><u>10-27 46TH AVENUE, SUITE 300-2 LONG ISLAND CITY, NY 11101</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1980</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>13-3029280</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>212-356-8180</u></p> <p><b>2d</b> Business code (see instructions) <u>525100</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/09/2025	ALVIN RAMNARAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ALVIN RAMNARAIN  10-27 46TH AVENUE, SUITE 300-2 LONG ISLAND CITY, NY 11101		<b>3b</b> Administrator's EIN 13-3029280	
		<b>3c</b> Administrator's telephone number 212-356-8180	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN	
		<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	4114	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>6a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	4071	
<b>6a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	4939	
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>		
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	45	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	4984	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>		
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	23	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4B 4D 4E 4F 4G 4H 4J 4L 4U

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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)

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

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN	<b>B</b> Three-digit plan number (PN) ▶ 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN	<b>D</b> Employer Identification Number (EIN) 13-3029280

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

GUARDIAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00348565	3473	07/01/2024	06/30/2025

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid 0	<b>(b)</b> Total amount of fees paid 0
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

INSMED INS AGENCY INC  
500 MAMARONECK AVE SUITE 408  
HARRISON, NY 10528

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1077862
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN		<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN		<b>D</b> Employer Identification Number (EIN) 13-3029280	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

GUARDIAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5123390	64246	00417733	3244	07/01/2023	06/30/2024

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

ISMED INS AGENCY

500 MAMARONECK AVE SUITE 408  
HARRISON, NY 10528

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	0		

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>		
	(2) Administration charge made by carrier.....	<b>7e(2)</b>		
	(3) Transferred to separate account .....	<b>7e(3)</b>		
	(4) Other (specify below) .....	<b>7e(4)</b>		
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1082905
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-3029280</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**EMPIRE HEALTHCHOICE ASSURANCE, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-7391166	55093	F55002023303180	5524	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	--

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves .....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1725757
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN		<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN		<b>D</b> Employer Identification Number (EIN) 13-3029280	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

DAVIS VISION

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
11-3051991			9995	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
0	0

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	337483
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

<b>A</b> Name of plan <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3029280</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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**(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)

EMPIRE HEALTHCHOICE ASSURANCE, INC

23-7391136

(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?
62 49 15 13 12 50	NONE	2146776	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)

HOUSE STAFF BENEFIT PLAN

13-6203291

(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?
	AFFILIATED BENEFIT PLAN	509703	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)

CIR, SEIU

13-2771401

(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?
	AFFILIATED UNION	292600	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)

STACEY BRAUN ASSOCIATES, INC

13-2884932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	231486	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

STEPHEN M PERLITSH

13-3805593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	99100	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)

HEALTH PLAN SYSTEMS, INC.

01-0589640

(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?
16 50	NONE	73433	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)

COHEN, WEISS AND SIMON, LLP.

25-1919594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	64268	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)

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50		63621	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ROGOFF & COMPANY PC

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	31900	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 SERVICES, IN

46-0619194

(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 50		30861	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)

617 MEDIA GROUP.COM LLC

282 MOODY STREET, SUITE 314  
WALTHAM, MA 02453

(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?
16 50	NONE	24004	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)

SEGAL MARCO ADVISORS

13-2466110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	NONE	18170	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)

LEILA MALDONADO

477 MADISON AVE SIXTH FOLLOR  
NEW YORK, NY 10017

14-0608876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18120	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)

BOHUNKA GOLDSTEIN

20-0782535

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16680	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)

LOCKTIGHT SOLUTIONS

22-3825157

(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?
16 50	NONE	9372	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)

HOLTZMAN HELFMAN LLP

20-2560017

(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?
	ATTORNEY	6960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>13-3029280</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	12280773	8397286
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	3299511	1996411
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2712110	3383691
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	399272	2717718
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	33097793	41615869
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	2186860	2587899
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	21240825	24998861
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	202808	162832
f Total assets (add all amounts in lines 1a through 1e).....	1f	75419952	85860567
<b>Liabilities</b>			
g Benefit claims payable.....	1g	4780075	5725325
h Operating payables.....	1h	195622	376249
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	637805	410085
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5613502	6511659
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	69806450	79348908

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	53448774	
(B) Participants.....	2a(1)(B)	620500	
(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)		54069274
<b>b Earnings on investments:</b>			
(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)	1318056	
(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)	7256	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1325312
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	240310	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		240310
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	14459056	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10668327	
(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)	2258991	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		61684616

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	45223480	
(2) To insurance carriers for the provision of benefits .....	2e(2)	3479430	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		48702910
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	2146776	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	31900	
(5) Investment advisory and investment management fees .....	2i(5)	249657	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)	63621	
(8) Legal fees .....	2i(8)	64268	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	883026	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		3439248
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		52142158

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		9542458
<b>l</b> 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: **ROGOFF & COMPANY PC**

(2) EIN: **13-2688836**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

Independent Auditor's Report

Board of Trustees  
Voluntary Hospitals House Staff Benefits Plan  
New York, NY

***Opinion***

We have audited the financial statements of Voluntary Hospitals House Staff Benefits 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 and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Voluntary Hospitals House Staff Benefits Plan as of December 31, 2024 and 2023, and the changes in its the net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Voluntary Hospitals House Staff Benefits Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Voluntary Hospitals House Staff Benefits Plan ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Voluntary Hospitals House Staff Benefits Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Voluntary Hospitals House Staff Benefits Plan'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 Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and is 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 GAAS.

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.

*Rogoff & Company PC*

New York, New York  
October 15, 2025

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i><u>Short-term obligations</u></i>				
	Morgan Stanley Bank N.A.	Morgan Stanley Bank N.A, 0.01%	\$ 2,717,718	\$ 2,717,718
<i><u>Common stocks</u></i>				
	CONOCOPHILLIPS	CONOCOPHILLIPS 950 Shares	86,004	94,212
	EXXON MOBILE CORP	EXXON MOBILE CORP 3800 Shares	288,300	408,766
	TARGA RESOURCES CORP	TARGA RESOURCES CORP 1600 Shares	255,858	285,600
	LINDE PLC	LINDE PLC 235 Shares	94,422	98,387
	NUCOR CORP	NUCOR CORP 1250 Shares	154,133	145,888
	TECK RESOURCES LTD CL B	TECK RESOURCES LTD CL B 4650 Shares	198,975	188,465
	3M CO	3M CO 2025 Shares	240,917	261,407
	CATERPILLAR INC	CATERPILLAR INC 450 Shares	156,116	163,242
	CHART INDUSTRIES INC	CHART INDUSTRIES INC 600 Shares	118,594	114,504
	DYCOM INDUSTRIES INC	DYCOM INDUSTRIES INC 750 Shares	148,351	130,545
	EATON CORP PLC	EATON CORP PLC 700 Shares	202,118	232,309
	GE VERNOVA INC	GE VERNOVA INC 500 Shares	68,756	164,465
	HOWMET AEROSPACE INC	HOWMET AEROSPACE INC 2850 Shares	106,862	311,705
	ITRON INC	ITRON INC 1970 Shares	131,562	213,903
	LEIDOS HOLDINGS INC	LEIDOS HOLDINGS INC 1600 Shares	176,042	230,496
	QUANTA SERVICES INC	QUANTA SERVICES INC 515 Shares	78,418	162,766
	AMAZON.COM INC	AMAZON.COM INC 5225 Shares	653,667	1,146,313
	AUTOZONE INC	AUTOZONE INC 80 Shares	202,015	256,160
	DRAFTKINGS INC CL A	DRAFTKINGS INC CL A 3125 Shares	131,768	116,250
	HOME DEPOT INC	HOME DEPOT INC 425 Shares	147,779	165,321
	LIFE TIME GROUP HOLDINGS INC COMMON STOCK	LIFE TIME GROUP HOLDINGS INC COMMON STOCK 11200 Shares	221,491	247,744
	MARRIOTT INTL INC CL A	MARRIOTT INTL INC CL A 550 Shares	94,809	153,417
	SHARKNINJA INC	SHARKNINJA INC 1250 Shares	132,412	121,700
	TEXAS ROADHOUSE INC	TEXAS ROADHOUSE INC 1475 Shares	158,736	266,134
	TJX COS INC	TJX COS INC 2625 Shares	250,754	317,126
	BELLRING BRANDS INC COMMON STOCK	BELLRING BRANDS INC COMMON STOCK 3900 Shares	228,908	293,826
	CELSIUS HOLDINGS INC NEW	CELSIUS HOLDINGS INC NEW 7000 Shares	348,092	184,380

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		<i><u>Common stocks - continued</u></i>		
	COCA-COLA CO	COCA-COLA CO 800 Shares	\$ 52,333	\$ 49,808
	COLGATE PALMOLIVE CO	COLGATE PALMOLIVE CO 2450 Shares	241,242	222,730
	COSTCO WHOLESALE CORP	COSTCO WHOLESALE CORP 295 Shares	107,631	270,300
	POST HOLDINGS INC	POST HOLDINGS INC 2200 Shares	246,504	251,812
	PROCTER AND GAMBLE CO	PROCTER AND GAMBLE CO 1050 Shares	149,327	176,033
	AMGEN INC	AMGEN INC 150 Shares	43,772	39,096
	BOSTON SCIENTIFIC CORP	BOSTON SCIENTIFIC CORP 2900 Shares	204,746	259,028
	BRISTOL-MYERS SQUIBB CO	BRISTOL-MYERS SQUIBB CO 3000 Shares	174,258	169,680
	CORCEPT THERAPEUTICS INC	CORCEPT THERAPEUTICS INC 3000 Shares	156,510	151,170
	DANAHER CORPORATION	DANAHER CORPORATION 1000 Shares	222,913	229,550
	ELI LILLY & CO	ELI LILLY & CO 485 Shares	141,595	374,420
	ENCOMPASS HEALTH CORP	ENCOMPASS HEALTH CORP 700 Shares	71,342	64,645
	GE HEALTHCARE TECHNOLOGIES INC	GE HEALTHCARE TECHNOLOGIES INC COMMON STOCK	151,403	152,451
	MCKESSON CORP	MCKESSON CORP 300 Shares	76,520	170,973
	REGENERON PHARMACEUTICALS	REGENERON PHARMACEUTICALS 230 Shares	149,695	163,836
	SAREPTA THERAPEUTICS INC	SAREPTA THERAPEUTICS INC 1100 Shares	143,895	133,749
	TG THERAPEUTICS INC	TG THERAPEUTICS INC 4600 Shares	147,144	138,460
	THERMO FISHER SCIENTIFIC INC	THERMO FISHER SCIENTIFIC INC 325 Shares	193,697	169,075
	UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC 330 Shares	94,762	166,934
	VERTEX PHARMACEUTICALS INC	VERTEX PHARMACEUTICALS INC 300 Shares	88,978	120,810
	AMERICAN EXPRESS CO	AMERICAN EXPRESS CO 950 Shares	158,785	281,951
	ARCH CAPITAL GROUP LTD	ARCH CAPITAL GROUP LTD 2800 Shares	202,713	258,580

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	<i><u>Common stocks - continued</u></i>			
	BANK OF AMERICA CORP	BANK OF AMERICA CORP 6900 Shares	\$ 223,924	\$ 303,255
	BERKSHIRE HATHAWAY INC CL B NEW	BERKSHIRE HATHAWAY INC CL B NEW 775 Shares	228,450	351,292
	BLACKROCK INC	BLACKROCK INC 275 Shares	195,097	281,905
	EVERCORE INC CLASS A	EVERCORE INC CLASS A 1100 Shares	203,768	304,909
	JPMORGAN CHASE & CO MASTERCARD INCORPORATED CL A	JPMORGAN CHASE & CO 1475 Shares MASTERCARD INCORPORATED CL A 620 Shares	188,116	353,572
	NASDAQ INC	NASDAQ INC 4300 Shares	211,017	326,473
	TRAVELERS COMPANIES INC	TRAVELERS COMPANIES INC 1150 Shares	234,495	332,433
	WELLS FARGO CO	WELLS FARGO CO 4050 Shares	207,342	277,024
	APPLE INC	APPLE INC 6350 Shares	213,277	284,472
	APPLOVIN CORP CL A	APPLOVIN CORP CL A 800 Shares	739,942	1,590,167
	ARISTA NETWORKS INC	ARISTA NETWORKS INC 2600 Shares	43,841	259,064
	BROADCOM INC	BROADCOM INC 2200 Shares	104,789	287,378
	LAM RESEARCH CORP NEW	LAM RESEARCH CORP NEW 2450 Shares	138,689	510,048
	MANHATTAN ASSOCIATES INC	MANHATTAN ASSOCIATES INC 1075 Shares	113,868	176,964
	MARVELL TECHNOLOGY INC	MARVELL TECHNOLOGY INC 2550 Shares	177,107	290,508
	MICRON TECHNOLOGY INC	MICRON TECHNOLOGY INC 2100 Shares	181,214	281,648
	MICROSOFT CORP	MICROSOFT CORP 3410 Shares	155,583	176,736
	NVIDIA CORPORATION	NVIDIA CORPORATION 11850 Shares	591,432	1,437,315
	ONTO INNOVATION INC	ONTO INNOVATION INC 1100 Shares	359,807	1,591,337
	PALO ALTO NETWORKS INC	PALO ALTO NETWORKS INC 1300 Shares	233,257	183,337
	SERVICENOW INC	SERVICENOW INC 310 Shares	119,867	236,548
	THE TRADE DESK INC CL A	THE TRADE DESK INC CL A 2275 Shares	133,828	328,637
	VERRA MOBILITY CORP CL A STOCK	VERRA MOBILITY CORP CL A STOCK 8300 Shares	174,942	267,381
	VERTIV HOLDINGS CO CL A	VERTIV HOLDINGS CO CL A 2400 Shares	243,391	200,694
	ALPHABET INC CAP STOCK CL A	ALPHABET INC CAP STOCK CL A 2865 Shares	97,720	272,664
	ALPHABET INC CAP STOCK CL C	ALPHABET INC CAP STOCK CL C 2050 Shares	319,537	542,345
			63,398	390,402

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i><u>Common stocks - continued</u></i>				
	LIBERTY MEDIA CORP LBTY ONE SC	LIBERTY MEDIA CORP LBTY ONE SC 3550 Shares	\$ 259,612	\$ 328,943
	META PLATFORMS INC CL A	META PLATFORMS INC CL A 1325 Shares	418,421	775,801
	NEW YORK TIMES CO CL A	NEW YORK TIMES CO CL A 700 Shares	38,417	36,435
	T-MOBILE US INC	T-MOBILE US INC 1550 Shares	217,310	342,132
	AMEREN CORP	AMEREN CORP 300 Shares	27,449	26,742
	ENTERGY CORP	ENTERGY CORP 3900 Shares	202,680	295,698
	WEC ENERGY GROUP INC	WEC ENERGY GROUP INC 3400 Shares	282,193	319,736
	VICI PROPERTIES INC	VICI PROPERTIES INC 7000 Shares	233,527	204,470
	WELLTOWER INC	WELLTOWER INC 2700 Shares	267,933	340,281
			16,140,863	24,998,861
<i><u>U.S government and agency obligations</u></i>				
	Gov't Nat'l Mortgage Assc.	GNMA 7.000% 10/15/2030 111 Units	\$ 110	\$ 112
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 04/15/2031 42 Units	42	43
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 08/15/2031 140 Units	141	143
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 09/15/2031 73 Units	74	76
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 09/15/2031 61 Units	62	62
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 01/15/2032 110 Units	110	114
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 01/15/2032 34 Units	34	35
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 01/15/2032 49 Units	50	50
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 02/15/2032 351 Units	349	359
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 125 Units	124	128
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 177 Units	176	183
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 575 Units	573	587
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 700 Units	703	729
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 04/15/2032 244 Units	241	247
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 04/15/2032 15 Units	15	16
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 05/15/2032 188 Units	192	195
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 05/15/2032 253 Units	251	255
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 10/15/2032 131 Units	136	134

## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i><u>U.S government and agency obligations</u></i>				
Gov't Nat'l Mortgage Assc.	GNMA 6.000% 11/15/2032 153 Units	\$ 158	\$ 155	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 09/15/2033 8267 Units	8,628	8,177	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 06/15/2034 554 Units	550	545	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 07/15/2034 687 Units	678	686	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 02/15/2035 1118 Units	1,127	1,117	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2035 394 Units	391	393	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2035 674 Units	674	663	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2035 163 Units	164	161	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 12/15/2036 1383 Units	1,381	1,397	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 01/15/2038 225 Units	224	226	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2038 7546 Units	7,465	7,421	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2038 1665 Units	1,676	1,664	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2038 1212 Units	1,241	1,194	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 06/15/2038 492 Units	475	483	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 07/15/2038 779 Units	816	794	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 08/15/2038 816 Units	802	806	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 11/15/2038 1239 Units	1,212	1,235	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 11/15/2038 286 Units	300	291	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 11/15/2038 636 Units	628	626	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 12/15/2038 2574 Units	2,692	2,620	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 12/15/2038 1356 Units	1,394	1,358	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 01/15/2039 1704 Units	1,774	1,679	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 03/15/2039 1053 Units	1,079	1,053	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 05/15/2039 1137 Units	1,237	1,103	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 01/15/2040 4324 Units	4,538	4,190	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2040 8901 Units	9,280	8,715	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 06/15/2040 544 Units	575	522	
Gov't Nat'l Mortgage Assc.	GNMA 4.000% 07/15/2040 6233 Units	6,744	5,886	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 09/15/2040 912 Units	970	907	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 04/15/2041 5233 Units	5,480	5,057	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 05/15/2041 5128 Units	5,382	4,942	
Gov't Nat'l Mortgage Assc.	GNMA 4.000% 09/15/2041 1632 Units	1,770	1,534	
US Treasury	US TREAS NOTES 1.125% 02/28/2025 700000 Par	720,818	696,439	
US Treasury	US TREAS NOTES 2.750% 02/28/2025 50000 Par	49,933	49,874	
US Treasury	US TREAS NOTES 0.500% 03/31/2025 300000 Par	298,754	297,317	
US Treasury	US TREAS NOTES 2.625% 03/31/2025 200000 Par	199,553	199,211	
US Treasury	US TREAS NOTES 2.875% 05/31/2025 300000 Par	297,778	298,264	

## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>U.S government and agency obligations - continued</i>				
US Treasury	US TREAS NOTES 2.875% 06/15/2025 200000 Par	\$ 199,313	\$ 198,792	
US Treasury	US TREAS NOTES 2.875% 07/31/2025 350000 Par	348,814	347,276	
US Treasury	US TREAS NOTES 2.000% 08/15/2025 150000 Par	146,420	147,918	
US Treasury	US TREAS NOTES 2.750% 08/31/2025 200000 Par	199,444	198,038	
US Treasury	US TREAS NOTES 4.250% 10/15/2025 300000 Par	298,594	300,076	
US Treasury	US TREAS NOTES 3.000% 10/31/2025 300000 Par	298,691	296,955	
US Treasury	US TREAS NOTES 2.250% 11/15/2025 500000 Par	495,045	491,444	
US Treasury	US TREAS NOTES 4.500% 11/15/2025 200000 Par	200,253	200,372	
US Treasury	US TREAS NOTES 0.375% 12/31/2025 150000 Par	147,495	144,439	
US Treasury	US TREAS NOTES 2.625% 12/31/2025 200000 Par	198,922	196,949	
US Treasury	US TREAS NOTES 1.625% 02/15/2026 675000 Par	680,983	655,713	
US Treasury	US TREAS NOTES 0.500% 02/28/2026 350000 Par	347,171	335,324	
US Treasury	US TREAS NOTES 0.750% 03/31/2026 250000 Par	248,973	239,460	
US Treasury	US TREAS NOTES 0.750% 05/31/2026 1215000 Par	1,215,319	1,157,189	
US Treasury	US TREAS NOTES 4.125% 06/15/2026 400000 Par	399,569	399,313	
US Treasury	US TREAS NOTES 0.625% 07/31/2026 200000 Par	199,719	189,009	
US Treasury	US TREAS NOTES 1.500% 08/15/2026 175000 Par	167,871	167,523	
US Treasury	US TREAS NOTES 4.375% 08/15/2026 500000 Par	499,824	500,924	
US Treasury	US TREAS NOTES 0.750% 08/31/2026 150000 Par	149,909	141,652	
US Treasury	US TREAS NOTES 1.375% 08/31/2026 175000 Par	173,218	167,004	
US Treasury	US TREAS NOTES 2.000% 11/15/2026 610000 Par	595,878	585,452	
US Treasury	US TREAS NOTES 4.000% 01/15/2027 100000 Par	99,759	99,508	
US Treasury	US TREAS NOTES 2.250% 02/15/2027 225000 Par	224,916	215,922	
US Treasury	US TREAS NOTES 4.125% 02/15/2027 500000 Par	497,813	498,637	
US Treasury	US TREAS NOTES 1.125% 02/28/2027 100000 Par	102,257	93,610	
US Treasury	US TREAS NOTES 4.250% 03/15/2027 250000 Par	248,599	249,935	
US Treasury	US TREAS NOTES 4.500% 04/15/2027 400000 Par	399,563	402,007	
US Treasury	US TREAS NOTES 2.750% 04/30/2027 250000 Par	240,391	241,693	
US Treasury	US TREAS NOTES 2.375% 05/15/2027 975000 Par	938,096	933,732	
US Treasury	US TREAS NOTES 4.500% 05/15/2027 200000 Par	199,031	200,996	
US Treasury	US TREAS NOTES 3.250% 06/30/2027 200000 Par	194,031	195,309	
US Treasury	US TREAS NOTES 3.125% 08/31/2027 375000 Par	370,855	364,201	
US Treasury	US TREAS NOTES 4.125% 09/30/2027 900000 Par	890,554	896,446	
US Treasury	US TREAS NOTES 4.125% 10/31/2027 1200000 Par	1,189,711	1,195,265	
US Treasury	US TREAS NOTES 2.250% 11/15/2027 300000 Par	291,730	283,640	
US Treasury	US TREAS NOTES 3.875% 11/30/2027 100000 Par	100,081	98,871	
US Treasury	US TREAS NOTES 3.875% 12/31/2027 350000 Par	349,159	345,983	
US Treasury	US TREAS NOTES 2.750% 02/15/2028 1175000 Par	1,164,380	1,121,948	
US Treasury	US TREAS NOTES 1.125% 02/29/2028 350000 Par	349,152	317,475	

## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
	<u><i>U.S government and agency obligations - continued</i></u>			
US Treasury	US TREAS NOTES 4.000% 02/29/2028 850000 Par	\$ 843,764	\$ 842,271	
US Treasury	US TREAS NOTES 3.625% 03/31/2028 250000 Par	247,627	244,856	
US Treasury	US TREAS NOTES 2.875% 05/15/2028 150000 Par	149,225	143,281	
US Treasury	US TREAS NOTES 4.000% 06/30/2028 400000 Par	393,409	395,864	
US Treasury	US TREAS NOTES 4.125% 07/31/2028 1150000 Par	1,153,988	1,142,063	
US Treasury	US TREAS NOTES 4.375% 08/31/2028 700000 Par	697,764	700,556	
US Treasury	US TREAS NOTES 4.625% 09/30/2028 100000 Par	100,003	100,935	
US Treasury	US TREAS NOTES 3.125% 11/15/2028 700000 Par	688,891	669,820	
US Treasury	US TREAS NOTES 4.375% 11/30/2028 150000 Par	149,956	150,061	
US Treasury	US TREAS NOTES 3.750% 12/31/2028 125000 Par	124,410	122,194	
US Treasury	US TREAS NOTES 4.000% 01/31/2029 1000000 Par	999,394	986,302	
US Treasury	US TREAS NOTES 2.625% 02/15/2029 700000 Par	697,006	654,451	
US Treasury	US TREAS NOTES 2.750% 05/31/2029 200000 Par	198,813	186,994	
US Treasury	US TREAS NOTES 3.250% 06/30/2029 900000 Par	885,893	858,804	
US Treasury	US TREAS NOTES 1.625% 08/15/2029 300000 Par	302,787	266,262	
US Treasury	US TREAS NOTES 3.875% 09/30/2029 200000 Par	197,469	195,650	
US Treasury	US TREAS NOTES 4.000% 10/31/2029 100000 Par	98,870	98,317	
US Treasury	US TREAS NOTES 1.750% 11/15/2029 350000 Par	349,570	310,392	
US Treasury	US TREAS NOTES 3.500% 01/31/2030 100000 Par	98,179	95,938	
US Treasury	US TREAS NOTES 1.500% 02/15/2030 605000 Par	644,811	525,331	
US Treasury	US TREAS NOTES 3.625% 03/31/2030 150000 Par	149,277	144,563	
US Treasury	US TREAS NOTES 3.500% 04/30/2030 200000 Par	199,625	191,390	
US Treasury	US TREAS NOTES 0.875% 11/15/2030 200000 Par	188,326	163,637	
US Treasury	US TREAS NOTES 4.000% 01/31/2031 150000 Par	149,581	146,347	
US Treasury	US TREAS BONDS 5.375% 02/15/2031 1105000 Par	1,419,176	1,158,768	
US Treasury	US TREAS NOTES 1.125% 02/15/2031 690000 Par	671,430	569,421	
US Treasury	US TREAS NOTES 1.875% 02/15/2032 150000 Par	138,777	126,164	
US Treasury	US TREAS NOTES 2.875% 05/15/2032 1350000 Par	1,326,290	1,212,438	
US Treasury	US TREAS NOTES 2.750% 08/15/2032 400000 Par	381,706	354,732	
US Treasury	US TREAS NOTES 4.125% 11/15/2032 750000 Par	737,167	731,489	
US Treasury	US TREAS NOTES 3.500% 02/15/2033 925000 Par	918,576	860,521	
US Treasury	US TREAS NOTES 3.875% 08/15/2033 475000 Par	466,399	452,067	
US Treasury	US TREAS NOTES 4.500% 11/15/2033 100000 Par	100,109	99,547	
US Treasury	US TREAS NOTES 4.000% 02/15/2034 1500000 Par	1,475,493	1,436,039	
US Treasury	US TREAS BONDS 4.375% 02/15/2038 25000 Par	32,252	24,314	
US Treasury	US TREAS BONDS 3.500% 02/15/2039 250000 Par	240,256	219,128	
US Treasury	US TREAS BONDS 3.875% 08/15/2040 350000 Par	478,373	314,952	
US Treasury	US TREAS BONDS 1.375% 11/15/2040 200000 Par	184,688	123,787	

## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i><u>U.S government and agency obligations - continued</u></i>				
US Treasury	US TREAS BONDS 4.250% 11/15/2040 550000 Par	\$ 526,396	\$ 516,924	
US Treasury	US TREAS BONDS 1.875% 02/15/2041 700000 Par	671,116	468,938	
US Treasury	US TREAS BONDS 4.375% 05/15/2041 500000 Par	503,463	476,148	
US Treasury	US TREAS BONDS 3.125% 11/15/2041 450000 Par	466,244	362,109	
US Treasury	US TREAS BONDS 3.000% 05/15/2042 305000 Par	301,579	239,369	
US Treasury	US TREAS BONDS 2.750% 08/15/2042 295000 Par	285,548	221,629	
US Treasury	US TREAS BONDS 2.750% 11/15/2042 175000 Par	174,467	130,785	
US Treasury	US TREAS BONDS 4.000% 11/15/2042 200000 Par	196,656	179,955	
US Treasury	US TREAS BONDS 2.875% 05/15/2043 250000 Par	249,266	189,354	
US Treasury	US TREAS BONDS 3.875% 05/15/2043 50000 Par	47,888	44,005	
US Treasury	US TREAS BONDS 3.750% 11/15/2043 150000 Par	134,686	129,159	
US Treasury	US TREAS BONDS 4.750% 11/15/2043 350000 Par	366,871	345,582	
US Treasury	US TREAS BONDS 3.625% 02/15/2044 200000 Par	177,750	168,753	
US Treasury	US TREAS BONDS 4.625% 05/15/2044 200000 Par	197,781	193,891	
US Treasury	US TREAS BONDS 2.500% 02/15/2045 525000 Par	494,955	364,257	
US Treasury	US TREAS BONDS 3.000% 11/15/2045 150000 Par	111,566	112,795	
US Treasury	US TREAS BONDS 2.500% 05/15/2046 200000 Par	256,313	136,188	
US Treasury	US TREAS BONDS 2.250% 08/15/2046 1955000 Par	2,047,521	1,262,071	
US Treasury	US TREAS BONDS 3.000% 05/15/2047 100000 Par	74,925	73,899	
US Treasury	US TREAS BONDS 2.750% 08/15/2047 200000 Par	221,833	140,653	
US Treasury	US TREAS BONDS 3.125% 05/15/2048 250000 Par	233,772	187,266	
US Treasury	US TREAS BONDS 3.375% 11/15/2048 500000 Par	407,766	390,513	
US Treasury	US TREAS BONDS 3.000% 02/15/2049 525000 Par	403,817	381,959	
US Treasury	US TREAS BONDS 2.250% 08/15/2049 400000 Par	408,612	247,655	
US Treasury	US TREAS BONDS 2.375% 11/15/2049 150000 Par	160,222	95,315	
US Treasury	US TREAS BONDS 4.000% 11/15/2052 150000 Par	140,457	130,666	
US Treasury	US TREAS BONDS 3.625% 02/15/2053 150000 Par	128,810	121,874	
US Treasury	US TREAS TIPS 0.375% 07/15/2025 200000 Par	251,689	264,604	
US Treasury	US TREAS TIPS 0.625% 01/15/2026 175000 Par	215,046	229,277	
US Treasury	US TREAS TIPS 0.125% 07/15/2030 135000 Par	158,873	149,798	
US Treasury	US TREAS TIPS 0.625% 02/15/2043 115000 Par	157,984	115,593	
US Treasury	US TREAS TIPS 0.750% 02/15/2045 100000 Par	150,598	97,070	
			45,303,641	41,615,869

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Date, Rate of Interest, Collateral, Par, or Maturity Value	Maturity	Cost	Current Value
<i>Corporate bonds</i>				
CATERPILLAR FINANCIAL SERVICES	CATERPILLAR FINANCIAL SERVICES MTNS BE 1.450% 05/15/2025 150000 Par		\$ 152,338	\$ 148,350
COMCAST CORP	COMCAST CORP 2.350% 01/15/2027 150000 Par		156,343	143,397
MARRIOTT INTL INC	MARRIOTT INTL INC 5.000% 10/15/2027 200000 Par		199,603	201,589
NATIONAL RURAL UTILITIES	NATIONAL RURAL UTILITIES COOP FIN 4.800% 03/15/2028 300000 Par		303,090	300,524
T MOBILE USA	T MOBILE USA INC 4.950% 03/15/2028 150000 Par		151,626	150,071
BURLINGTON NORTHERN SANTA	BURLINGTON NORTHERN SANTA FE CORP 6.750% 03/15/2029 75000 Par		93,003	80,391
WALT DISNEY CO	DISNEY WALT CO 2.000% 09/01/2029 150000 Par		148,370	133,385
LOWES COS INC	LOWES COS INC 4.500% 04/15/2030 150000 Par		147,463	147,165
NORTHROP GRUMMAN CORP	NORTHROP GRUMMAN CORP 4.400% 05/01/2030 250000 Par		245,190	243,422
AUTOZONE INC	AUTOZONE INC 4.750% 08/01/2032 200000 Par		199,973	193,457
META PLATFORMS INC	META PLATFORMS INC 4.950% 05/15/2033 300000 Par		296,835	300,421
JOHNSON & JOHNSON	JOHNSON & JOHNSON 4.375% 12/05/2033 25000 Par		25,496	24,232
FEDEX CORP	FEDEX CORP 3.900% 02/01/2035 255000 Par		246,663	225,220
MICROSOFT CORP	MICROSOFT CORP 3.500% 02/12/2035 50000 Par		50,891	45,305
EOG RESOURCES INC	EOG RESOURCES INC 3.900% 04/01/2035 50000 Par		46,927	44,453
ORACLE CORP	ORACLE CORP 3.900% 05/15/2035 35000 Par		35,652	30,665
MCDONALDS CORP	MCDONALDS CORP 3.700% 02/15/2042 150000 Par		139,738	117,360
BURLINGTON NORTHERN S	BURLINGTON NORTHERN SANTA FE CORP 3.900% 08/01/2046 75000 Par		75,338	58,492
			2,714,535	2,587,899
			\$ 71,920,347	

# **Voluntary Hospitals House Staff Benefits Plan**

Financial Statements

December 31, 2024 and 2023

# Voluntary Hospitals House Staff Benefits Plan

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Independent Auditor's Report

Board of Trustees  
Voluntary Hospitals House Staff Benefits Plan  
New York, NY

***Opinion***

We have audited the financial statements of Voluntary Hospitals House Staff Benefits 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 and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of Voluntary Hospitals House Staff Benefits Plan as of December 31, 2024 and 2023, and the changes in its the net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Voluntary Hospitals House Staff Benefits Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Voluntary Hospitals House Staff Benefits Plan ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Voluntary Hospitals House Staff Benefits Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Voluntary Hospitals House Staff Benefits Plan'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 Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and is 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 GAAS.

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.

*Rogoff & Company PC*

New York, New York  
October 15, 2025

**Voluntary Hospitals House Staff Benefits Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

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	2024	2023
<b><u>Assets</u></b>		
Investments, at fair value	\$ 71,920,347	\$ 56,924,750
Receivables		
Employer contributions	1,996,411	3,299,511
Stop-loss claims and Pharmacy rebate	2,663,831	2,128,572
Due from affiliate	18,848	-
Accrued interest and dividends	446,423	406,812
Others	254,589	176,726
Total receivables	5,380,102	6,011,621
Prepaid expenses	34,901	36,787
Assets held in escrow		
Workers Compensation Board - Bond	50,036	50,036
Property and equipment, net	77,895	115,985
Cash and cash equivalents	8,397,286	12,280,773
Total assets	85,860,567	75,419,952
<b><u>Liabilities</u></b>		
Due to affiliates	244,896	479,806
Contributions received in advance	165,189	157,999
Accrued expenses	376,249	195,622
Total liabilities	786,334	833,427
Net assets available for benefits	\$ 85,074,233	\$ 74,586,525

The accompanying notes are an integral part of these financial statements

**Voluntary Hospitals House Staff Benefits Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2024 and 2023**

	2024	2023
<b><u>Additions:</u></b>		
Investment income		
Net appreciation in fair value of investments	\$ 6,049,720	\$ 5,601,724
Interest	1,325,312	844,539
Dividends	240,310	241,611
	7,615,342	6,687,874
Less: investment expenses	249,657	214,781
Net investment income	7,365,685	6,473,093
Contributions		
Employer	53,448,774	49,646,714
Participant	620,500	598,346
Total contributions	54,069,274	50,245,060
Total additions	61,434,959	56,718,153
<b><u>Deductions:</u></b>		
Claims paid, net	43,941,507	39,331,992
Legal services to participants	336,723	369,364
Insurance premiums for:		
Dental	1,036,895	977,938
Disability, short and long-term	485,270	471,495
Stop-loss insurance	1,733,385	1,582,458
Life insurance	223,881	220,079
Total benefits paid	47,757,661	42,953,326
Administrative fees, contracted services		
Empire Blue Cross Blue Shield	2,146,776	2,120,980
Administrative expenses	1,025,945	1,052,064
Excise tax	16,870	15,615
Total deductions	50,947,252	46,141,985
Net increase	10,487,708	10,576,168
Net assets available for benefits		
Beginning of year	74,586,525	64,010,357
End of year	\$ 85,074,233	\$ 74,586,525

The accompanying notes are an integral part of these financial statements

**Voluntary Hospitals House Staff Benefits Plan**  
Statements of Benefit Obligations  
December 31, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 5,476,100	\$ 4,502,500
Professional education benefit and Legal service benefits	<u>249,225</u>	<u>277,575</u>
Total benefit obligations	<u>\$ 5,725,325</u>	<u>\$ 4,780,075</u>

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The accompanying notes are an integral part of these financial statements

**Voluntary Hospitals House Staff Benefits Plan**  
**Statements of Changes in Benefit Obligations**  
**For the Years Ended December 31, 2024 and 2023**

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	2024	2023
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 4,502,500	\$ 4,683,200
Claims incurred	46,460,499	40,987,919
Claims paid, including insurance premiums	(45,486,899)	(41,168,619)
<b>Balance at end of year</b>	<b>5,476,100</b>	<b>4,502,500</b>
Balance at beginning of year	277,575	235,317
Professional education benefit incurred	1,904,829	1,459,661
Professional education benefit paid	(1,934,039)	(1,415,343)
Legal service benefits incurred	337,583	367,304
Legal service benefits to participants, paid	(336,723)	(369,364)
<b>Balance at end of year</b>	<b>249,225</b>	<b>277,575</b>
Total benefit obligation at end of year	<b>\$ 5,725,325</b>	<b>\$ 4,780,075</b>

The accompanying notes are an integral part of these financial statements

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 1. Description of Plan

The following brief description of the Voluntary Hospitals House Staff Benefits Plan (the "Plan") is provided for general purposes only. Reference to the Plan document should be made for more complete information.

*General* - The Plan is a multiemployer plan that provides health and welfare benefits covering eligible participants under collective bargaining agreements between the Committee of Interns and Residents, SEIU (the "CIR") and various hospital employers. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the CIR.

*Eligibility* – Participants become eligible for benefits in the month of, or the month following, their employment with a participating employer on a full-time basis, as stipulated in the applicable collective bargaining agreement (CBA). Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documents to the Plan Administrator.

Generally, a participant will remain eligible as long as actively employed with a participating employer. Participants may also continue to remain eligible for benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

*Contributions* - Employer contributions are made in accordance with the provisions of agreements entered into by the Plan and participating employers. Participant contribution rates are determined by the Plan's actuary.

*Benefits* - The Plan provides health benefits (medical, dental, vision and prescription drugs), life insurance, short and long-term disability benefits, accidental and death benefits, legal and dismemberment benefits as well as quality improvement training and professional educational benefits for eligible participants. Additionally, the Plan provides similar benefits during the period of unemployment, disability, or upon termination of employment through the COBRA.

*Insured Benefits* - The Plan fully insures the life insurance benefits (basic, supplemental, and dependent), accidental death and disability benefits (basic, supplemental, and spousal), and long-term and short term disability benefits. The Plan purchases annual insurance contracts for these insured benefits. In addition, the plan purchases stop loss insurance to actively manage catastrophic medical claims.

*Self-Insured Benefits* - All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan. The Plan uses a pharmacy benefit manager (PBM), which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 2. Summary of Accounting Policies

The following are the significant accounting policies followed by the plan:

*Basis of Accounting and Use of Estimates* - The accompanying financial statements have been prepared using the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

*Payment of Benefits* - Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

*Refunds and Rebates* - Prescription refunds due from the Plan's PBM are recorded when earned. Refunds due at year-end are recorded as a receivable on the statements of net assets available for benefits, with the offset being netted against claims paid. Pharmacy rebates totaling \$3,266,295 and \$2,527,989 have been netted against claims paid in the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

*Stop Loss* - Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statement of changes in net assets available for benefits. Stop-loss refunds totaling \$1,159,431 and \$980,421 have been netted against claims paid in the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

*Employer Contributions and Related Receivable* - Contributions receivable are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' ability to pay, and current economic trends and conditions. Management's review of outstanding balances as of December 31, 2024 and 2023, indicated that no allowance for doubtful accounts was required.

Contributions received as of December 31, 2024 and 2023, for future coverage are recorded as contribution received in advance in the accompanying statements of net assets available for benefits.

*Cash and Cash Equivalents* - The Plan considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 2. Summary of Accounting Policies (continued)

*Valuation of Investments and Income Recognition* - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies and procedures and reports to the Plan's board of trustees. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Property and Equipment* - Property and equipment are recorded at cost, less accumulated depreciation or amortization. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives ranging from 3 to 15 years.

*Fees and Other Expenses* - The Plan Administrator allocates certain administrative and record-keeping costs to the Plan, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the various other entities administered by the Plan Administrator. (See Note 8.) These expenses are reported in administrative expenses on the statements of changes in net assets available for benefits. The Plan also pays administrative fees to third-party claims administrators. These expenses are recorded when incurred and reported in claims processing and other fees on the statements of changes in net assets available for benefits. Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

*New Accounting Pronouncements Adopted* - Effective January 1, 2023, the Plan adopted Accounting Standard Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity. The adoption of this ASUs did not materially impact the financial statements.

*Subsequent Events* - Management has evaluated the subsequent events for the Plan through October 15, 2025, the date which the financial statements were available to be issued.

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 3. Benefit Obligations

*Claims Incurred But Not Reported (IBNR)* – Claims paid by the claim processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and claims incurred but not reported on the statements of benefit obligations. These claims are estimated by the Plan’s actuary in accordance with accepted actuarial principles based on claims data provided by the Plan’s third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

*Professional Education Benefits and Legal Service* - Plan obligations for professional education benefits and legal service as of December 31, 2024 and 2023, are based on actual payments made subsequent to the Plan’s year-end date. Such amounts are reported in the accompanying statements of the Plan’s benefit obligations.

### Note 4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

## Voluntary Hospitals House Staff Benefits Plan

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 obligations:* The carrying amount approximates fair value because of the short-term maturity of these instruments.

*Common stocks:* Valued at the closing price reported on the active market on which the individual securities are traded.

*U.S. government and agency obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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

	<i>Assets at Fair Value as of December 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Short term obligations	\$ 2,717,718	\$ -	\$ -	\$ 2,717,718
Common stocks	24,998,861	-	-	24,998,861
U.S. government and agency obligations	41,544,804	71,065	-	41,615,869
Corporate obligations	-	2,587,899	-	2,587,899
Total assets at fair value	<u>\$ 69,261,383</u>	<u>\$ 2,658,964</u>	<u>\$ -</u>	<u>\$ 71,920,347</u>
	<i>Assets at Fair Value as of December 31, 2023</i>			
	Level 1	Level 2	Level 3	Total
Short term obligations	\$ 399,272	\$ -	\$ -	\$ 399,272
Common stocks	21,240,825	-	-	21,240,825
U.S. government and agency obligations	33,016,237	81,556	-	33,097,793
Corporate obligations	-	2,186,860	-	2,186,860
Total assets at fair value	<u>\$ 54,656,334</u>	<u>\$ 2,268,416</u>	<u>\$ -</u>	<u>\$ 56,924,750</u>

In the opinion of management, there were no level 3 investments at December 31, 2024 and 2023.

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 5. Property and Equipment

Property and equipment consist of the following:

	December 31,	
	2024	2023
Furniture and fixture	\$ 19,929	\$ 19,929
Computer equipment and software	249,370	249,370
Leasehold improvements	43,190	43,190
Less: Accumulated depreciation	(234,594)	(196,504)
	<u>\$ 77,895</u>	<u>\$ 115,985</u>

Depreciation expense was \$38,090 and \$40,655 for the years ended December 31, 2024 and 2023, respectively.

### Note 6. Tax Status

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service stating that the trust is tax-exempt under the provisions of Section 501(c) 9 of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the appropriate taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### Note 7. Priorities Upon Termination of the Plan

Although the board of trustees has not expressed intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of termination or complete discontinuation, the Trustees shall distribute the assets of the Plan in accordance with ERISA.

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

### Note 8. Related-Party Transactions and Parties-In-Interest Transactions

The Plan shares administrative staff and a facility with affiliates. The Plan reimburses the CIR for allocated payroll, payroll expenses and common allocated expenses pursuant to an allocation study. This amounted to \$105,748 and \$61,688 for the years ended December 31, 2024 and 2023, respectively.

The Plan reimburses the House Staff Benefit Plan of CIR (“HSBP”) for allocated payroll and payroll expenses pursuant to an allocation study. This amounted to \$509,703 and \$409,560 for the years ended December 31, 2024 and 2023, respectively.

The Plan received contributions from CIR in the amount of \$1,722,874 and \$1,327,697 for the year ended December 31, 2024 and 2023, respectively. The contributions received from HSBP was in the amount of \$146,117 and \$159,724 for the year ended December 31, 2024 and 2023, respectively.

Amounts due to affiliated entities at December 31, 2024 and 2023, which include the items stated above less any payments made on account, are as follows:

	December 31,	
	2024	2023
<u>Due from:</u>		
Committee of Interns and Residents, SEIU	18,848	\$ -
<u>Due to:</u>		
House Staff Benefits Plan of CIR	\$ 244,286	\$ 117,737
Patient Care Trust Fund of CIR	610	610
Committee of Interns and Residents, SEIU	-	361,459
	<u>\$ 244,896</u>	<u>\$ 479,806</u>

Fees paid during the years ended December 31, 2024 and 2023 for services rendered by parties-in-interest were based on customary and reasonable rates for such services.

### Note 9. Risks and Uncertainties

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

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 9. Risks and Uncertainties (continued)

The majority of the Plan's net assets available for benefits are invested in U.S. government and agency obligations. At December 31, 2024 and 2023, approximately 49% and 44% of the Plan's net assets available for benefits are investments in U.S. government and agency obligations, which amounted to \$41,615,869 and \$33,097,793, respectively.

*Benefit Obligations* - The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

*Employer contributions and related receivable* - Contributions received from four employers approximates 58% and 56% of the total contributions for the years ended December 31, 2024 and 2023, respectively. Approximately 85% and 93% of the contributions receivable balance was due from three and four employers at December 31, 2024 and 2023, respectively.

*Credit Risk Concentration* - The Plan maintains its cash accounts at a commercial bank. Cash accounts at the bank are insured by Federal Deposit Insurance Corporation (FDIC) for up to \$250,000. From time to time, the Plan may have amounts on deposit in excess of FDIC limits. At December 31, 2024 and 2023, the Plan's cash exceeded federally insured limits by approximately \$8,176,994 and \$12,099,000. The Plan has not experienced any loss in such accounts. Management believes the Plan is not exposed to any significant credit risk on cash.

### Note 10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the total additions per the financial statements to Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Total Additions per the financial statements	\$ 61,434,959
Add: Investment expenses	249,657
Total Income per Form 5500	<u>\$ 61,684,616</u>
	<u>Year ended</u> <u>December 31, 2024</u>
Total Deductions per the financial statements	\$ 50,947,252
Add changes in:	
Claims incurred but not reported	945,250
Investment expenses	249,657
Total deductions per Form 5500	<u>\$ 52,142,158</u>

## Voluntary Hospitals House Staff Benefits Plan

Notes to Financial Statements

December 31, 2024 and 2023

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### Note 10. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the benefits per the financial statements to Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Benefits per the financial statements	<u>\$ 44,278,230</u>
Add: Amounts payable, end of year	
Claims payable and claims incurred but not reported	5,476,100
Professional education benefit and Legal service benefits	<u>249,225</u>
Less: Amounts payable, beginning of year	
Claims payable and claims incurred but not reported	(4,502,500)
Professional education benefit and Legal service benefits	(277,575)
Total payments per Form 5500	<u><u>\$ 45,223,480</u></u>

The following is a reconciliation of administrative expenses per the financial statements to the administrative expenses Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Administrative expenses per financial statements	\$ 1,025,945
Add: Contract administrator fee	2,146,776
Excise tax	16,870
Investment expenses	<u>249,658</u>
Total deductions per Form 5500	<u><u>\$ 3,439,248</u></u>

**Voluntary Hospitals House Staff Benefits Plan**

Notes to Financial Statements

December 31, 2024 and 2023

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**Note 10. Reconciliation of Financial Statements to Form 5500 (continued)**

The following is a reconciliation of net assets available for benefits per the financial statements to the Schedule H of Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Net assets available for benefits per the financial statements	<u>\$ 85,074,233</u>
Amounts currently payable	
Claims payable and claims incurred but not reported	(5,476,100)
Professional education benefit and Legal service benefits	<u>(249,225)</u>
Net assets available for benefits per the Schedule H of Form 5500	<u>\$ 79,348,908</u>

The following is a reconciliation of net appreciation in fair value of investments per the financial statements to Form 5500:

	<u>Year ended</u> <u>December 31, 2024</u>
Net appreciation in fair value of investments per the financial statements	<u>\$ 6,049,720</u>
Per Form 5500	
Net gain on sale of assets	3,790,729
Unrealized appreciation of assets	<u>2,258,991</u>
	<u>\$ 6,049,720</u>

## **Supplemental Schedules**

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i><u>Short-term obligations</u></i>				
Morgan Stanley Bank N.A.	Morgan Stanley Bank N.A, 0.01%	\$ 2,717,718	\$ 2,717,718	
<i><u>Common stocks</u></i>				
CONOCOPHILLIPS	CONOCOPHILLIPS 950 Shares	86,004	94,212	
EXXON MOBILE CORP	EXXON MOBILE CORP 3800 Shares	288,300	408,766	
TARGA RESOURCES CORP	TARGA RESOURCES CORP 1600 Shares	255,858	285,600	
LINDE PLC	LINDE PLC 235 Shares	94,422	98,387	
NUCOR CORP	NUCOR CORP 1250 Shares	154,133	145,888	
TECK RESOURCES LTD CL B	TECK RESOURCES LTD CL B 4650 Shares	198,975	188,465	
3M CO	3M CO 2025 Shares	240,917	261,407	
CATERPILLAR INC	CATERPILLAR INC 450 Shares	156,116	163,242	
CHART INDUSTRIES INC	CHART INDUSTRIES INC 600 Shares	118,594	114,504	
DYCOM INDUSTRIES INC	DYCOM INDUSTRIES INC 750 Shares	148,351	130,545	
EATON CORP PLC	EATON CORP PLC 700 Shares	202,118	232,309	
GE VERNOVA INC	GE VERNOVA INC 500 Shares	68,756	164,465	
HOWMET AEROSPACE INC	HOWMET AEROSPACE INC 2850 Shares	106,862	311,705	
ITRON INC	ITRON INC 1970 Shares	131,562	213,903	
LEIDOS HOLDINGS INC	LEIDOS HOLDINGS INC 1600 Shares	176,042	230,496	
QUANTA SERVICES INC	QUANTA SERVICES INC 515 Shares	78,418	162,766	
AMAZON.COM INC	AMAZON.COM INC 5225 Shares	653,667	1,146,313	
AUTOZONE INC	AUTOZONE INC 80 Shares	202,015	256,160	
DRAFTKINGS INC CL A	DRAFTKINGS INC CL A 3125 Shares	131,768	116,250	
HOME DEPOT INC	HOME DEPOT INC 425 Shares	147,779	165,321	
LIFE TIME GROUP HOLDINGS INC COMMON STOCK	LIFE TIME GROUP HOLDINGS INC COMMON STOCK 11200 Shares	221,491	247,744	
MARRIOTT INTL INC CL A	MARRIOTT INTL INC CL A 550 Shares	94,809	153,417	
SHARKNINJA INC	SHARKNINJA INC 1250 Shares	132,412	121,700	
TEXAS ROADHOUSE INC	TEXAS ROADHOUSE INC 1475 Shares	158,736	266,134	
TJX COS INC	TJX COS INC 2625 Shares	250,754	317,126	
BELLRING BRANDS INC COMMON STOCK	BELLRING BRANDS INC COMMON STOCK 3900 Shares	228,908	293,826	
CELSIUS HOLDINGS INC NEW	CELSIUS HOLDINGS INC NEW 7000 Shares	348,092	184,380	

See independent auditor's report on supplemental information.

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>Common stocks - continued</i>				
COCA-COLA CO	COCA-COLA CO 800 Shares	\$ 52,333	\$ 49,808	
COLGATE PALMOLIVE CO	COLGATE PALMOLIVE CO 2450 Shares	241,242	222,730	
COSTCO WHOLESALE CORP	COSTCO WHOLESALE CORP 295 Shares	107,631	270,300	
POST HOLDINGS INC	POST HOLDINGS INC 2200 Shares	246,504	251,812	
PROCTER AND GAMBLE CO	PROCTER AND GAMBLE CO 1050 Shares	149,327	176,033	
AMGEN INC	AMGEN INC 150 Shares	43,772	39,096	
BOSTON SCIENTIFIC CORP	BOSTON SCIENTIFIC CORP 2900 Shares	204,746	259,028	
BRISTOL-MYERS SQUIBB CO	BRISTOL-MYERS SQUIBB CO 3000 Shares	174,258	169,680	
CORCEPT THERAPEUTICS INC	CORCEPT THERAPEUTICS INC 3000 Shares	156,510	151,170	
DANAHER CORPORATION	DANAHER CORPORATION 1000 Shares	222,913	229,550	
ELI LILLY & CO	ELI LILLY & CO 485 Shares	141,595	374,420	
ENCOMPASS HEALTH CORP	ENCOMPASS HEALTH CORP 700 Shares	71,342	64,645	
GE HEALTHCARE TECHNOLOGIES INC	GE HEALTHCARE TECHNOLOGIES INC COMMON STOCK	151,403	152,451	
MCKESSON CORP	MCKESSON CORP 300 Shares	76,520	170,973	
REGENERON PHARMACEUTICALS	REGENERON PHARMACEUTICALS 230 Shares	149,695	163,836	
SAREPTA THERAPEUTICS INC	SAREPTA THERAPEUTICS INC 1100 Shares	143,895	133,749	
TG THERAPEUTICS INC	TG THERAPEUTICS INC 4600 Shares	147,144	138,460	
THERMO FISHER SCIENTIFIC INC	THERMO FISHER SCIENTIFIC INC 325 Shares	193,697	169,075	
UNITEDHEALTH GROUP INC	UNITEDHEALTH GROUP INC 330 Shares	94,762	166,934	
VERTEX PHARMACEUTICALS INC	VERTEX PHARMACEUTICALS INC 300 Shares	88,978	120,810	
AMERICAN EXPRESS CO	AMERICAN EXPRESS CO 950 Shares	158,785	281,951	
ARCH CAPITAL GROUP LTD	ARCH CAPITAL GROUP LTD 2800 Shares	202,713	258,580	

See independent auditor's report on supplemental information.

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i><u>Common stocks - continued</u></i>				
BANK OF AMERICA CORP	BANK OF AMERICA CORP 6900 Shares	\$ 223,924	\$ 303,255	
BERKSHIRE HATHAWAY INC CL B NEW	BERKSHIRE HATHAWAY INC CL B NEW 775 Shares	228,450	351,292	
BLACKROCK INC	BLACKROCK INC 275 Shares	195,097	281,905	
EVERCORE INC CLASS A	EVERCORE INC CLASS A 1100 Shares	203,768	304,909	
JPMORGAN CHASE & CO MASTERCARD INCORPORATED CL A	JPMORGAN CHASE & CO 1475 Shares MASTERCARD INCORPORATED CL A 620 Shares	188,116	353,572	
NASDAQ INC	NASDAQ INC 4300 Shares	211,017	326,473	
TRAVELERS COMPANIES INC	TRAVELERS COMPANIES INC 4300 Shares	234,495	332,433	
WELLS FARGO CO	WELLS FARGO CO 4050 Shares	207,342	277,024	
APPLE INC	APPLE INC 6350 Shares	213,277	284,472	
APPLOVIN CORP CL A	APPLOVIN CORP CL A 800 Shares	739,942	1,590,167	
ARISTA NETWORKS INC	ARISTA NETWORKS INC 2600 Shares	43,841	259,064	
BROADCOM INC	BROADCOM INC 2200 Shares	104,789	287,378	
LAM RESEARCH CORP NEW	LAM RESEARCH CORP NEW 2450 Shares	138,689	510,048	
MANHATTAN ASSOCIATES INC	MANHATTAN ASSOCIATES INC 1075 Shares	113,868	176,964	
MARVELL TECHNOLOGY INC	MARVELL TECHNOLOGY INC 2550 Shares	177,107	290,508	
MICRON TECHNOLOGY INC	MICRON TECHNOLOGY INC 2100 Shares	181,214	281,648	
MICROSOFT CORP	MICROSOFT CORP 3410 Shares	155,583	176,736	
NVIDIA CORPORATION	NVIDIA CORPORATION 11850 Shares	591,432	1,437,315	
ONTO INNOVATION INC	ONTO INNOVATION INC 1100 Shares	359,807	1,591,337	
PALO ALTO NETWORKS INC	PALO ALTO NETWORKS INC 1300 Shares	233,257	183,337	
SERVICENOW INC	SERVICENOW INC 310 Shares	119,867	236,548	
THE TRADE DESK INC CL A	THE TRADE DESK INC CL A 2275 Shares	133,828	328,637	
VERRA MOBILITY CORP CL A STOCK	VERRA MOBILITY CORP CL A STOCK 8300 Shares	174,942	267,381	
VERTIV HOLDINGS CO CL A	VERTIV HOLDINGS CO CL A 2400 Shares	243,391	200,694	
ALPHABET INC CAP STOCK CL A	ALPHABET INC CAP STOCK CL A 2865 Shares	97,720	272,664	
ALPHABET INC CAP STOCK CL C	ALPHABET INC CAP STOCK CL C 2050 Shares	319,537	542,345	
		63,398	390,402	

See independent auditor's report on supplemental information.

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i><u>Common stocks - continued</u></i>				
	LIBERTY MEDIA CORP LBTY ONE SC	LIBERTY MEDIA CORP LBTY ONE SC 3550 Shares	\$ 259,612	\$ 328,943
	META PLATFORMS INC CL A	META PLATFORMS INC CL A 1325 Shares	418,421	775,801
	NEW YORK TIMES CO CL A	NEW YORK TIMES CO CL A 700 Shares	38,417	36,435
	T-MOBILE US INC	T-MOBILE US INC 1550 Shares	217,310	342,132
	AMEREN CORP	AMEREN CORP 300 Shares	27,449	26,742
	ENTERGY CORP	ENTERGY CORP 3900 Shares	202,680	295,698
	WEC ENERGY GROUP INC	WEC ENERGY GROUP INC 3400 Shares	282,193	319,736
	VICI PROPERTIES INC	VICI PROPERTIES INC 7000 Shares	233,527	204,470
	WELLTOWER INC	WELLTOWER INC 2700 Shares	267,933	340,281
			16,140,863	24,998,861
<i><u>U.S government and agency obligations</u></i>				
	Gov't Nat'l Mortgage Assc.	GNMA 7.000% 10/15/2030 111 Units	\$ 110	\$ 112
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 04/15/2031 42 Units	42	43
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 08/15/2031 140 Units	141	143
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 09/15/2031 73 Units	74	76
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 09/15/2031 61 Units	62	62
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 01/15/2032 110 Units	110	114
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 01/15/2032 34 Units	34	35
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 01/15/2032 49 Units	50	50
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 02/15/2032 351 Units	349	359
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 125 Units	124	128
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 177 Units	176	183
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 575 Units	573	587
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 03/15/2032 700 Units	703	729
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 04/15/2032 244 Units	241	247
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 04/15/2032 15 Units	15	16
	Gov't Nat'l Mortgage Assc.	GNMA 6.500% 05/15/2032 188 Units	192	195
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 05/15/2032 253 Units	251	255
	Gov't Nat'l Mortgage Assc.	GNMA 6.000% 10/15/2032 131 Units	136	134

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**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i><u>U.S government and agency obligations</u></i>				
Gov't Nat'l Mortgage Assc.	GNMA 6.000% 11/15/2032 153 Units	\$ 158	\$ 155	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 09/15/2033 8267 Units	8,628	8,177	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 06/15/2034 554 Units	550	545	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 07/15/2034 687 Units	678	686	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 02/15/2035 1118 Units	1,127	1,117	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2035 394 Units	391	393	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2035 674 Units	674	663	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2035 163 Units	164	161	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 12/15/2036 1383 Units	1,381	1,397	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 01/15/2038 225 Units	224	226	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2038 7546 Units	7,465	7,421	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2038 1665 Units	1,676	1,664	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 05/15/2038 1212 Units	1,241	1,194	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 06/15/2038 492 Units	475	483	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 07/15/2038 779 Units	816	794	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 08/15/2038 816 Units	802	806	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 11/15/2038 1239 Units	1,212	1,235	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 11/15/2038 286 Units	300	291	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 11/15/2038 636 Units	628	626	
Gov't Nat'l Mortgage Assc.	GNMA 5.500% 12/15/2038 2574 Units	2,692	2,620	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 12/15/2038 1356 Units	1,394	1,358	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 01/15/2039 1704 Units	1,774	1,679	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 03/15/2039 1053 Units	1,079	1,053	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 05/15/2039 1137 Units	1,237	1,103	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 01/15/2040 4324 Units	4,538	4,190	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 04/15/2040 8901 Units	9,280	8,715	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 06/15/2040 544 Units	575	522	
Gov't Nat'l Mortgage Assc.	GNMA 4.000% 07/15/2040 6233 Units	6,744	5,886	
Gov't Nat'l Mortgage Assc.	GNMA 5.000% 09/15/2040 912 Units	970	907	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 04/15/2041 5233 Units	5,480	5,057	
Gov't Nat'l Mortgage Assc.	GNMA 4.500% 05/15/2041 5128 Units	5,382	4,942	
Gov't Nat'l Mortgage Assc.	GNMA 4.000% 09/15/2041 1632 Units	1,770	1,534	
US Treasury	US TREAS NOTES 1.125% 02/28/2025 700000 Par	720,818	696,439	
US Treasury	US TREAS NOTES 2.750% 02/28/2025 50000 Par	49,933	49,874	
US Treasury	US TREAS NOTES 0.500% 03/31/2025 300000 Par	298,754	297,317	
US Treasury	US TREAS NOTES 2.625% 03/31/2025 200000 Par	199,553	199,211	
US Treasury	US TREAS NOTES 2.875% 05/31/2025 300000 Par	297,778	298,264	

See independent auditor's report on supplemental information.

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>U.S government and agency obligations - continued</i>				
US Treasury	US TREAS NOTES 2.875% 06/15/2025 200000 Par	\$ 199,313	\$ 198,792	
US Treasury	US TREAS NOTES 2.875% 07/31/2025 350000 Par	348,814	347,276	
US Treasury	US TREAS NOTES 2.000% 08/15/2025 150000 Par	146,420	147,918	
US Treasury	US TREAS NOTES 2.750% 08/31/2025 200000 Par	199,444	198,038	
US Treasury	US TREAS NOTES 4.250% 10/15/2025 300000 Par	298,594	300,076	
US Treasury	US TREAS NOTES 3.000% 10/31/2025 300000 Par	298,691	296,955	
US Treasury	US TREAS NOTES 2.250% 11/15/2025 500000 Par	495,045	491,444	
US Treasury	US TREAS NOTES 4.500% 11/15/2025 200000 Par	200,253	200,372	
US Treasury	US TREAS NOTES 0.375% 12/31/2025 150000 Par	147,495	144,439	
US Treasury	US TREAS NOTES 2.625% 12/31/2025 200000 Par	198,922	196,949	
US Treasury	US TREAS NOTES 1.625% 02/15/2026 675000 Par	680,983	655,713	
US Treasury	US TREAS NOTES 0.500% 02/28/2026 350000 Par	347,171	335,324	
US Treasury	US TREAS NOTES 0.750% 03/31/2026 250000 Par	248,973	239,460	
US Treasury	US TREAS NOTES 0.750% 05/31/2026 1215000 Par	1,215,319	1,157,189	
US Treasury	US TREAS NOTES 4.125% 06/15/2026 400000 Par	399,569	399,313	
US Treasury	US TREAS NOTES 0.625% 07/31/2026 200000 Par	199,719	189,009	
US Treasury	US TREAS NOTES 1.500% 08/15/2026 175000 Par	167,871	167,523	
US Treasury	US TREAS NOTES 4.375% 08/15/2026 500000 Par	499,824	500,924	
US Treasury	US TREAS NOTES 0.750% 08/31/2026 150000 Par	149,909	141,652	
US Treasury	US TREAS NOTES 1.375% 08/31/2026 175000 Par	173,218	167,004	
US Treasury	US TREAS NOTES 2.000% 11/15/2026 610000 Par	595,878	585,452	
US Treasury	US TREAS NOTES 4.000% 01/15/2027 100000 Par	99,759	99,508	
US Treasury	US TREAS NOTES 2.250% 02/15/2027 225000 Par	224,916	215,922	
US Treasury	US TREAS NOTES 4.125% 02/15/2027 500000 Par	497,813	498,637	
US Treasury	US TREAS NOTES 1.125% 02/28/2027 100000 Par	102,257	93,610	
US Treasury	US TREAS NOTES 4.250% 03/15/2027 250000 Par	248,599	249,935	
US Treasury	US TREAS NOTES 4.500% 04/15/2027 400000 Par	399,563	402,007	
US Treasury	US TREAS NOTES 2.750% 04/30/2027 250000 Par	240,391	241,693	
US Treasury	US TREAS NOTES 2.375% 05/15/2027 975000 Par	938,096	933,732	
US Treasury	US TREAS NOTES 4.500% 05/15/2027 200000 Par	199,031	200,996	
US Treasury	US TREAS NOTES 3.250% 06/30/2027 200000 Par	194,031	195,309	
US Treasury	US TREAS NOTES 3.125% 08/31/2027 375000 Par	370,855	364,201	
US Treasury	US TREAS NOTES 4.125% 09/30/2027 900000 Par	890,554	896,446	
US Treasury	US TREAS NOTES 4.125% 10/31/2027 1200000 Par	1,189,711	1,195,265	
US Treasury	US TREAS NOTES 2.250% 11/15/2027 300000 Par	291,730	283,640	
US Treasury	US TREAS NOTES 3.875% 11/30/2027 100000 Par	100,081	98,871	
US Treasury	US TREAS NOTES 3.875% 12/31/2027 350000 Par	349,159	345,983	
US Treasury	US TREAS NOTES 2.750% 02/15/2028 1175000 Par	1,164,380	1,121,948	
US Treasury	US TREAS NOTES 1.125% 02/29/2028 350000 Par	349,152	317,475	

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**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>U.S government and agency obligations - continued</i>				
US Treasury	US TREAS NOTES 4.000% 02/29/2028 850000 Par	\$ 843,764	\$ 842,271	
US Treasury	US TREAS NOTES 3.625% 03/31/2028 250000 Par	247,627	244,856	
US Treasury	US TREAS NOTES 2.875% 05/15/2028 150000 Par	149,225	143,281	
US Treasury	US TREAS NOTES 4.000% 06/30/2028 400000 Par	393,409	395,864	
US Treasury	US TREAS NOTES 4.125% 07/31/2028 1150000 Par	1,153,988	1,142,063	
US Treasury	US TREAS NOTES 4.375% 08/31/2028 700000 Par	697,764	700,556	
US Treasury	US TREAS NOTES 4.625% 09/30/2028 100000 Par	100,003	100,935	
US Treasury	US TREAS NOTES 3.125% 11/15/2028 700000 Par	688,891	669,820	
US Treasury	US TREAS NOTES 4.375% 11/30/2028 150000 Par	149,956	150,061	
US Treasury	US TREAS NOTES 3.750% 12/31/2028 125000 Par	124,410	122,194	
US Treasury	US TREAS NOTES 4.000% 01/31/2029 1000000 Par	999,394	986,302	
US Treasury	US TREAS NOTES 2.625% 02/15/2029 700000 Par	697,006	654,451	
US Treasury	US TREAS NOTES 2.750% 05/31/2029 200000 Par	198,813	186,994	
US Treasury	US TREAS NOTES 3.250% 06/30/2029 900000 Par	885,893	858,804	
US Treasury	US TREAS NOTES 1.625% 08/15/2029 300000 Par	302,787	266,262	
US Treasury	US TREAS NOTES 3.875% 09/30/2029 200000 Par	197,469	195,650	
US Treasury	US TREAS NOTES 4.000% 10/31/2029 100000 Par	98,870	98,317	
US Treasury	US TREAS NOTES 1.750% 11/15/2029 350000 Par	349,570	310,392	
US Treasury	US TREAS NOTES 3.500% 01/31/2030 100000 Par	98,179	95,938	
US Treasury	US TREAS NOTES 1.500% 02/15/2030 605000 Par	644,811	525,331	
US Treasury	US TREAS NOTES 3.625% 03/31/2030 150000 Par	149,277	144,563	
US Treasury	US TREAS NOTES 3.500% 04/30/2030 200000 Par	199,625	191,390	
US Treasury	US TREAS NOTES 0.875% 11/15/2030 200000 Par	188,326	163,637	
US Treasury	US TREAS NOTES 4.000% 01/31/2031 150000 Par	149,581	146,347	
US Treasury	US TREAS BONDS 5.375% 02/15/2031 1105000 Par	1,419,176	1,158,768	
US Treasury	US TREAS NOTES 1.125% 02/15/2031 690000 Par	671,430	569,421	
US Treasury	US TREAS NOTES 1.875% 02/15/2032 150000 Par	138,777	126,164	
US Treasury	US TREAS NOTES 2.875% 05/15/2032 1350000 Par	1,326,290	1,212,438	
US Treasury	US TREAS NOTES 2.750% 08/15/2032 400000 Par	381,706	354,732	
US Treasury	US TREAS NOTES 4.125% 11/15/2032 750000 Par	737,167	731,489	
US Treasury	US TREAS NOTES 3.500% 02/15/2033 925000 Par	918,576	860,521	
US Treasury	US TREAS NOTES 3.875% 08/15/2033 475000 Par	466,399	452,067	
US Treasury	US TREAS NOTES 4.500% 11/15/2033 100000 Par	100,109	99,547	
US Treasury	US TREAS NOTES 4.000% 02/15/2034 1500000 Par	1,475,493	1,436,039	
US Treasury	US TREAS BONDS 4.375% 02/15/2038 25000 Par	32,252	24,314	
US Treasury	US TREAS BONDS 3.500% 02/15/2039 250000 Par	240,256	219,128	
US Treasury	US TREAS BONDS 3.875% 08/15/2040 350000 Par	478,373	314,952	
US Treasury	US TREAS BONDS 1.375% 11/15/2040 200000 Par	184,688	123,787	

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## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>U.S government and agency obligations - continued</i>				
US Treasury	US TREAS BONDS 4.250% 11/15/2040 550000 Par	\$ 526,396	\$ 516,924	
US Treasury	US TREAS BONDS 1.875% 02/15/2041 700000 Par	671,116	468,938	
US Treasury	US TREAS BONDS 4.375% 05/15/2041 500000 Par	503,463	476,148	
US Treasury	US TREAS BONDS 3.125% 11/15/2041 450000 Par	466,244	362,109	
US Treasury	US TREAS BONDS 3.000% 05/15/2042 305000 Par	301,579	239,369	
US Treasury	US TREAS BONDS 2.750% 08/15/2042 295000 Par	285,548	221,629	
US Treasury	US TREAS BONDS 2.750% 11/15/2042 175000 Par	174,467	130,785	
US Treasury	US TREAS BONDS 4.000% 11/15/2042 200000 Par	196,656	179,955	
US Treasury	US TREAS BONDS 2.875% 05/15/2043 250000 Par	249,266	189,354	
US Treasury	US TREAS BONDS 3.875% 05/15/2043 50000 Par	47,888	44,005	
US Treasury	US TREAS BONDS 3.750% 11/15/2043 150000 Par	134,686	129,159	
US Treasury	US TREAS BONDS 4.750% 11/15/2043 350000 Par	366,871	345,582	
US Treasury	US TREAS BONDS 3.625% 02/15/2044 200000 Par	177,750	168,753	
US Treasury	US TREAS BONDS 4.625% 05/15/2044 200000 Par	197,781	193,891	
US Treasury	US TREAS BONDS 2.500% 02/15/2045 525000 Par	494,955	364,257	
US Treasury	US TREAS BONDS 3.000% 11/15/2045 150000 Par	111,566	112,795	
US Treasury	US TREAS BONDS 2.500% 05/15/2046 200000 Par	256,313	136,188	
US Treasury	US TREAS BONDS 2.250% 08/15/2046 1955000 Par	2,047,521	1,262,071	
US Treasury	US TREAS BONDS 3.000% 05/15/2047 100000 Par	74,925	73,899	
US Treasury	US TREAS BONDS 2.750% 08/15/2047 200000 Par	221,833	140,653	
US Treasury	US TREAS BONDS 3.125% 05/15/2048 250000 Par	233,772	187,266	
US Treasury	US TREAS BONDS 3.375% 11/15/2048 500000 Par	407,766	390,513	
US Treasury	US TREAS BONDS 3.000% 02/15/2049 525000 Par	403,817	381,959	
US Treasury	US TREAS BONDS 2.250% 08/15/2049 400000 Par	408,612	247,655	
US Treasury	US TREAS BONDS 2.375% 11/15/2049 150000 Par	160,222	95,315	
US Treasury	US TREAS BONDS 4.000% 11/15/2052 150000 Par	140,457	130,666	
US Treasury	US TREAS BONDS 3.625% 02/15/2053 150000 Par	128,810	121,874	
US Treasury	US TREAS TIPS 0.375% 07/15/2025 200000 Par	251,689	264,604	
US Treasury	US TREAS TIPS 0.625% 01/15/2026 175000 Par	215,046	229,277	
US Treasury	US TREAS TIPS 0.125% 07/15/2030 135000 Par	158,873	149,798	
US Treasury	US TREAS TIPS 0.625% 02/15/2043 115000 Par	157,984	115,593	
US Treasury	US TREAS TIPS 0.750% 02/15/2045 100000 Par	150,598	97,070	
			45,303,641	41,615,869

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**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)  
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
<i>Corporate bonds</i>				
CATERPILLAR FINANCIAL SERVICES	CATERPILLAR FINANCIAL SERVICES MTNS BE 1.450% 05/15/2025 150000 Par	\$ 152,338	\$ 148,350	
COMCAST CORP	COMCAST CORP 2.350% 01/15/2027 150000 Par	156,343	143,397	
MARRIOTT INTL INC	MARRIOTT INTL INC 5.000% 10/15/2027 200000 Par	199,603	201,589	
NATIONAL RURAL UTILITIES	NATIONAL RURAL UTILITIES COOP FIN 4.800% 03/15/2028 300000 Par	303,090	300,524	
T MOBILE USA	T MOBILE USA INC 4.950% 03/15/2028 150000 Par	151,626	150,071	
BURLINGTON NORTHERN SANTA	BURLINGTON NORTHERN SANTA FE CORP 6.750% 03/15/2029 75000 Par	93,003	80,391	
WALT DISNEY CO	DISNEY WALT CO 2.000% 09/01/2029 150000 Par	148,370	133,385	
LOWES COS INC	LOWES COS INC 4.500% 04/15/2030 150000 Par	147,463	147,165	
NORTHROP GRUMMAN CORP	NORTHROP GRUMMAN CORP 4.400% 05/01/2030 250000 Par	245,190	243,422	
AUTOZONE INC	AUTOZONE INC 4.750% 08/01/2032 200000 Par	199,973	193,457	
META PLATFORMS INC	META PLATFORMS INC 4.950% 05/15/2033 300000 Par	296,835	300,421	
JOHNSON & JOHNSON	JOHNSON & JOHNSON 4.375% 12/05/2033 25000 Par	25,496	24,232	
FEDEX CORP	FEDEX CORP 3.900% 02/01/2035 255000 Par	246,663	225,220	
MICROSOFT CORP	MICROSOFT CORP 3.500% 02/12/2035 50000 Par	50,891	45,305	
EOG RESOURCES INC	EOG RESOURCES INC 3.900% 04/01/2035 50000 Par	46,927	44,453	
ORACLE CORP	ORACLE CORP 3.900% 05/15/2035 35000 Par	35,652	30,665	
MCDONALDS CORP	MCDONALDS CORP 3.700% 02/15/2042 150000 Par	139,738	117,360	
BURLINGTON NORTHERN S	BURLINGTON NORTHERN SANTA FE CORP 3.900% 08/01/2046 75000 Par	75,338	58,492	
			2,714,535	2,587,899
			\$ 71,920,347	

See independent auditor's report on supplemental information.

**Voluntary Hospitals House Staff Benefits Plan**  
 EIN 13-3029280  
 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
 For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single Transactions</u>								
<i>None</i>								
<u>Series of Transactions</u>								
<u>Purchases</u>								
	U S TREAS NTS 4.125%	07/31/28	300000	Par		\$ 297,316	\$ 297,316	\$ -
	U S TREAS NTS 4.125%	07/31/28	150000	Par		149,127	149,127	-
	U S TREAS NTS 4.125%	11/15/32	150000	Par		148,596	148,596	-
	U S TREAS NTS 4.375%	05/15/26	500000	Par		499,824	499,824	-
	U S TREAS NTS 4.250%	03/15/27	250000	Par		248,599	248,599	-
	U S TREAS NTS 4.000%	01/15/27	100000	Par		99,759	99,759	-
	U S TREAS NTS 4.000%	01/31/29	500000	Par		492,656	492,656	-
	U S TREAS NTS 4.000%	02/15/34	350000	Par		343,834	343,834	-
	U S TREAS NTS 4.000%	02/15/34	400000	Par		397,859	397,859	-
	U S TREAS NTS 4.000%	02/15/34	250000	Par		243,594	243,594	-
	U S TREAS BDS 3.000%	02/15/49	200000	Par		155,455	155,455	-
	U S TREAS BDS 3.000%	02/15/49	250000	Par		191,484	191,484	-
	U S TREAS NTS 4.000%	02/28/28	350000	Par		346,332	346,332	-
	U S TREAS NTS 4.000%	02/28/28	400000	Par		398,625	398,625	-
	U S TREAS BDS 4.750%	11/15/43	350000	Par		366,871	366,871	-
	U S TREAS BDS 4.000%	11/15/52	150000	Par		140,457	140,457	-
	U S TREAS NTS 4.125%	02/15/27	500000	Par		497,813	497,813	-
	U S TREAS BDS 4.375%	05/15/41	350000	Par		353,145	353,145	-
	U S TREAS NTS 3.875%	08/15/33	200000	Par		196,355	196,355	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		84,273	84,273	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		82,519	82,519	-
	U S TREAS NTS 3.875%	12/31/27	150000	Par		150,097	150,097	-
	U S TREAS NTS 4.125%	10/31/27	600000	Par		594,914	594,914	-
	U S TREAS NTS 4.000%	02/15/34	400000	Par		390,719	390,719	-
	U S TREAS NTS 4.500%	04/15/27	400000	Par		399,563	399,563	-
	U S TREAS NTS 4.500%	05/15/27	200000	Par		199,031	199,031	-
	U S TREAS BDS 4.250%	11/15/40	150000	Par		141,202	141,202	-
	U S TREAS NTS 4.500%	11/15/33	100000	Par		100,109	100,109	-
	U S TREAS BDS 4.625%	05/15/44	200000	Par		197,781	197,781	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		80,175	80,175	-
	U S TREAS NTS 4.375%	11/30/28	150000	Par		149,956	149,956	-
	U S TREAS NTS 4.125%	07/31/28	500000	Par		500,313	500,313	-
	U S TREAS NTS 3.125%	11/15/28	300000	Par		294,891	294,891	-
	U S TREAS NTS 3.250%	06/30/29	250000	Par		245,049	245,049	-
	U S TREAS NTS 3.250%	06/30/29	200000	Par		196,281	196,281	-
	U S TREAS NTS 3.250%	06/30/29	200000	Par		197,688	197,688	-

See independent auditor's report on supplemental information

**Voluntary Hospitals House Staff Benefits Plan**  
EIN 13-3029280  
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions  
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
	<u>Purchases</u>							
	U S TREAS NTS 4.125% 11/15/32 150000 Par					\$ 147,958	\$ 147,958	\$ -
	U S TREAS NTS 4.000% 01/31/29 500000 Par					497,617	497,617	-
	U S TREAS NTS 4.000% 01/31/33 150000 Par					149,581	149,581	-
	U S TREAS NTS 3.500% 02/15/33 200000 Par					196,484	196,484	-
	U S TREAS NTS 4.000% 02/15/34 100000 Par					97,894	97,894	-
	U S TREAS NTS 3.500% 04/30/30 200000 Par					199,625	199,625	-
	U S TREAS BDS 4.250% 11/15/40 100000 Par					99,128	99,128	-
	U S TREAS BDS 4.000% 11/15/42 200000 Par					196,656	196,656	-
	U S TREAS NTS 3.750% 12/31/28 125000 Par					124,410	124,410	-
	U S TREAS NTS 3.625% 03/31/30 150000 Par					149,277	149,277	-
	<u>Sales</u>							
	U S TREAS NTS 0.250% 05/15/24 500000 Par					499,453	500,000	547
	U S TREAS NTS 3.000% 06/30/24 100000 Par					99,876	100,000	124
	U S TREAS NTS 1.875% 08/31/24 300000 Par					299,886	299,414	(472)
	U S TREAS NTS 1.875% 08/31/24 300000 Par					299,886	300,000	114
	U S TREAS NTS 2.375% 09/15/24 100000 Par					97,995	100,000	2,005
	U S TREAS NTS 1.125% 02/28/25 150000 Par					154,461	147,495	(6,966)
	U S TREAS NTS 1.500% 03/30/24 100000 Par					99,917	99,724	(193)
	U S TREAS NTS 1.125% 01/15/25 200000 Par					198,954	197,434	(1,520)
	U S TREAS NTS 0.750% 11/15/24 250000 Par					247,150	247,898	748
	U S TREAS NTS 1.250% 08/31/24 100000 Par					101,988	99,751	(2,237)

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## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

### Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single Transactions</u>								
<i>None</i>								
<u>Series of Transactions</u>								
<u>Purchases</u>								
	U S TREAS NTS 4.125%	07/31/28	300000	Par		\$ 297,316	\$ 297,316	\$ -
	U S TREAS NTS 4.125%	07/31/28	150000	Par		149,127	149,127	-
	U S TREAS NTS 4.125%	11/15/32	150000	Par		148,596	148,596	-
	U S TREAS NTS 4.375%	05/15/26	500000	Par		499,824	499,824	-
	U S TREAS NTS 4.250%	03/15/27	250000	Par		248,599	248,599	-
	U S TREAS NTS 4.000%	01/15/27	100000	Par		99,759	99,759	-
	U S TREAS NTS 4.000%	01/31/29	500000	Par		492,656	492,656	-
	U S TREAS NTS 4.000%	02/15/34	350000	Par		343,834	343,834	-
	U S TREAS NTS 4.000%	02/15/34	400000	Par		397,859	397,859	-
	U S TREAS NTS 4.000%	02/15/34	250000	Par		243,594	243,594	-
	U S TREAS BDS 3.000%	02/15/49	200000	Par		155,455	155,455	-
	U S TREAS BDS 3.000%	02/15/49	250000	Par		191,484	191,484	-
	U S TREAS NTS 4.000%	02/28/28	350000	Par		346,332	346,332	-
	U S TREAS NTS 4.000%	02/28/28	400000	Par		398,625	398,625	-
	U S TREAS BDS 4.750%	11/15/43	350000	Par		366,871	366,871	-
	U S TREAS BDS 4.000%	11/15/52	150000	Par		140,457	140,457	-
	U S TREAS NTS 4.125%	02/15/27	500000	Par		497,813	497,813	-
	U S TREAS BDS 4.375%	05/15/41	350000	Par		353,145	353,145	-
	U S TREAS NTS 3.875%	08/15/33	200000	Par		196,355	196,355	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		84,273	84,273	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		82,519	82,519	-
	U S TREAS NTS 3.875%	12/31/27	150000	Par		150,097	150,097	-
	U S TREAS NTS 4.125%	10/31/27	600000	Par		594,914	594,914	-
	U S TREAS NTS 4.000%	02/15/34	400000	Par		390,719	390,719	-
	U S TREAS NTS 4.500%	04/15/27	400000	Par		399,563	399,563	-
	U S TREAS NTS 4.500%	05/15/27	200000	Par		199,031	199,031	-
	U S TREAS BDS 4.250%	11/15/40	150000	Par		141,202	141,202	-
	U S TREAS NTS 4.500%	11/15/33	100000	Par		100,109	100,109	-
	U S TREAS BDS 4.625%	05/15/44	200000	Par		197,781	197,781	-
	U S TREAS BDS 3.375%	11/15/48	100000	Par		80,175	80,175	-
	U S TREAS NTS 4.375%	11/30/28	150000	Par		149,956	149,956	-
	U S TREAS NTS 4.125%	07/31/28	500000	Par		500,313	500,313	-
	U S TREAS NTS 3.125%	11/15/28	300000	Par		294,891	294,891	-
	U S TREAS NTS 3.250%	06/30/29	250000	Par		245,049	245,049	-
	U S TREAS NTS 3.250%	06/30/29	200000	Par		196,281	196,281	-
	U S TREAS NTS 3.250%	06/30/29	200000	Par		197,688	197,688	-

## Voluntary Hospitals House Staff Benefits Plan

EIN 13-3029280

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
	<u>Purchases</u>							
	U S TREAS NTS 4.125% 11/15/32 150000 Par					\$ 147,958	\$ 147,958	\$ -
	U S TREAS NTS 4.000% 01/31/29 500000 Par					497,617	497,617	-
	U S TREAS NTS 4.000% 01/31/33 150000 Par					149,581	149,581	-
	U S TREAS NTS 3.500% 02/15/33 200000 Par					196,484	196,484	-
	U S TREAS NTS 4.000% 02/15/34 100000 Par					97,894	97,894	-
	U S TREAS NTS 3.500% 04/30/30 200000 Par					199,625	199,625	-
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	U S TREAS BDS 4.000% 11/15/42 200000 Par					196,656	196,656	-
	U S TREAS NTS 3.750% 12/31/28 125000 Par					124,410	124,410	-
	U S TREAS NTS 3.625% 03/31/30 150000 Par					149,277	149,277	-
	<u>Sales</u>							
	U S TREAS NTS 0.250% 05/15/24 500000 Par					499,453	500,000	547
	U S TREAS NTS 3.000% 06/30/24 100000 Par					99,876	100,000	124
	U S TREAS NTS 1.875% 08/31/24 300000 Par					299,886	299,414	(472)
	U S TREAS NTS 1.875% 08/31/24 300000 Par					299,886	300,000	114
	U S TREAS NTS 2.375% 09/15/24 100000 Par					97,995	100,000	2,005
	U S TREAS NTS 1.125% 02/28/25 150000 Par					154,461	147,495	(6,966)
	U S TREAS NTS 1.500% 03/30/24 100000 Par					99,917	99,724	(193)
	U S TREAS NTS 1.125% 01/15/25 200000 Par					198,954	197,434	(1,520)
	U S TREAS NTS 0.750% 11/15/24 250000 Par					247,150	247,898	748
	U S TREAS NTS 1.250% 08/31/24 100000 Par					101,988	99,751	(2,237)