

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED HEALTH SERVICES HOSPITALS INC</u> <u>10-42 MITCHELL AVENUE</u> <u>BINGHAMTON, NY 13903</u>	1c Effective date of plan <u>10/01/1948</u> 2b Employer Identification Number (EIN) <u>16-1165049</u> 2c Plan Sponsor's telephone number <u>607-763-6000</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	JENNIFER BAGGERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3864
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1440
	6a(2)	1348
	6b	1071
	6c	1184
	6d	3603
	6e	85
	6f	3688
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED HEALTH SERVICES HOSPITALS INC</u>	D Employer Identification Number (EIN) <u>16-1165049</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>251981459</u>
	b Actuarial value	2b	<u>267978531</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1152</u>	<u>101351981</u>
	b For terminated vested participants	<u>1275</u>	<u>42576190</u>
	c For active participants	<u>1454</u>	<u>166857928</u>
	d Total	<u>3881</u>	<u>310786099</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>3900000</u>
	c Target normal cost	6c	<u>3900000</u>

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

SIGN HERE	
Signature of actuary	<u>09/25/2025</u>
<u>THOMAS BILLONE</u>	Date
Type or print name of actuary	<u>23-05567</u>
<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
Firm name	<u>610-647-6400</u>
<u>1205 WESTLAKES DRIVE, SUITE 290</u>	Telephone number (including area code)
<u>BERWYN, PA 19312-1178</u>	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38487	135854
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	38487	135854
10	Interest on line 9 using prior year's actual return of <u>15.22</u> %	5858	20677
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		188364
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		9983
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		198347
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	44345	156531

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.16 %
15	Adjusted funding target attainment percentage	15	86.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.56 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	3000000	0	07/08/2025	2100000	0
07/11/2024	640000	0	08/11/2025	3100000	0
10/10/2024	1820000	0			
01/10/2025	1820000	0			
03/20/2025	1500000	0			
04/08/2025	2100000	0			
Totals ▶			18(b)	16080000	18(c)

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

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	15246131

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 3900000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	43008444		4152469	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 8052469
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 8052469
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 15246131
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 7193662
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

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

A Name of plan EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED HEALTH SERVICES HOSPITALS INC	D Employer Identification Number (EIN) 16-1165049	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BUCK GLOBAL, LLC

83-1116912

(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	ACTUARY	537185	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 VANGUARD GROUP, INC.

23-2811930

(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?
26	INVESTMENT MANAGEMENT	201948	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 VANGUARD GROUP, INC.

23-2186884

(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	TRUSTEE SERVICE	66566	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED HEALTH SERVICES HOSPITALS INC	D Employer Identification Number (EIN) 16-1165049

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2287904	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23000000	10620000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		1559430
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	227264631	236818599
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	252552535	248998029
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	135700	317282
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	135700	317282
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	252416835	248680747

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	16080000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		16080000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7269278	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	33589458	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31756541	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		7632302
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		32814497

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	32529435	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32529435
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	376431	
(6) Bank or trust company trustee/custodial fees	2i(6)	66566	
(7) Actuarial fees	2i(7)	537185	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	3040968	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4021150
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36550585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3736088
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 536687.

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

A Name of plan <u>EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED HEALTH SERVICES HOSPITALS INC</u>	D Employer Identification Number (EIN) <u>16-1165049</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 23-2186884

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		93
---	--	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 95.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.6 % Other: 4.3 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**AUDITED
FINANCIAL STATEMENTS**

**EMPLOYEES' RETIREMENT PLAN OF UNITED
HEALTH SERVICES**

DECEMBER 31, 2024

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
Employees' Retirement Plan of United Health Services

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

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

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2024, and Schedule H, line 4j – schedule of reportable transactions, for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Freed Maxick P.C.

Buffalo, NY
October 13, 2025

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

ASSETS	2024	2023
Money market fund	\$ 1,559,430	\$ -
Cash	-	2,287,904
Shares of registered investment companies, at fair value	236,818,599	227,264,631
Employer contributions receivable	10,620,000	23,000,000
Total assets	<u>248,998,029</u>	<u>252,552,535</u>
LIABILITIES		
Accrued expenses	<u>317,282</u>	<u>135,700</u>
Net assets available for benefits	<u>\$ 248,680,747</u>	<u>\$ 252,416,835</u>

See accompanying notes.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31,

	<u>2024</u>	<u>2023</u>
Sources of net assets:		
Employer contributions	\$ 16,080,000	\$ 23,000,000
Net appreciation in fair value of investments	9,465,219	25,723,782
Interest and dividend income	7,269,278	6,838,041
Total sources of net assets	<u>32,814,497</u>	<u>55,561,823</u>
Applications of net assets:		
Benefits paid directly to participants	32,529,435	24,135,122
Administrative expenses	4,021,150	4,003,563
Total applications of net assets	<u>36,550,585</u>	<u>28,138,685</u>
(Decrease) increase in net assets available for benefits	(3,736,088)	27,423,138
Net assets available for benefits - beginning of year	<u>252,416,835</u>	<u>224,993,697</u>
Net assets available for benefits - end of year	<u>\$ 248,680,747</u>	<u>\$ 252,416,835</u>

See accompanying notes.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1. DESCRIPTION OF PLAN

The following description of the Employees' Retirement Plan of United Health Services (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a non-contributory defined benefit pension plan covering substantially all employees of United Health Services, Inc. (UHS), United Health Services Hospitals, Inc. (UHSH), Ideal Senior Living Center, Inc. (ISLC), Ideal Senior Living Center Housing Corporation, Inc. (ISLCHC), Professional Home Care, Inc. (PHC) and United Medical Associates, P.C. (UHSMG) (collectively the Plan Sponsors) who have completed three years of eligible service, defined as 1,000 hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 1, 2012, the Plan was amended such that any employee hired or rehired on or after January 1, 2012, will not be eligible to participate in the Plan and will be eligible to participate in the United Health Services, Inc. 403(b) Retirement Plan. Effective January 1, 2024, the Plan was amended for a hard freeze, and therefore all participants will have their accrued benefit calculated based on the participants pay and service through December 31, 2023 and it will not increase beyond this date.

Funding Policy: The Plan's funding policy is for the Plan Sponsors to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum required contribution is \$8,382,966 and \$21,111,659 for 2024 and 2023 respectively. The Plan Sponsors made contributions amounting to \$16,080,000 and \$23,000,000 for the years ended December 31, 2024 and 2023, which was in line with the minimum funding requirements of ERISA. The Plan Sponsor contributions for 2024 and 2023 exceeded the minimum funding requirement, therefore the Plan was in compliance.

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

Pension Benefits: Covered employees with three or more years of service are entitled to a lump sum pension benefit or a "qualified optional survivor annuity" beginning at normal retirement age (65) equal to 1% of average final pay (highest five consecutive years out of the last 10 years) times accumulated base credits, plus 1% of average final pay in excess of one-half of the Social Security Wage base times accumulated excess credits. Accumulated base credits equal the base credits at transition defined as plus 11 credits for each year of service commencing on or after January 1, 1999. Accumulated excess credits equal excess credits at transition January 1, 1999 plus 3.5 credits for each year of service commencing on or after January 1, 1999. The accrued benefit of an employee who completes an hour of service on or after December 31, 2008 shall not be less than \$30 per month.

The Plan permits early retirement; however, pension benefits are reduced based on the number of full and partial years before the normal retirement age as follows: 4% for each of the first 15 years; 2.75% for years 16-25; and 0.5% for each year thereafter. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

Death and Disability Benefits: If a covered employee is vested in Plan benefits and dies, a death benefit equal to one-half of the lump sum benefit, calculated as if the participant retired on the date of death, is paid to the spouse, beginning on the date that the employee would have attained normal retirement age. The surviving spouse may elect to receive benefits beginning on what would have been the participant's early retirement date provided the employee had ten years of service prior to his or her death. Employees who have at least 10 years of service, and who become totally disabled continue to accrue retirement benefits as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Finance Committee determines the Plan's valuation policies utilizing information provided by its investment advisors, custodians, and insurance company. See Note 5 for a 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Vesting: Vesting is based on years of credited service. Participants become fully vested after completion of five years of credited service.

Administrative Expenses: The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events: These financial statements have not been updated for subsequent events occurring after October 13, 2025, which is the date these financial statements were available to be issued.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The significant actuarial assumptions used in the valuations as of December 31, 2023 were (a) life expectancy of participants (the 2024 IRC 417 (e) Applicable Mortality table) (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rates used to discount the obligation for 2023 was 5.30%.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of total accumulated plan benefits as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:	
Retired participants and beneficiaries receiving payments	\$ 100,264,995
Terminated vested participants	42,744,238
Active participants	<u>163,434,828</u>
Total vested accumulated benefits	306,444,061
Non-vested accumulated plan benefits	<u>1,935,726</u>
Actuarial present value of total accumulated plan benefits	<u>\$ 308,379,787</u>

Changes in the actuarial present value of accumulated benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 293,382,152
Changes during the plan year attributable to:	
Benefits paid	(24,135,122)
Interest	15,706,494
Assumption changes	2,393,934
Benefits accumulated and other plan experience	<u>21,032,329</u>
Net increase for the year	<u>14,997,635</u>
Total actuarial present value of accumulated plan benefits at end of year	<u>\$ 308,379,787</u>

The changes in actuarial assumptions are due to changes in mortality table and the discount rate assumptions.

NOTE 4. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4. PLAN TERMINATION (CONTINUED)

- c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- d) All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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.

Money Market Fund: Valued at cost plus accrued interest which approximates fair value. The money market fund is classified as a Level 1 investment.

Shares of Registered Investment Companies: Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is the closing price reported on the active market on which the securities are traded. Shares of registered investments companies are classified as Level 1 investments.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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

	<u>December 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Money market fund	\$ 1,559,430	\$	\$	\$ 1,559,430
Shares of registered investment companies	<u>236,818,599</u>	_____	_____	<u>236,818,599</u>
Total investments, at fair value	<u>\$ 238,378,029</u>	<u>\$</u>	<u>\$</u>	<u>\$ 238,378,029</u>

	<u>December 31, 2023</u>	
	<u>Level 1</u>	<u>Total</u>
Shares of registered investment companies	\$ 227,264,631	\$ 227,264,631

NOTE 6. RISKS AND UNCERTAINTIES

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

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

NOTE 7. TAX STATUS

The Internal Revenue Service (IRC) has determined and informed the Plan Sponsors by a letter dated January 21, 2016, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9. FINANCIAL CERTIFICATION

The following financial information relating to the Plan's assets as of December 31, 2024 and income and transactions for the periods December 1, 2024 through December 31, 2024 and January 1, 2024 through November 30, 2024, as of and for the year ended December 31, 2023, has been derived from information provided by Wilmington Trust and Vanguard Fiduciary Trust Company, respectively, the trustees of the Plan, has been certified as complete and accurate. The incorporation of this financial information in the accompanying financial statements and supplemental schedules is based solely on their certifications and the information relating to the assets has not been audited by independent accountants.

	<u>2024</u>	<u>2023</u>
Money market funds	\$ 1,559,430	\$ -
Cash	\$ -	\$ 2,287,904
Investments, at fair value:		
Shares of registered investment companies	\$ 236,818,599	\$ 227,264,631
Transactions for the years ended:		
Net appreciation in fair value of investments	\$ 9,465,219	\$ 25,723,782
Interest and dividend income	\$ 7,269,278	\$ 6,838,041

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN 16-1165049, Plan #001

Identity of issuer & description of investment	Cost Value	Current Value
Money market fund		
Blackrock Liquidity FedFund	\$ 1,559,430	\$ 1,559,430
Shares of registered investment companies:		
Vanguard Total Stock Market Index Fund	\$ 41,037,205	\$ 88,616,606
Vanguard Total International Stock Index Fund	47,841,771	55,806,885
Vanguard Long-Term Investment Grade Fund	62,903,018	46,424,024
Vanguard Long-Term Treasury Index Fund Inst Shares	70,235,391	45,971,084
	<u>\$ 223,576,815</u>	<u>\$ 238,378,029</u>

The above information has been certified as complete and accurate by
Wilmington Trust.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024

EIN: 16-1165049, Plan #001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expense Incurred With Transaction	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Series of Transactions in Excess of 5% of Plan Assets							
Vanguard Total Stock Market Inst Plus	Shares of registered investment companies	\$ -	\$ 28,031,852	\$ -	\$ 17,766,979	\$ 28,031,852	\$ 10,264,873
Vanguard Long-term Treasury Index Fund Inst Shares	Shares of registered investment companies	-	14,155,094	-	16,503,250	14,155,094	(2,348,156)

The above information has been certified as complete and accurate by Vanguard Fiduciary Trust Company and Wilmington Trust.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

The Employees Retirement Plan of United Health Services became effective on October 1, 1948. On January 1, 1999, a new benefit formula was introduced applicable to all participants for service after January 1, 1999. In December 2021, UHS announced a two-year sunset plan freeze. Benefit accruals will continue through December 31, 2023 and cease thereafter.

The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation.

Definitions

Compensation

Annual W-2 compensation, excluding reimbursements, fringe benefits and moving expenses, plus deferred compensation. Compensation for 2021 is not to exceed \$290,000 as indexed for inflation under IRC Section 401(a)(17).

Average Final Compensation

The average of the annual Compensation amounts earned for five consecutive plan years in the last ten years of employment providing the highest average.

Social Security Wage Base

The Social Security Wage Base in effect at the beginning of the plan year.

Years of Vesting Service

A Year of Vesting Service is accrued for any plan year during which an employee completes 1,000 or more Hours of Service.

Years of Credited Service

Service to the date of termination, Early, Normal or Deferred Retirement. Years of Credited Service in any plan year during which a participant completes 1,000 or more Hours of Service (pro-rated for complete months in the year of separation).

Participation in Plan

Each employee other than interns, residents, directors, and leased employees is eligible to participate on the first day of any month following 12 months of employment during which the employee completes 1,000 or more Hours of Service. As of January 1, 2012, the Plan is closed to new entrants.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Benefits

Normal Retirement Benefit

- Eligibility** The first of the month coincident with or next following his 65th birthday or the 4th anniversary of the participation date, if later.
- Benefits** Lump sum equal to the sum of (a) and (b), but not less than (c).
- (a) 1% of average final pay (highest five years) times accumulated base credits. Accumulated base credits equal base credits at transition (January 1, 1999) plus 11 credits for each year of service commencing on or after January 1, 1999.
 - (b) 1% of average final pay in excess of one-half of the Social Security wage base times accumulated excess credits. Accumulated excess credits equal excess credits at transition (January 1, 1999) plus 3.5 credits for each year of service commencing on or after January 1, 1999.
 - (c) The lump sum equivalent actuarial value of the accrued benefit as of December 31, 1998, plus the sum of (i) and (ii).
 - (i) 1% of average final pay times accumulated base credits. For purposes of this item only, accumulated base credits equal 11 credits for each year of service for the period commencing January 1, 1999 and ending December 31, 2001.
 - (ii) 1% of average final pay in excess of one-half of the Social Security wage base times accumulated excess credits. For purposes of this item only, accumulated excess credits equal 3.5 credits for each year of service for the period commencing January 1, 1999 and ending December 31, 2001.

Early Retirement Benefit

- Eligibility** A participant may elect to retire and commence receipt of his pension on any day subsequent to his 55th birthday and completion of 10 Years of Vesting Service.
- Benefits** The lump sum early retirement benefit, if deferred, is payable at age 65 and is completed as for normal retirement but based upon service and compensation to the date of early retirement.
- The lump sum benefit is reduced by 4% for the first 15 years, and by 2.75% for the next 10 years and 0.5% thereafter that the payment precedes age 65.

Deferred Retirement

- Eligibility** Any date following Normal Retirement.
- Benefits** A participant who continues in employment beyond Normal Retirement Date and who, on his Normal Retirement Date shall continue to earn Years of Credited Service.

For other participants, 1/12 of accrued benefit as of early retirement date, reduced by 5% for each year by which the early retirement date precedes the normal retirement date.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Vested Retirement

Eligibility 3 Years of Vesting Service.

Benefits The vested benefit, if deferred, is payable at age 65, a reduced lump sum benefit may be paid at any age prior to age 65.

The lump sum benefit is reduced by 4% for the first 15 years, and by 2.75% for the next 10 years and 0.5% thereafter that the payment precedes age 65.

Death Benefit

Eligibility Paid to the surviving spouse of a participant (or beneficiary if participant was unmarried) who dies after satisfying the Plan's 3-year vesting requirement.

Benefits 50% of the lump sum amount

Disability Benefit

Eligibility Long-term disability with 10 Years of Vesting Service.

Benefits Participants may elect to receive vested benefit immediately, or defer to a later date, with reduction prior to Normal Retirement Date. If deferring to a later date, the participant shall be credited with Years of Credited Service during the deferral period.

In Service Distribution Benefit

Eligibility A participant may elect to commence receipt of his pension, while in active service, on any day subsequent to his 65th birthday and completion of 3 Years of Vesting Service.

Benefits The Normal Retirement Benefit.

Normal Form of Benefit

Single Single life annuity.

Married Joint and 50% Survivor Annuity.

Optional Forms of Benefit

- (a) Lump sum
- (b) Single life annuity
- (c) 50% joint and survivorship annuity
- (d) 100% joint and survivorship annuity
- (e) 10-year certain and life annuity

Contributions

Retirement benefits under this Plan are funded entirely by the Employer. Employee contributions are neither required nor allowed.

Summary of Changes from the January 1, 2023 Valuation

None.

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN 16-1165049, Plan #001

Identity of issuer & description of investment	Cost Value	Current Value
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Vanguard Long-Term Investment Grade Fund	62,903,018	46,424,024
Vanguard Long-Term Treasury Index Fund Inst Shares	70,235,391	45,971,084
	<u>\$ 223,576,815</u>	<u>\$ 238,378,029</u>

The above information has been certified as complete and accurate by
Wilmington Trust.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Line 26a – Schedule of Active Participant Data

Attained Age		Years of Credited Service										
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	<i>Number</i>	0	0	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	<i>Number</i>	0	1	0	0	0	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	<i>Number</i>	0	7	7	27	5	0	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$75,861	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$16,048	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	<i>Number</i>	0	5	24	76	65	1	0	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	\$91,976	\$75,794	\$78,677	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	\$10,814	\$21,539	\$29,107	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	<i>Number</i>	0	7	19	44	80	45	2	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$114,600	\$100,382	\$87,602	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$42,558	\$47,241	\$53,453	N/A	N/A	N/A	N/A	N/A
45 to 49	<i>Number</i>	0	6	12	34	62	54	29	0	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$141,553	\$104,262	\$85,534	\$99,816	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$47,950	\$62,429	\$72,930	\$110,511	N/A	N/A	N/A	N/A
50 to 54	<i>Number</i>	0	4	5	28	56	51	37	20	0	0	0
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$98,840	\$123,577	\$107,970	\$114,169	\$81,823	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$61,731	\$104,236	\$109,895	\$161,597	\$147,341	N/A	N/A	N/A
55 to 59	<i>Number</i>	1	4	5	27	61	54	60	34	15	2	2
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$88,653	\$93,573	\$100,108	\$109,620	\$98,249	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$81,293	\$110,534	\$154,836	\$204,612	\$229,579	N/A	N/A	N/A
60 to 64	<i>Number</i>	0	3	7	31	53	59	41	28	28	19	19
	<i>Avg. Comp.</i>	N/A	N/A	N/A	\$94,201	\$77,855	\$81,685	\$114,514	\$95,261	\$133,323	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	\$81,154	\$106,914	\$174,553	\$296,848	\$302,121	\$418,618	N/A	N/A
65 to 69	<i>Number</i>	2	13	2	8	15	12	5	7	2	8	8
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	<i>Number</i>	7	5	5	2	3	5	2	3	0	3	3
	<i>Avg. Comp.</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<i>Avg. Balance</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	<i>Number</i>	10	55	86	277	400	281	176	92	45	42	42

Average compensation and average account balance are not shown for cells with less than 20 participants.

Prescribed Funding/PBGC Assumptions and Methods

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

The termination rates, retirement incidence, assumed form of payment, and marital assumption assumptions are based on a combination of recent plan experience and anticipated demographic patterns of the plan sponsor.

A gain / loss analysis is performed tri-annually which the actuary uses either to help ascertain that assumed rates are still appropriate, or to indicate possible modifications.

I reviewed with the plan sponsor the assumptions for termination rates, retirement incidence, form of payment and marital assumptions along with recent experience and agreed that no change was needed for the current measurement.

The actuary used a building block approach in selecting the arithmetic mean (average) expected return on assets ("EROA"). Expected administrative expenses are based on PBGC premiums paid and other non-investment expenses.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability, and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

Employees' Retirement Plan of United Health Services
 EIN: 16-1165049, PN: 001
 Attachment to 2024 Form 5500
 Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Prescribed Funding/PBGC Assumptions and Methods (continued)

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.87%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.17%	5.30%
Funding Rates – Unconstrained**		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.45%	3.23%
PBGC Premium Funding Target Rates		
First Segment Rate	3.62%	1.41%
Second Segment Rate	4.46%	3.09%
Third Segment Rate	4.52%	3.58%
Effective Interest Rate	4.45%	3.23%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with 4-month lookback, constrained in accordance with relevant legislation.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2023 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Prescribed Funding/PBGC Assumptions and Methods (continued)

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis for annuitant and non-annuitant.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative expenses to be paid from plan assets during the year.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2023 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Non-Prescribed Funding Assumptions and Methods

Based on the results of an experience study completed during 2021, the following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Salary increases

None.

Expenses

The Target Normal Cost includes expected administrative expenses of \$3,900,000.

Frequency of optional payment forms

Future Vested Terminations: 80% Lump Sums, 15% Life Annuities, 5% Joint & Survivor

Future Retirements: 80% Lump Sums, 15% Life Annuities, 5% Joint & Survivor

Current Terminated Vested Participants: 65% Lump Sums, 35% Life Annuities

Marital percentage

60% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Employees' Retirement Plan of United Health Services
 EIN: 16-1165049, PN: 001
 Attachment to 2023 Form 5500
 Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Termination and Retirement Rates

Representative values of the assumed annual rates of termination, early retirement, normal retirement, and disability are as follows:

Age	Withdrawal and Vested Termination	Vested Termination Retirement	Early and Normal Retirement	Disability
20	21.50%			0.03%
25	14.00%			0.03%
30	13.00%			0.03%
35	10.26%			0.03%
40	10.13%			0.04%
45	8.08%			0.08%
50	6.02%			0.21%
55	7.00%		5.00%	0.45%
56	7.00%		5.00%	0.52%
57	7.00%		5.00%	0.61%
58	7.00%	2.00%	5.00%	0.71%
59	7.00%	4.00%	5.00%	0.84%
60	10.00%	3.00%	7.50%	1.01%
61	10.00%	5.00%	15.00%	1.21%
62	10.00%	8.00%	15.00%	1.44%
63	10.00%	3.00%	15.00%	1.70%
64	10.00%	20.00%	30.00%	2.00%
65		100.00%	30.00%	
66			30.00%	
67			30.00%	
68			30.00%	
69			30.00%	
70			100.00%	

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2023 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	6.30%	5.59%	5.59%
2023 Expected Return	6.30%	5.74%	5.74%
2022 Expected Return	6.30%	5.92%	5.92%

Summary of Changes from the January 1, 2023 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulations, 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The mortality assumption was updated as described in IRS Section 1.430(h)(3)-1 and IRC 417(e)(3).
- The impact of the above changes in assumptions for Funding purposes is shown in Exhibit 2.10.
- The expected administrative expenses included in the target normal cost was updated from \$4,000,000 to \$3,900,000.

Employees' Retirement Plan of United Health Services
 EIN: 16-1165049, PN: 001
 Attachment to 2024 Form 5500
 Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2023	Shortfall	14	\$ 5,123,428	\$ 53,680,626
January 1, 2024	Shortfall	15	<u>(970,959)</u>	<u>(10,672,182)</u>
Total			\$ 4,152,469	\$ 43,008,444

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500, Schedule SB,
Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

The expected expenses loaded to the Target Normal Cost were updated to reflect the expense information available at the valuation date. The expected expense load to the Target Normal Cost decreased from \$4,000,000 to \$3,900,000.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500, Schedule SB,
Notes for the Plan Year Beginning 1/1/2024

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 3,571,514	\$ 5,480,026	\$ 9,670,584	\$ 18,722,125
2025	\$ 4,587,090	\$ 2,876,862	\$ 9,523,893	\$ 16,987,846
2026	\$ 5,784,285	\$ 2,314,519	\$ 9,160,226	\$ 17,259,030
2027	\$ 6,762,408	\$ 2,406,407	\$ 8,892,202	\$ 18,061,017
2028	\$ 7,877,131	\$ 2,381,756	\$ 8,602,282	\$ 18,861,169
2029	\$ 8,802,635	\$ 2,466,027	\$ 8,317,830	\$ 19,586,492
2030	\$ 9,725,518	\$ 2,195,237	\$ 8,024,334	\$ 19,945,089
2031	\$ 10,441,411	\$ 2,490,708	\$ 7,722,922	\$ 20,655,042
2032	\$ 11,009,326	\$ 2,609,314	\$ 7,398,632	\$ 21,017,272
2033	\$ 11,569,318	\$ 2,059,341	\$ 7,092,788	\$ 20,721,446
2034	\$ 12,030,845	\$ 2,155,873	\$ 6,773,844	\$ 20,960,562
2035	\$ 12,389,881	\$ 2,853,891	\$ 6,456,618	\$ 21,700,391
2036	\$ 12,635,442	\$ 2,227,828	\$ 6,154,491	\$ 21,017,761
2037	\$ 12,859,527	\$ 2,507,154	\$ 5,803,296	\$ 21,169,977
2038	\$ 13,009,167	\$ 2,372,764	\$ 5,483,073	\$ 20,865,004
2039	\$ 13,090,622	\$ 2,268,055	\$ 5,135,531	\$ 20,494,208
2040	\$ 13,148,140	\$ 2,363,676	\$ 4,780,333	\$ 20,292,149
2041	\$ 13,150,767	\$ 2,540,916	\$ 4,431,285	\$ 20,122,968
2042	\$ 13,113,769	\$ 2,681,268	\$ 4,080,657	\$ 19,875,693
2043	\$ 12,996,815	\$ 2,348,981	\$ 3,730,488	\$ 19,076,283
2044	\$ 12,816,744	\$ 2,360,365	\$ 3,383,200	\$ 18,560,309
2045	\$ 12,609,645	\$ 2,257,110	\$ 3,052,520	\$ 17,919,275
2046	\$ 12,370,859	\$ 2,260,579	\$ 2,708,470	\$ 17,339,908
2047	\$ 12,073,663	\$ 2,292,236	\$ 2,458,381	\$ 16,824,280
2048	\$ 11,723,999	\$ 2,313,710	\$ 2,080,947	\$ 16,118,657
2049	\$ 11,321,744	\$ 2,583,362	\$ 1,792,864	\$ 15,697,971
2050	\$ 10,873,880	\$ 2,115,102	\$ 1,525,774	\$ 14,514,756
2051	\$ 10,398,395	\$ 1,911,921	\$ 1,281,948	\$ 13,592,265
2052	\$ 9,911,271	\$ 1,905,136	\$ 1,062,937	\$ 12,879,344
2053	\$ 9,379,214	\$ 1,661,943	\$ 876,108	\$ 11,917,265
2054	\$ 8,817,952	\$ 1,587,598	\$ 701,578	\$ 11,107,128
2055	\$ 8,243,283	\$ 1,297,579	\$ 558,363	\$ 10,099,225
2056	\$ 7,662,527	\$ 1,209,838	\$ 438,388	\$ 9,310,752

Employees' Retirement Plan of United Health Services
 EIN: 16-1165049, PN: 001
 Attachment to 2024 Form 5500
 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

2057	\$ 7,087,518	\$ 1,087,703	\$ 339,688	\$ 8,514,909
2058	\$ 6,520,073	\$ 1,013,608	\$ 259,964	\$ 7,793,645
2059	\$ 5,966,356	\$ 918,757	\$ 196,747	\$ 7,081,861
2060	\$ 5,436,934	\$ 849,578	\$ 147,544	\$ 6,434,056
2061	\$ 4,933,695	\$ 800,891	\$ 109,952	\$ 5,844,538
2062	\$ 4,459,768	\$ 739,138	\$ 81,755	\$ 5,280,660
2063	\$ 4,016,458	\$ 686,619	\$ 60,974	\$ 4,764,052
2064	\$ 3,604,197	\$ 638,296	\$ 45,912	\$ 4,288,406
2065	\$ 3,222,924	\$ 590,273	\$ 35,156	\$ 3,848,353
2066	\$ 2,871,710	\$ 545,268	\$ 27,565	\$ 3,444,543
2067	\$ 2,549,380	\$ 502,054	\$ 22,249	\$ 3,073,683
2068	\$ 2,254,532	\$ 460,628	\$ 18,528	\$ 2,733,688
2069	\$ 1,985,660	\$ 420,996	\$ 15,902	\$ 2,422,558
2070	\$ 1,741,203	\$ 383,163	\$ 14,009	\$ 2,138,375
2071	\$ 1,519,614	\$ 347,129	\$ 12,600	\$ 1,879,342
2072	\$ 1,319,402	\$ 312,899	\$ 11,502	\$ 1,643,803
2073	\$ 1,139,154	\$ 280,481	\$ 10,600	\$ 1,430,235

Employees' Retirement Plan of United Health Services
EIN: 16-1165049, PN: 001
Attachment to 2024 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	512.6848	0.0296	15.1856	835.2061
56	543.9434	0.0298	16.1838	906.2903
57	581.6879	0.0496	28.8643	1645.263
58	594.8689	0.0497	29.5654	1714.796
59	611.5941	0.0496	30.305	1787.9936
60	641.3728	0.0744	47.693	2861.5788
61	643.0647	0.0991	63.7213	3886.9986
62	618.2439	0.1239	76.6134	4750.0313
63	584.3993	0.1487	86.8896	5474.0479
64	526.2448	0.1983	104.3415	6677.8574
65	429.1688	0.1984	85.1497	5534.7290
66	355.9038	0.1981	70.5080	4653.5253
67	289.8891	0.1956	56.6881	3798.1057
68	240.1573	0.1937	46.5176	3163.1987
69	192.6880	0.1923	37.0486	2556.3525
70	152.7693	0.9570	146.2066	10234.4610
71	11.3818	0.3514	4.0000	284.0000
72	13.1751	0.5211	6.8659	494.3418
73	13.1291	0.5239	6.8785	502.1338
74	8.0666	0.2479	2.0000	148.0000
75	8.8818	0.3315	2.9441	220.8090
76	6.7501	0.4936	3.3317	253.2059
77	4.3046	0.6023	2.5927	199.6403
78	2.6522	0.6572	1.7431	135.9619
79	0.8781	0.0000	0.0000	0.0000
80	2.8466	0.3513	1.0000	80.0000
81	5.7762	0.3462	2.0000	162.0000
82	3.6092	0.0000	0.0000	0.0000
83	3.4356	0.2626	0.9020	74.8691
84	2.4014	0.0000	0.0000	0.0000
85	2.2581	0.6492	1.4659	124.6042
86	0.7408	1.0000	0.7408	63.7125
87	0.0000	1.0000	0.0000	0.0000
88	0.0000	1.0000	0.0000	0.0000
89	0.0000	1.0000	0.0000	0.0000
90	0.0000	1.0000	0.0000	0.0000
91	1.0000	1.0000	1.0000	91.0000
Total			978.9463	63,314.7134
Average				64.68

EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2024

EIN: 16-1165049, Plan #001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expense Incurred With Transaction	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
Series of Transactions in Excess of 5% of Plan Assets							
Vanguard Total Stock Market Inst Plus	Shares of registered investment companies	\$ -	\$ 28,031,852	\$ -	\$ 17,766,979	\$ 28,031,852	\$ 10,264,873
Vanguard Long-term Treasury Index Fund Inst Shares	Shares of registered investment companies	-	14,155,094	-	16,503,250	14,155,094	(2,348,156)

The above information has been certified as complete and accurate by
Vanguard Fiduciary Trust Company and Wilmington Trust.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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


A Name of plan EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED HEALTH SERVICES HOSPITALS, INC.		D Employer Identification Number (EIN)	16-1165049
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	251,981,459	
b Actuarial value	2b	267,978,531	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,152	101,351,981	101,351,981
b For terminated vested participants	1,275	42,576,190	42,576,190
c For active participants	1,454	164,907,097	166,857,928
d Total	3,881	308,835,268	310,786,099
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.17%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	3,900,000	
c Target normal cost	6c	3,900,000	

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/25/2025</u>
Signature of actuary		Date
Thomas Billone		2305567
Type or print name of actuary		Most recent enrollment number
Buck Global, LLC		610-647-6400
Firm name		Telephone number (including area code)
1205 Westlakes Drive Suite 290 BERWYN PA 19312-1178		
Address of the firm		

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

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

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

A Name of plan EMPLOYEES' RETIREMENT PLAN OF UNITED HEALTH SERVICES	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED HEALTH SERVICES HOSPITALS, INC.	D Employer Identification Number (EIN) 16-1165049	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	251,981,459
	b Actuarial value	2b	267,978,531
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,152	101,351,981
	b For terminated vested participants	1,275	42,576,190
	c For active participants	1,454	164,907,097
	d Total	3,881	308,835,268
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.17%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	3,900,000
	c Target normal cost	6c	3,900,000

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

SIGN HERE		
	Signature of actuary	Date
	Thomas Billone	2305567
	Type or print name of actuary	Most recent enrollment number
	Buck Global, LLC	610-647-6400
	Firm name	Telephone number (including area code)
	1205 Westlakes Drive Suite 290 BERWYN PA 19312-1178	
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	3,900,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	43,008,444	4,152,469
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	8,052,469
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 8,052,469
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 15,246,131

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	7,193,662
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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