

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1983
2a Plan sponsor's name (employer, if for a single-employer plan): HOSPITAL GENERAL MENONITA
2b Employer Identification Number (EIN): 66-0219758
2c Plan Sponsor's telephone number: 787-434-1700
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	437
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)	136
	6a(2)	124
	6b	130
	6c	163
	6d	417
	6e	12
	6f	429
	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 1I 3C

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 <u>0</u>
(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>HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN</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>HOSPITAL GENERAL MENONITA</u>	D Employer Identification Number (EIN) <u>66-0219758</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 checked="" type="checkbox"/> 101-500 <input 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>12860940</u>
	b Actuarial value	2b	<u>13350974</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>125</u>	<u>5687455</u>
	b For terminated vested participants	<u>176</u>	<u>1930699</u>
	c For active participants	<u>136</u>	<u>6015153</u>
	d Total	<u>437</u>	<u>13633307</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>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>97369</u>
	c Target normal cost	6c	<u>97369</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>HECTOR D GAITAN FCA, ASA, EA</u>	Date
	Type or print name of actuary	<u>23-04646</u>
	<u>BPAS TRUST COMPANY OF PUERTO RICO</u>	Most recent enrollment number
	Firm name	<u>787-340-5593</u>
	<u>1225 PONCE DE LEON AVENUE. VIG TOWER, SUITE 804 SAN JUAN, PR 00907</u>	Telephone number (including area code)
	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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.59</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		772
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>5.25</u> %		41
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		813
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	97.92 %
15	Adjusted funding target attainment percentage	15	97.92 %
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	93.78 %
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		
05/23/2025	143585	0					
			Totals ▶	18(b)	143585	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	0
b	Contributions made to avoid restrictions adjusted to valuation date	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	130295
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
0	0	0
		(4) 4th
		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: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	97369	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	282333	29438	
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	126807	
	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	126807	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	130295	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3488	
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 checked="" type="checkbox"/> 2021
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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 HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOSPITAL GENERAL MENONITA	D Employer Identification Number (EIN) 66-0219758	

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)

HUNTLEIGH SECURITIES CORP

7800 FORSYTH BLVD.
5TH FLOOR
ST LOUIS, MO 63105

43-1106957

(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?
17	NONE	46135	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(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

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(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.	<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 HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOSPITAL GENERAL MENONITA	D Employer Identification Number (EIN) 66-0219758

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	197162	143585
(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)	724907	299963
(2) U.S. Government securities	1c(2)	1219088	922177
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1118755	897132
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8619167	10196533
(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)	839234	1051302
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	148833	80057

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	12867146	13590749
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12867146	13590749

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)	143585	
(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)		143585
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	150833	
(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)		150833
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	265140	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	1091012	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1650570

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	880832	
(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)		880832
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)	46135	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		46135
j Total expenses. Add all expense amounts in column (b) and enter total	2j		926967

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		723603
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: **FPV & GALINDEZ, PSC**

(2) EIN: **66-0703468**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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>HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOSPITAL GENERAL MENONITA</u>	D Employer Identification Number (EIN) <u>66-0219758</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		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 66-0569870

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		2
---	--	---

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

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 _____.

Hospital General Menonita
Pension Plan

EIN No. 66-0219758- Plan No. 001

Financial Statements and
Supplemental Schedule

December 31, 2024 and 2023

Table of Contents

Independent Auditors' Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-12
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	13-16

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee and Participants of
Hospital General Menonita Pension Plan

Opinion

We have audited the financial statements of Hospital General Menonita Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

To the Administrative Committee and Participants of
Hospital General Menonita Pension Plan
Page 2

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.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



DLCC322-1577

Hospital General Menonita Pension Plan



San Juan, Puerto Rico
October 15, 2025
License No. LLC-322
Expires December 1, 2026

Hospital General Menonita Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
	Assets	
Investments, at fair value	\$ 13,147,201	\$ 11,945,077
Cash	299,963	724,907
Employer contributions receivable	<u>143,585</u>	<u>197,162</u>
Total assets available for benefits	<u>\$ 13,590,749</u>	<u>\$ 12,867,146</u>

See notes to financial statements

Hospital General Menonita Pension Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

Additions:

Additions to net assets attributed to:

Contributions-

Employer

\$ 143,585

Investment income:

Interest and dividends

406,478

Net appreciation in fair value of investments

1,100,507

Total investment income

1,506,985

Total additions

1,650,570

Deductions:

Deductions to net assets attributed to:

Benefits paid to participants

880,832

Administrative expenses

46,135

Total deductions

926,967

Net change

723,603

Net assets available for benefits, at beginning of year

12,867,146

Net assets available for benefits, at end of year

\$ 13,590,749

See notes to financial statements

Hospital General Menonita Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of the plan

The following description of the Hospital General Menonita Pension Plan (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 contributory defined benefit pension plan covering eligible employees of Hospital General Menonita, Inc. (the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Status

Effective September 30, 2016, the Plan was frozen as determined by the Plan Sponsor's Board of Directors subject to the provisions set forth in ERISA. Therefore, Plan benefits are based solely on earnings and service of participants up to that date.

Pension benefits

Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement, death and disability benefits are paid to pensioners or beneficiaries in various forms such as life annuity, joint and survivor annuities, and a lump-sum distribution.

Funding policy

The Plan Sponsor's funding policy is to make contributions to the Plan such that all employees' benefits will be fully provided for the time they retire, and such that ERISA's minimum funding requirements are met. The Plan Sponsor met the minimum funding requirements of ERISA for the year ended December 31, 2024.

Employees were required to contribute 1% of the first \$4,800 of their basic annual salary plus 3% of such annual salary exceeding \$4,800 up to the social security taxable wage base. Accumulated employee contributions at December 31, 2024 and 2023, were \$984,255 and \$1,101,302, respectively, including interest credited on an interest rate of approximately 5.29% and 4.92%, respectively, compounded annually. After September 30, 2016, no employees' contributions are required.

Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies

Basis of accounting and presentation

The accompanying financial statements have been prepared in accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates

The preparation of financial statements in conformity 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. Actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risk. 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 such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. During the year ended December 31, 2024, the Plan's investments appreciated by \$1,100,507.

Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies – (continued)

Administrative expenses

Administrative expenses of the Plan are paid by the Plan, as provided in the Plan Document, unless paid by the Plan Sponsor.

Payment of benefits

Benefit are recorded when paid.

Actuarial present value of accumulated plan benefits

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

The actuarial present value of accumulated plan benefits is determined by the Plan actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

Significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Discount rate	7.50%	7.50%
Mortality/life expectancy of participants	Pri-2012	Pri-2012
Retirement age	65 years	65 years
Salary increases	0%	0%

As disclosed in Note 1, the Plan was frozen effectively September 30, 2016, therefore, no salary increase is considered in the actuarial assumptions.

Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 3 - Fair value measurements

Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) No. 820, *Fair Value Measurements*, establishes a framework, for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

- *Common stocks and fixed income securities* – valued at the closing price reported on the active market on which the individual securities are traded. This investment are classified as Level 1.
- *Mutual funds* – valued at the net asset value of shares held by the Plan at year end. This investment are classified as Level 1.
- *Money markets funds* – valued at cost, plus accrued interest, which approximates fair value. This investment are classified as Level 1.

Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 3 - Fair value measurements – (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 10,196,533	\$ -	\$ -	\$ 10,196,533
Fixed income securities	1,899,366	-	-	1,899,366
Mutual funds	<u>1,051,302</u>	<u>-</u>	<u>-</u>	<u>1,051,302</u>
Total investments at fair value	<u>\$ 13,147,201</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 13,147,201</u>

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 8,619,167	\$ -	\$ -	\$ 8,619,167
Fixed income securities	2,486,676	-	-	2,486,676
Mutual funds	<u>839,234</u>	<u>-</u>	<u>-</u>	<u>839,234</u>
Total investments at fair value	<u>\$ 11,945,077</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,945,077</u>

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Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 4 - Actuarial present value of accumulated plan benefits

As of December 31, 2024 and 2023, the actuarial present value of accumulated plan benefits is as follows:

Statements of accumulated plan benefits	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving payments	\$ 5,227,798	\$ 4,828,259
Other participants	<u>5,948,161</u>	<u>6,267,930</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 11,175,959</u>	<u>\$ 11,096,189</u>

There were no non-vested benefits for the years ended as of December 31, 2024 and 2023.

The changes in the actuarial present value of accumulated Plan benefits for the year ended December 31, 2024 are as follows:

Statement of changes in accumulated plan benefits	
Actuarial present value of accumulated Plan benefits, January 1, 2024	<u>\$ 11,096,189</u>
Increase (decrease) during the year due to:	
Interest	799,183
Benefits accumulated and actuarial gains and losses	42,878
Benefits paid	(880,832)
Changes in actuarial assumptions or methods	<u>118,541</u>
Net change during the year	<u>79,770</u>
Actuarial present value of accumulated Plan benefits, December 31, 2024	<u>\$ 11,175,959</u>

Note 5 - Tax Status

The Plan constitutes a qualified plan, exempt from income tax under the Internal Revenue Code of Puerto Rico (the Code), as amended. The Plan obtained its latest determination letter on May 13, 2014, in which the Puerto Rico Treasury Department stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Hospital General Menonita Pension Plan

Notes to Financial Statements – (Continued)

December 31, 2024 and 2023

Note 6 - Plan Termination

On September 30, 2016, the Plan Sponsor's Board of Directors resolved to freeze the Plan subject to the provisions set forth in ERISA. The rights of participants to the benefits accrued under the Plan through the date of termination, to the extent funded or protected by law, if greater, shall be non-forfeitable. Funds of the Plan upon termination will be used for the exclusive benefit of participants entitled to benefits under the Plan. The net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan agreement.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 7 - Subsequent events

The Plan has evaluated subsequent events through October 15, 2025, which is the date the financial statements were available to be issued. No events have occurred subsequent to the date of the statement of net assets available for benefit and through the date the financial statements were available to be issued, that would require additional adjustment to, or disclosure in, the financial statements.

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001
 Form 5500, Schedule H, Part IV, Line 4i
 Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	Value
<u>Common stocks:</u>				
AGREE REALTY CORP	Common Stocks	93	\$ 6,971	\$ 6,552
AMERICAN HOMES 4 RENT	Common Stocks	301	10,860	11,263
AMERICAN TOWER CORP	Common Stocks	371	83,276	68,045
AMERICOLD REALTY TRUST	Common Stocks	395	11,801	8,453
AVALONBAY COMMUNITIES	Common Stocks	33	7,453	7,259
BOYD GAMING CORP	Common Stocks	139	8,769	10,083
CAESAR ENTMT	Common Stocks	236	9,383	7,887
CROWN CASTLE INC	Common Stocks	386	40,904	35,033
DIGITAL REALTY TRUST INC	Common Stocks	308	40,144	54,618
EQUINIX INC	Common Stocks	37	29,377	34,887
EQUITY LIFESTYLE PROP	Common Stocks	105	6,937	6,993
ESSEX PROPERTY TRUST INC	Common Stocks	75	17,864	21,408
EXTRA SPACE STORAGE INC	Common Stocks	121	17,833	18,102
HEALTHCARE REALTY TRUST	Common Stocks	871	18,536	14,763
HIGHWOODS PROPERTIES INC	Common Stocks	314	7,247	9,602
HOST HOTELS & RESORTS	Common Stocks	549	9,279	9,618
IDX DYNAMIC	Common Stocks	13,614	391,443	381,328
INVITATION HOMES INC	Common Stocks	856	29,184	27,366
IRON MOUNTAIN INC	Common Stocks	224	15,255	23,545
KIMCO REALTY CORP	Common Stocks	515	9,957	12,066
LAMAR ADVERTISING CO	Common Stocks	61	7,779	7,426
LINEAGE INC	Common Stocks	62	5,128	3,631
NYLE HEDGE	Common Stocks	21,061	607,281	661,541
OMEGA HEALTHCARE	Common Stocks	458	16,847	17,335
PACS GRP INC	Common Stocks	134	5,106	1,757
PROLOGIS INC	Common Stocks	423	53,076	44,711
PUBLIC STORAGE INC	Common Stocks	79	23,180	23,656
REALTY INCOME CORP	Common Stocks	217	12,372	11,590
SBA COMMUNICATIONS CORP	Common Stocks	27	5,827	5,503
SIMON PROPERTY GROUP	Common Stocks	268	38,203	46,152
SPDR BLOOMBERG	Common Stocks	1,287	117,615	117,670
SUN COMMUNITIES INC	Common Stocks	234	29,687	28,775
UDR INC	Common Stocks	354	15,660	15,367
VANGUARD HIGH DIVIDE	Common Stocks	17,289	1,946,400	2,205,904
VANGUARD INDEX FDS	Common Stocks	5,847	2,689,005	3,150,422
VANGUARD SMALL CAP	Common Stocks	4,459	950,802	1,071,409
VANGUARD SMALL CAP	Common Stocks	32,238	1,869,972	1,899,785
VICI PPTYS INC	Common Stocks	767	23,248	22,404
WELL TOWER INC	Common Stocks	533	43,386	67,174
WEYERHAEUSER CO	Common Stocks	904	29,422	25,450
Total common stocks				<u>10,196,533</u>

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001
Form 5500, Schedule H, Part IV, Line 4i – (Continued)
Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	Value	
<u>Fixed income securities:</u>					
	AECOM	Corporate Bonds	21,000	\$ 22,933	\$ 20,798
	AMERICAN TOWER CORP	Corporate Bonds	18,000	19,188	18,543
	AMGEN	Corporate Bonds	19,000	19,409	18,470
	BALL CORP	Corporate Bonds	28,000	23,170	23,961
	BANK OF AMERICA CORP	Corporate Bonds	22,000	24,655	18,010
	BOEING CO	Corporate Bonds	21,000	24,024	20,706
	BROADCOM INC	Corporate Bonds	20,000	19,998	19,340
	CAMPBELL SOUP CO	Corporate Bonds	22,000	18,281	19,303
	CELANESE US HOLDINGS LLC	Corporate Bonds	18,000	17,886	18,633
	CHARTER COMM OPT	Corporate Bonds	20,000	19,332	19,570
	CITIGROUP INC	Corporate Bonds	20,000	20,293	19,979
	COMMONSPIRIT HEALTH SECURED	Corporate Bonds	21,000	20,649	19,560
	CROWN CASTLE INTL CORP	Corporate Bonds	20,000	21,225	19,352
	CVS HEALTH CORP	Corporate Bonds	19,000	19,040	19,008
	DIAMONDBACK ENERGY INC	Corporate Bonds	20,000	19,790	18,601
	DISCOVER FINANCIAL SVS	Corporate Bonds	17,000	19,775	19,428
	DUKE ENERGY CORP	Corporate Bonds	23,000	20,103	19,637
	ENCOMPASS HEALTH CORP	Corporate Bonds	20,000	19,450	18,960
	ENERGY TRANSFER LP	Corporate Bonds	18,000	19,150	19,161
	EQUINIX INC	Corporate Bonds	21,000	19,321	19,306
	FISERV INC	Corporate Bonds	21,000	21,820	20,424
	FORD MOTOR CO	Corporate Bonds	18,000	19,793	19,338
	GENERAL MOTORS FINL CO	Corporate Bonds	20,000	19,701	20,400
	GOLDMAN SACHS GRP INC.	Corporate Bonds	19,000	18,887	18,918
	HCA INC. CALLABLE	Corporate Bonds	21,000	18,932	19,072
	JPMORGAN CHASE & CO	Corporate Bonds	25,000	24,623	18,357
	KB HOME	Corporate Bonds	22,000	19,463	19,423
	L3HARRIS TECH INC	Corporate Bonds	19,000	18,870	19,012
	MGM RESORTS INTL	Corporate Bonds	7,000	6,816	6,703
	MGM RESORTS INTL	Corporate Bonds	13,000	13,081	12,984
	MICROSOFT CORP.	Corporate Bonds	28,000	13,115	17,231
	MORGAN STANLEY	Corporate Bonds	19,000	18,887	18,492
	MURPHY OIL COPR	Corporate Bonds	20,000	20,075	19,216
	NAVIENT CORP	Corporate Bonds	20,000	18,250	19,603
	NUSTAR LOGISTICS	Corporate Bonds	19,000	18,953	19,051
	OCCIDENTAL PETROLEUM	Corporate Bonds	17,000	19,465	18,815
	PNC FINANCIAL SERVICES	Corporate Bonds	20,000	19,143	19,484
	SONOCO PRODUCTS CO	Corporate Bonds	22,000	21,428	18,691
	SOUTHWESTERN ENERGY CO	Corporate Bonds	20,000	19,124	19,557
	TRUIST FINANCIAL CORP	Corporate Bonds	19,000	19,132	19,168
	UNITED AIR 2024-1 A PTT	Corporate Bonds	19,000	19,202	19,026
	UNITED RENTALS NORTH AM	Corporate Bonds	13,000	13,163	12,922
	UNITED RENTALS NORTH AM	Corporate Bonds	20,000	17,853	17,867
	US BANCORP	Corporate Bonds	18,000	18,004	18,406
	VERIZON COMMUNICATIONS	Corporate Bonds	25,000	23,377	17,666
	WELLS FARGO AND CO	Corporate Bonds	19,000	19,043	18,965
	AIRCASTLE LTD	Foreign Bonds	19,000	18,172	18,797
	TEVA PHARMACEUTICALS NE	Foreign Bonds	20,000	18,075	19,218

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001

Form 5500, Schedule H, Part IV, Line 4i – (Continued)
 Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	Value	
	<u>Fixed income securities:</u>				
	GM FINANCIAL	Corporate Mortgage/Asset Backed Securities	20,000	19,973	20,115
	JOHN DEERE	Corporate Mortgage/Asset Backed Securities	18,000	18,018	18,147
	VERIZON MASTER	Corporate Mortgage/Asset Backed Securities	19,000	18,945	19,180
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	40,000	22,339	21,868
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	27,000	7,308	6,004
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	23,000	3,663	1,979
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	32,000	10,160	9,315
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	64,000	15,799	11,582
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	196,000	46,762	36,359
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	48,000	13,825	10,899
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	21,000	6,010	4,676
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	16,000	5,431	3,987
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	53,000	37,805	35,853
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	39,000	11,592	8,865
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	19,000	7,256	5,148
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	70,000	59,821	59,275
	FNMA PASS THRU	Government Asset Backed / CMO Securities	120,000	7,766	5,708
	FNMA PASS THRU	Government Asset Backed / CMO Securities	67,000	6,172	4,315
	FNMA PASS THRU	Government Asset Backed / CMO Securities	87,000	14,579	10,434
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	6,257	4,656
	FNMA PASS THRU	Government Asset Backed / CMO Securities	55,000	11,672	7,948
	FNMA PASS THRU	Government Asset Backed / CMO Securities	42,000	6,990	5,448
	FNMA PASS THRU	Government Asset Backed / CMO Securities	32,000	5,950	3,823
	FNMA PASS THRU	Government Asset Backed / CMO Securities	117,000	15,573	13,300
	FNMA PASS THRU	Government Asset Backed / CMO Securities	27,000	14,724	11,897
	FNMA PASS THRU	Government Asset Backed / CMO Securities	28,000	6,204	4,420
	FNMA PASS THRU	Government Asset Backed / CMO Securities	29,000	7,482	5,165
	FNMA PASS THRU	Government Asset Backed / CMO Securities	61,000	17,151	12,164
	FNMA PASS THRU	Government Asset Backed / CMO Securities	21,000	6,057	4,264
	FNMA PASS THRU	Government Asset Backed / CMO Securities	48,000	34,808	28,675
	FNMA PASS THRU	Government Asset Backed / CMO Securities	53,000	14,066	12,984
	FNMA PASS THRU	Government Asset Backed / CMO Securities	129,000	54,580	49,874
	FNMA PASS THRU	Government Asset Backed / CMO Securities	30,000	19,100	14,868
	FNMA PASS THRU	Government Asset Backed / CMO Securities	56,000	13,236	10,838
	FNMA PASS THRU	Government Asset Backed / CMO Securities	64,000	19,715	18,996
	FNMA PASS THRU	Government Asset Backed / CMO Securities	48,000	17,428	14,220
	FNMA PASS THRU	Government Asset Backed / CMO Securities	18,000	12,610	11,430
	FNMA PASS THRU	Government Asset Backed / CMO Securities	21,000	15,157	12,720
	FNMA PASS THRU	Government Asset Backed / CMO Securities	38,000	7,903	6,462
	FNMA PASS THRU	Government Asset Backed / CMO Securities	20,000	8,896	6,544
	FNMA PASS THRU	Government Asset Backed / CMO Securities	23,000	6,763	4,863
	FNMA PASS THRU	Government Asset Backed / CMO Securities	55,000	14,684	12,845
	FNMA PASS THRU	Government Asset Backed / CMO Securities	24,000	10,426	7,803
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	16,185	12,403
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	15,860	16,582
	FNMA PASS THRU	Government Asset Backed / CMO Securities	47,000	36,827	37,178
	FNMA PASS THRU	Government Asset Backed / CMO Securities	43,000	36,530	36,082
	FNMA PASS THRU	Government Asset Backed / CMO Securities	20,000	18,741	18,604
	US TREASURY	Government Bonds	19,000	18,718	18,609
	US TREASURY BONDS	Government Bonds	43,000	41,342	37,690
	US TREASURY BONDS	Government Bonds	25,000	24,891	17,741
	US TREASURY BONDS	Government Bonds	42,000	38,784	37,057
	US TREASURY BONDS	Government Bonds	76,000	70,957	56,929
	US TREASURY BONDS	Government Bonds	96,000	79,984	53,384

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001

Form 5500, Schedule H, Part IV, Line 4i – (Continued)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	
<u>Fixed income securities:</u>				
	CALIFORNIA ST VAR PURP	Taxable Municipal Bonds	30,000	39,988
	MIAMI DADE CNTY FL	Taxable Municipal Bonds	30,000	30,306
	NEW JERSEY ECONOMIC DEV	Taxable Municipal Bonds	17,000	18,492
		Total fixed income securities		<u>1,899,366</u>
<u>Mutual funds:</u>				
	BLACKROCK STRATEGIC GLOBAL BD FD INC	Mutual Funds	70,804	425,422
	COHEN & STEERS PFD	Mutual Funds	21,689	258,420
	CREDIT SUISSE HIGH	Mutual Funds	65,885	419,630
		Total mutual funds		<u>1,051,302</u>
<u>Cash</u>				
	Cash	Cash		1,404
	GS FSQ GOVERNMENT INSTL	Money market fund		34,325
	WELLS FARGO BANK, N.A.	Standard bank deposit		258,985
	WELLS FARGO NATIONAL BANK WEST	Standard bank deposit		5,249
		Total cash		<u>299,963</u>
		Total investments		<u>\$ 13,447,164</u>

Actuarial Assumptions and Methods

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: January 1, 2024

Demographic Information: The demographic information was provided as of January 1, 2024 by Hospital General Menonita. Although we did not audit the data, we did review the data for reasonableness.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Asset Valuation Method: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Anticipated Rate of Return on Plan Assets: 7.50%, based on Hospital General Menonita’s expectation. We performed a review of the Plan’s asset allocation, investment policy and the expected return for the Plan using Merrill Lynch’s 2024 Capital Market Assumptions Framework. After review of the results and taking into account other relevant factors, the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable for the assumption and purpose of the measurement.

Actuarial Valuation Software: For purposes of developing the projected future benefit payments as well as determining attributed liabilities and normal costs as of the valuation date, we utilized the ProVal software platform developed by Winklevoss Technologies. We believe this externally developed valuation system is appropriate, was used for its intended purpose, and did not produce unreasonable results.

Interest Rates for Minimum Required Contribution: The January 2024 funding segment rates were utilized as prescribed by ERISA Section 303(h) and elected by Hospital General Menonita. Below, please find the segment rates after reflection of the segment rate stabilization provisions of IRC Section 430(h)(2)(C)(iv).

Segment	Interest Rate
Segment 1	4.75%
Segment 2	4.96%
Segment 3	5.59%

Effective Interest Rate
5.16%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates without reflection of the segment rate stabilization provisions of ERISA Section 303(h)(2)(C)(iv)(II): Below, please find the segment rates without reflection of the segment rate stabilization provisions of ERISA Section 303(h).

Segment	Interest Rate
Segment 1	4.37%
Segment 2	4.96%
Segment 3	4.95%

Effective Interest Rate
4.92%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Rate of Compensation Increase: The Plan was frozen effective September 30, 2016. Therefore, no salary increases are assumed.

Mortality for Healthy Lives:

Base mortality table: The sex distinct Amount-Weighted Pri-2012 mortality tables for employees and healthy annuitants.

Mortality improvements: The base mortality table is adjusted by projecting mortality improvements using the IRS 2024 Adjusted Scale MP-2021 from the year 2012 through 2024, with an additional projection period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

Retirement Incidence: Due to limited available experience, the assumptions utilized were determined by a previous actuary. The scope of our engagement did not allow us to determine the reasonability of these assumptions. Representative values of the assumed annual rates of retirement among members in active service are set forth in the following table:

Age	Percentage
55	2.50%
56-59	1.00%
60	5.00%
61	1.00%
62	10.00%
63-64	2.00%
65	100.00%

Current and future vested terminated participants are assumed to retire at age 65.

Turnover: According to W-2 of the Pension Tables for Actuaries published by the American Society of Pension Actuaries. Representative values of the assumed annual rates of withdrawal among members in active service are set forth in the following table:

Age	Percentage
25	8.91%
30	6.92%
35	5.46%
40	4.88%
45	4.39%
50	3.65%
55	0.36%

Disability: Due to limited available experience, the assumptions utilized were determined by a previous actuary. The scope of our engagement did not allow us to determine the reasonability of these assumptions. Representative values of the rates used for male and female employees in this valuation are illustrated below:

Age	Percentage	
	Male	Female
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	.0323%
50	0.360%	0.530%
55	0.722%	0.952%
60	1.256%	1.159%
64	1.663%	1.292%

Mortality Table used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The applicable mortality table for the determination of present values under ERISA Section 205(g)(3)(A). This table is currently a 50/50 blend of male and female rates from the 2024 sex distinct optional combined mortality tables, as prescribed under ERISA Section 303.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year and are included in the determination of the Target Normal Cost.

Spouse Assumptions: 80% of male participants and 60% of female participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant. This assumption was based on national averages.

Form of Benefit: For retirement and turnover purposes it is assumed that 75% of retiring and terminated participants elect an annuity and the remaining elect a lump sum (Lump sums calculated according to the “Annuity Substitution Method” as per IRS regulation).

All assumptions used in determining the low-default risk obligation measurement were consistent with those used in determining the Funding Target Liability, except the interest rates which were disclosed above.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 7.50%, based on Hospital General Menonita’s expectation. We performed a review of the Plan’s asset allocation, investment policy and the expected return for the Plan using Merrill Lynch’s 2024 Capital Market Assumptions Framework. After review of the results and taking into account other relevant factors, the selected Expected Long-Term Rate of Return does not significantly conflict with what we believe is reasonable for the assumption and purpose of the measurement.

Mortality: The sex-distinct Amount-Weighted Pri-2012 Mortality Tables for employees, healthy annuitants, and contingent survivors with mortality improvements projected using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Mortality for Disabled Lives: The sex-distinct Amount-Weighted Pri-2012 Disability Mortality Tables with projected mortality improvements using Scale MP-2021 on a generational basis. This assumption was based on a review of published mortality tables and the demographics and industry of the Plan.

Interest Rates used to Convert Annuities to Actuarially Equivalent Lump Sum Amounts: The segment interest rates in the table below. This assumption was selected based on the applicable segment rates under ERISA Section 205(g)(3)(A) for the plan year beginning on the valuation date.

Segment	Interest Rate
Segment 1	5.77%
Segment 2	6.14%
Segment 3	6.19%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

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 HOSPITAL GENERAL MENONITA EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOSPITAL GENERAL MENONITA	D Employer Identification Number (EIN) 66-0219758	
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 checked="" type="checkbox"/> 101-500 <input 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		12,860,940
b Actuarial value	2b		13,350,974
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	125	5,687,455	5,687,455
b For terminated vested participants	176	1,930,699	1,930,699
c For active participants	136	6,015,153	6,015,153
d Total	437	13,633,307	13,633,307
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		5.16%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		97,369
c Target normal cost	6c		97,369

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
	HECTOR D GAITAN FCA, ASA, EA Type or print name of actuary	2304646 Most recent enrollment number
	BPAS Trust Company of Puerto Rico Firm name	787-340-5593 Telephone number (including area code)
	1225 Ponce de Leon Avenue. VIG Tower, Suite 804 SAN JUAN PR 00907 Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	97,369	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	282,333	29,438	
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	126,807	
	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	126,807	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	130,295	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,488	
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

ATTACHMENT TO 2024 FORM 5500

Plan Sponsor: Hospital General Menonita

EIN: 66-0219758

Plan Name: Hospital General Menonita Employees' Pension Plan

PN: 001

The above Plan is not a qualified plan under Section 401(a) of the US Internal Revenue Code. It is a non-domiciled US Plan which is qualified only and exclusively under the Puerto Rico Internal Revenue Code. The Plan is sponsored by a Puerto Rican employer and covers only Puerto Rican residents. This employer has not made an election under Section (i) of ERISA to be covered by Title II and is, therefore, not subjected to, among others, Sections (a)(4), (a)(5), (a)(9), (a)(17), 401(a)(26), 404, 410(b), 415, and 416 of the U.S. Internal Revenue Code.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Hospital General Menonita Pension Plan

EIN/PN: 66-0219758; PN 001

Age	Rates of Retirement	Survival factor (q)	Applicable Weight	Weighted Average Retirement Age
55	0.025	1.000000	0.025000	1.38
56	0.01	0.975000	0.009850	0.55
57	0.01	0.965250	0.009653	0.55
58	0.01	0.955598	0.009556	0.55
59	0.01	0.946042	0.009460	0.56
60	0.05	0.936581	0.046829	2.81
61	0.01	0.889752	0.008898	0.54
62	0.1	0.880855	0.088085	5.46
63	0.02	0.792769	0.015855	1.00
64	0.02	0.776914	0.015538	0.99
65	1	0.761375	0.761375	49.49
			Total	63.88
			Nearest Age	64.00

Plan Provisions

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Plan Sponsor: Hospital General Menonita
EIN/PN: 66-0219758/001

Effective Date:

January 1, 1983. Amended and restated to comply with several laws and regulations, effective January 1, 1997. Amended effective January 1, 2011 to comply with the Internal Revenue Code for a New Puerto Rico. Last amended effective September 30, 2016 to freeze all future benefit accruals.

Plan Year:

January 1 to December 31.

Eligibility for Participation:

Attainment of age 21 and completion of one year of service during which the participant works 1,000 hours. Participants must authorize payroll deduction of contributions to the plan. Employees of Clinica Font in Cayey who had met these requirements as of February 1, 1989 were eligible as of that date. No new employee will become a Participant after September 30, 2016.

Employees' Contributions Requirement

One percent (1%) of the first \$4,800 of basic annual salary plus three percent (3%) of such annual salary exceeding \$4,800 up to the Social Security taxable wage base. No employees' contributions are required after September 30, 2016.

Benefit upon Termination prior to the Early or Normal Retirement Date

Less than five (5) years of service: The benefit attributable to the employee's contributions to the plan. Five (5) or more years of service: Maximum of the full-accrued benefit and the benefit attributable to the employee's accumulated contributions.

Normal Retirement Date:

First of the month coincident with or next following the 65th birthday. For participants, which had already attained age 65 years on the Effective Date, January 1, 1983, the Normal Retirement Date was the Effective Date.

Early Retirement Date:

Attainment of Age 55 and completion of 25 years of Vesting Service.

Vested Retirement Eligibility:

Completion of 5 years of Vesting Service.

Accrued Benefit:

The accrued benefit at any date is calculated in the same manner as the normal retirement benefit, using compensation and service to the determination date. The Social Security benefit offset will be calculated assuming constant future salaries and no increases in the taxable wage base or consumer price index. Effective September 30, 2016, no further accrual of benefits will be permitted under the Plan.

Normal Retirement Benefit:

The monthly pension is 1.5% of the participant's Final Average Compensation less 1.5% of his expected Primary Social Security benefit, for each year of benefit service.

Employees who satisfied the eligibility requirements of the plan on January 1, 1983 will have their service prior to that date counted for purposes of benefit calculations if they entered the plan as of January 1, 1983; otherwise, they lose credit for that prior service. Effective September 30, 2016, no further accrual of benefits and compensation will be permitted under the Plan.

Early Retirement Benefit:

Accrued Benefit determined as of his Early Retirement Date reduced by 5/9% of such amount for each of the first 60 months and 5/18% for each of the next 60 months by which the Participant's Early Retirement Date precedes his Normal Retirement Date.

Disability Retirement Benefit:

The Accrued Benefit as at the date of cessation of service payable at the Normal Retirement Date. Earlier commencement is allowed but in those cases the benefit is subject to actuarial reduction. The period of disability shall be used in determining the eligibility for benefits.

Pre-Retirement Survivor Benefit

For participants who had been married for at least 12 months and who are eligible for early retirement, the death benefit is an immediate to the surviving spouse calculated as one half of the joint and 50% survivor actuarial equivalent of the participant's accrued benefit at the time of death (adjusted for any early retirement reduction) as if the participant had retired early on the day before his/her death.

For participants who had been married for at least 12 months and who have vested benefits but who have not yet reached the earliest retirement age, the death benefit is a deferred to the surviving spouse calculated as one half of the joint and 50% survivor actuarial equivalent of the vested benefit accrued by the participant at the time of his/her death. The deferral must be to the earliest retirement date under the plan or later. If the deferral is to an early retirement date, the early retirement reduction will be applied.

If the surviving spouse dies before receiving benefits equivalent to the participant's contributions under the Plan plus credited interest to the date of the participant's death, the excess will be paid to the participant's beneficiary.

For all other participants, the death benefit will be an amount equal to the participant's total contributions made under the Plan plus credited interest thereon, to the first day of the month in which the participant dies.

Normal Form of Payment:

A monthly pension for life, with sixty monthly payments guaranteed.

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001
 Form 5500, Schedule H, Part IV, Line 4i
 Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	Value
<u>Common stocks:</u>				
AGREE REALTY CORP	Common Stocks	93	\$ 6,971	\$ 6,552
AMERICAN HOMES 4 RENT	Common Stocks	301	10,860	11,263
AMERICAN TOWER CORP	Common Stocks	371	83,276	68,045
AMERICOLD REALTY TRUST	Common Stocks	395	11,801	8,453
AVALONBAY COMMUNITIES	Common Stocks	33	7,453	7,259
BOYD GAMING CORP	Common Stocks	139	8,769	10,083
CAESAR ENTMT	Common Stocks	236	9,383	7,887
CROWN CASTLE INC	Common Stocks	386	40,904	35,033
DIGITAL REALTY TRUST INC	Common Stocks	308	40,144	54,618
EQUINIX INC	Common Stocks	37	29,377	34,887
EQUITY LIFESTYLE PROP	Common Stocks	105	6,937	6,993
ESSEX PROPERTY TRUST INC	Common Stocks	75	17,864	21,408
EXTRA SPACE STORAGE INC	Common Stocks	121	17,833	18,102
HEALTHCARE REALTY TRUST	Common Stocks	871	18,536	14,763
HIGHWOODS PROPERTIES INC	Common Stocks	314	7,247	9,602
HOST HOTELS & RESORTS	Common Stocks	549	9,279	9,618
IDX DYNAMIC	Common Stocks	13,614	391,443	381,328
INVITATION HOMES INC	Common Stocks	856	29,184	27,366
IRON MOUNTAIN INC	Common Stocks	224	15,255	23,545
KIMCO REALTY CORP	Common Stocks	515	9,957	12,066
LAMAR ADVERTISING CO	Common Stocks	61	7,779	7,426
LINEAGE INC	Common Stocks	62	5,128	3,631
NYLE HEDGE	Common Stocks	21,061	607,281	661,541
OMEGA HEALTHCARE	Common Stocks	458	16,847	17,335
PACS GRP INC	Common Stocks	134	5,106	1,757
PROLOGIS INC	Common Stocks	423	53,076	44,711
PUBLIC STORAGE INC	Common Stocks	79	23,180	23,656
REALTY INCOME CORP	Common Stocks	217	12,372	11,590
SBA COMMUNICATIONS CORP	Common Stocks	27	5,827	5,503
SIMON PROPERTY GROUP	Common Stocks	268	38,203	46,152
SPDR BLOOMBERG	Common Stocks	1,287	117,615	117,670
SUN COMMUNITIES INC	Common Stocks	234	29,687	28,775
UDR INC	Common Stocks	354	15,660	15,367
VANGUARD HIGH DIVIDE	Common Stocks	17,289	1,946,400	2,205,904
VANGUARD INDEX FDS	Common Stocks	5,847	2,689,005	3,150,422
VANGUARD SMALL CAP	Common Stocks	4,459	950,802	1,071,409
VANGUARD SMALL CAP	Common Stocks	32,238	1,869,972	1,899,785
VICI PPTYS INC	Common Stocks	767	23,248	22,404
WELL TOWER INC	Common Stocks	533	43,386	67,174
WEYERHAEUSER CO	Common Stocks	904	29,422	25,450
Total common stocks				<u>10,196,533</u>

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001

Form 5500, Schedule H, Part IV, Line 4i – (Continued)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b) Identify or Issue, Borrower Lessor or Similar Party	(c) Description of investment	(d) Cost	(e) Current Value
	<u>Fixed income securities:</u>			
	AECOM	Corporate Bonds	21,000	\$ 22,933
	AMERICAN TOWER CORP	Corporate Bonds	18,000	\$ 19,188
	AMGEN	Corporate Bonds	19,000	19,409
	BALL CORP	Corporate Bonds	28,000	23,170
	BANK OF AMERICA CORP	Corporate Bonds	22,000	24,655
	BOEING CO	Corporate Bonds	21,000	24,024
	BROADCOM INC	Corporate Bonds	20,000	19,998
	CAMPBELL SOUP CO	Corporate Bonds	22,000	18,281
	CELANESE US HOLDINGS LLC	Corporate Bonds	18,000	17,886
	CHARTER COMM OPT	Corporate Bonds	20,000	19,332
	CITIGROUP INC	Corporate Bonds	20,000	20,293
	COMMONSPIRIT HEALTH SECURED	Corporate Bonds	21,000	20,649
	CROWN CASTLE INTL CORP	Corporate Bonds	20,000	21,225
	CVS HEALTH CORP	Corporate Bonds	19,000	19,040
	DIAMONDBACK ENERGY INC	Corporate Bonds	20,000	19,790
	DISCOVER FINANCIAL SVS	Corporate Bonds	17,000	19,775
	DUKE ENERGY CORP	Corporate Bonds	23,000	20,103
	ENCOMPASS HEALTH CORP	Corporate Bonds	20,000	19,450
	ENERGY TRANSFER LP	Corporate Bonds	18,000	19,150
	EQUINIX INC	Corporate Bonds	21,000	19,321
	FISERV INC	Corporate Bonds	21,000	21,820
	FORD MOTOR CO	Corporate Bonds	18,000	19,793
	GENERAL MOTORS FINL CO	Corporate Bonds	20,000	19,701
	GOLDMAN SACHS GRP INC.	Corporate Bonds	19,000	18,887
	HCA INC. CALLABLE	Corporate Bonds	21,000	18,932
	JPMORGAN CHASE & CO	Corporate Bonds	25,000	24,623
	KB HOME	Corporate Bonds	22,000	19,463
	L3HARRIS TECH INC	Corporate Bonds	19,000	18,870
	MGM RESORTS INTL	Corporate Bonds	7,000	6,816
	MGM RESORTS INTL	Corporate Bonds	13,000	13,081
	MICROSOFT CORP.	Corporate Bonds	28,000	13,115
	MORGAN STANLEY	Corporate Bonds	19,000	18,887
	MURPHY OIL COPR	Corporate Bonds	20,000	20,075
	NAVIENT CORP	Corporate Bonds	20,000	18,250
	NUSTAR LOGISTICS	Corporate Bonds	19,000	18,953
	OCCIDENTAL PETROLEUM	Corporate Bonds	17,000	19,465
	PNC FINANCIAL SERVICES	Corporate Bonds	20,000	19,143
	SONOCO PRODUCTS CO	Corporate Bonds	22,000	21,428
	SOUTHWESTERN ENERGY CO	Corporate Bonds	20,000	19,124
	TRUIST FINANCIAL CORP	Corporate Bonds	19,000	19,132
	UNITED AIR 2024-1 A PTT	Corporate Bonds	19,000	19,202
	UNITED RENTALS NORTH AM	Corporate Bonds	13,000	13,163
	UNITED RENTALS NORTH AM	Corporate Bonds	20,000	17,853
	US BANCORP	Corporate Bonds	18,000	18,004
	VERIZON COMMUNICATIONS	Corporate Bonds	25,000	23,377
	WELLS FARGO AND CO	Corporate Bonds	19,000	19,043
	AIRCASTLE LTD	Foreign Bonds	19,000	18,172
	TEVA PHARMACEUTICALS NE	Foreign Bonds	20,000	18,075

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001

Form 5500, Schedule H, Part IV, Line 4i – (Continued)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)	
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	Value	
	<u>Fixed income securities:</u>				
	GM FINANCIAL	Corporate Mortgage/Asset Backed Securities	20,000	19,973	20,115
	JOHN DEERE	Corporate Mortgage/Asset Backed Securities	18,000	18,018	18,147
	VERIZON MASTER	Corporate Mortgage/Asset Backed Securities	19,000	18,945	19,180
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	40,000	22,339	21,868
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	27,000	7,308	6,004
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	23,000	3,663	1,979
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	32,000	10,160	9,315
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	64,000	15,799	11,582
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	196,000	46,762	36,359
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	48,000	13,825	10,899
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	21,000	6,010	4,676
	FHLMC GOLD PASS THRU	Government Asset Backed / CMO Securities	16,000	5,431	3,987
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	53,000	37,805	35,853
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	39,000	11,592	8,865
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	19,000	7,256	5,148
	FHLMC PASS THRU	Government Asset Backed / CMO Securities	70,000	59,821	59,275
	FNMA PASS THRU	Government Asset Backed / CMO Securities	120,000	7,766	5,708
	FNMA PASS THRU	Government Asset Backed / CMO Securities	67,000	6,172	4,315
	FNMA PASS THRU	Government Asset Backed / CMO Securities	87,000	14,579	10,434
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	6,257	4,656
	FNMA PASS THRU	Government Asset Backed / CMO Securities	55,000	11,672	7,948
	FNMA PASS THRU	Government Asset Backed / CMO Securities	42,000	6,990	5,448
	FNMA PASS THRU	Government Asset Backed / CMO Securities	32,000	5,950	3,823
	FNMA PASS THRU	Government Asset Backed / CMO Securities	117,000	15,573	13,300
	FNMA PASS THRU	Government Asset Backed / CMO Securities	27,000	14,724	11,897
	FNMA PASS THRU	Government Asset Backed / CMO Securities	28,000	6,204	4,420
	FNMA PASS THRU	Government Asset Backed / CMO Securities	29,000	7,482	5,165
	FNMA PASS THRU	Government Asset Backed / CMO Securities	61,000	17,151	12,164
	FNMA PASS THRU	Government Asset Backed / CMO Securities	21,000	6,057	4,264
	FNMA PASS THRU	Government Asset Backed / CMO Securities	48,000	34,808	28,675
	FNMA PASS THRU	Government Asset Backed / CMO Securities	53,000	14,066	12,984
	FNMA PASS THRU	Government Asset Backed / CMO Securities	129,000	54,580	49,874
	FNMA PASS THRU	Government Asset Backed / CMO Securities	30,000	19,100	14,868
	FNMA PASS THRU	Government Asset Backed / CMO Securities	56,000	13,236	10,838
	FNMA PASS THRU	Government Asset Backed / CMO Securities	64,000	19,715	18,996
	FNMA PASS THRU	Government Asset Backed / CMO Securities	48,000	17,428	14,220
	FNMA PASS THRU	Government Asset Backed / CMO Securities	18,000	12,610	11,430
	FNMA PASS THRU	Government Asset Backed / CMO Securities	21,000	15,157	12,720
	FNMA PASS THRU	Government Asset Backed / CMO Securities	38,000	7,903	6,462
	FNMA PASS THRU	Government Asset Backed / CMO Securities	20,000	8,896	6,544
	FNMA PASS THRU	Government Asset Backed / CMO Securities	23,000	6,763	4,863
	FNMA PASS THRU	Government Asset Backed / CMO Securities	55,000	14,684	12,845
	FNMA PASS THRU	Government Asset Backed / CMO Securities	24,000	10,426	7,803
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	16,185	12,403
	FNMA PASS THRU	Government Asset Backed / CMO Securities	33,000	15,860	16,582
	FNMA PASS THRU	Government Asset Backed / CMO Securities	47,000	36,827	37,178
	FNMA PASS THRU	Government Asset Backed / CMO Securities	43,000	36,530	36,082
	FNMA PASS THRU	Government Asset Backed / CMO Securities	20,000	18,741	18,604
	US TREASURY	Government Bonds	19,000	18,718	18,609
	US TREASURY BONDS	Government Bonds	43,000	41,342	37,690
	US TREASURY BONDS	Government Bonds	25,000	24,891	17,741
	US TREASURY BONDS	Government Bonds	42,000	38,784	37,057
	US TREASURY BONDS	Government Bonds	76,000	70,957	56,929
	US TREASURY BONDS	Government Bonds	96,000	79,984	53,384

Hospital General Menonita Pension Plan

EIN: 66-0219758 – Plan No. 001

Form 5500, Schedule H, Part IV, Line 4i – (Continued)

Schedule of Assets (Held at End of Year)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify or Issue, Borrower Lessor or Similar Party	Description of investment	Cost	Current Value	
<u>Fixed income securities:</u>				
	CALIFORNIA ST VAR PURP	Taxable Municipal Bonds	30,000	39,988
	MIAMI DADE CNTY FL	Taxable Municipal Bonds	30,000	30,306
	NEW JERSEY ECONOMIC DEV	Taxable Municipal Bonds	17,000	18,492
		Total fixed income securities		<u>1,899,366</u>
<u>Mutual funds:</u>				
	BLACKROCK STRATEGIC GLOBAL BD FD INC	Mutual Funds	70,804	425,422
	COHEN & STEERS PFD	Mutual Funds	21,689	258,420
	CREDIT SUISSE HIGH	Mutual Funds	65,885	419,630
		Total mutual funds		<u>1,051,302</u>
<u>Cash</u>				
	Cash	Cash		1,404
	GS FSQ GOVERNMENT INSTL	Money market fund		34,325
	WELLS FARGO BANK, N.A.	Standard bank deposit		258,985
	WELLS FARGO NATIONAL BANK WEST	Standard bank deposit		5,249
		Total cash		<u>299,963</u>
		Total investments		<u>\$ 13,447,164</u>

Hospital General Menonita Employees' Pension Plan
 Schedule SB, Line 32 – Schedule of Amortization Bases
 EIN/PN: 660219758/001

Amortization Schedule as of January 1, 2024					
Year Established	Initial Period	Initial Amount	Remaining Period	Remaining Amount	Annual Payment
2024	15 Years	(\$ 534,587)	15 Years	(\$ 534,587)	(\$ 48,859)
2023	15 Years	\$ 854,943	14 Years	\$ 816,920	\$ 78,297
Total				\$ 282,333	\$ 29,438