

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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

Table with 2 columns: Plan Information (1a-2d) and Plan Details (1b-1c, 2b-2d). 1a Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER. 1b Three-digit plan number (PN): 001. 1c Effective date of plan: 10/01/1964. 2a Plan sponsor's name: WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE. 2b Employer Identification Number (EIN): 13-1740130. 2c Plan Sponsor's telephone number: 914-681-0600. 2d Business code: 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.

Signature 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	1426
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)	362
	6a(2)	362
	6b	653
	6c	330
	6d	1345
	6e	42
	6f	1387
	6g(1)	
	6g(2)	
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 checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</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 checked="" 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 _____

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

<p>A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE</p>	<p>D Employer Identification Number (EIN) 13-1740130</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	7-22618	1387	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3577397

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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>RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER</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>WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>13-1740130</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>130662224</u>	
b Actuarial value	2b	<u>138818205</u>	
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	<u>691</u>	<u>83047064</u>	<u>83047064</u>
b For terminated vested participants	<u>363</u>	<u>23431464</u>	<u>23431464</u>
c For active participants	<u>391</u>	<u>28199331</u>	<u>28214600</u>
d Total	<u>1445</u>	<u>134677859</u>	<u>134693128</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>5.12 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>967000</u>	
c Target normal cost	6c	<u>967000</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 <u>MICHAEL E. CLARK</u> Signature of actuary <u>PRINCIPAL FINANCIAL GROUP</u> Type or print name of actuary <u>PO BOX 9394</u> <u>DES MOINES, IA 50306-9394</u> Firm name Address of the firm	<u>10/01/2025</u> Date <u>23-06659</u> Most recent enrollment number <u>412-394-9383</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.87</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)		752
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>5.07</u> %		38
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		790
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	103.06 %
15	Adjusted funding target attainment percentage	15	103.06 %
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	98.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ▶	18(b)	0	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	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<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 checked="" type="checkbox"/> Yes <input 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	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	967000
b Excess assets, if applicable, but not greater than line 31a	31b	967000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

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

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

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

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

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE	D Employer Identification Number (EIN) 13-1740130	

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)

PRINCIPAL GLOBAL INVESTORS LLC

42-1479618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 99	NONE	288817	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PRINCIPAL LIFE INS. CO.

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	NONE	226904	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)

PKF O'CONNOR DAVIES LLP

27-1728945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	15300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL GLOBAL INVESTORS, LLC	27 99	0
(d) Enter name and EIN (address) of source of indirect compensation PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 3(21) FIDUCIARY SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>13-1740130</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-1479618-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY INDEX</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-1479618-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIQUID ASSETS SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-1479618-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3577397</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP S&P 600 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>42-1479618-028</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE	D Employer Identification Number (EIN) 13-1740130

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)	1876000	0
(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)	1194005	1807156
(2) U.S. Government securities	1c(2)	11079474	8691728
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	77303224	106531419
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	36943157	3577397
(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)	2311938	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	130707798	120607700
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34550	15300
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	34550	15300
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	130673248	120592400

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1827	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1827
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		60116
(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		3745520
d Total income. Add all income amounts in column (b) and enter total.....	2d		3807463

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13003624	
(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)		13003624
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)	226904	
(4) IQPA audit fees	2i(4)	15300	
(5) Investment advisory and investment management fees	2i(5)	288817	
(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)	353666	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		884687
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13888311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10080848
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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 550466.

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>RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>13-1740130</u>	

Part I	Distributions
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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	<u>0</u>
---	----------	----------

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): 42-0127290

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	<u>23</u>
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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.
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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: 0.0 % Private Equity: 30.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 70.0 %

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 _____.

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Financial Statements

December 31, 2024 and 2023

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Table of Contents

December 31, 2024 and 2023

	Page
INDEPENDENT AUDITORS' REPORT	
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023	5
Notes to Financial Statements	6
SUPPLEMENTAL SCHEDULES	
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024	13
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024	18

Independent Auditors' Report

The Plan Administrator of Retirement Plan for Employees of the White Plains Hospital Medical Center

Opinion

We have audited the accompanying financial statements of the Retirement Plan for Employees of the White Plains Hospital Medical Center (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 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing), and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the Board of Directors approved a plan of liquidation effective November 18, 2024, and management determined that liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the December 31, 2023 financial statements to the liquidation basis of accounting used in presenting the December 31, 2024 financial statements. Our opinion is not modified with respect to this matter.

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.

**The Plan Administrator of
Retirement Plan for Employees of the
White Plains Hospital Medical Center**
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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of: (1) Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

PKF O'Connor Davies, LLP

July 11, 2025

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Statements of Net Assets Available for Benefits

	December 31,	
	2024 (liquidation basis)	2023 (on-going basis)
ASSETS		
Investments, at fair value	\$ 120,607,700	\$ 128,831,798
Employer contribution receivable	-	1,876,000
Accrued investment income earned in liquidation	3,886,361	-
Total Assets	124,494,061	130,707,798
LIABILITIES		
Accrued expenses	15,300	34,550
Accrued liquidation expenses	285,111	-
Total Liabilities	300,411	34,550
Net Assets Available for Benefits	\$ 124,193,650	\$ 130,673,248

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
	(liquidation basis)	(on-going basis)
ADDITIONS		
Employer contribution	\$ -	\$ 1,876,000
Investment Income		
Net appreciation in fair value of investments	3,805,636	15,336,964
Interest and dividend income	1,827	80,607
Total Investment Income	3,807,463	15,417,571
Total Additions	3,807,463	17,293,571
DEDUCTIONS		
Benefits paid to participants	13,003,624	11,209,757
Administrative expenses	884,687	1,544,101
Total Deductions	13,888,311	12,753,858
Liquidation basis adjustments	3,601,250	-
Net (Decrease) Increase	(6,479,598)	4,539,713
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	130,673,248	126,133,535
End of year	\$ 124,193,650	\$ 130,673,248

Retirement Plan for Employees of the White Plains Hospital Medical Center

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan

The following description of the Retirement Plan for Employees of the White Plains Hospital Medical Center (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan for eligible employees of the White Plains Hospital Medical Center (the "Hospital") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Employees became participants of the Plan upon attainment of age twenty-one and the completion of 1,000 hours of service in a 12-month period.

Effective May 22, 2006, the Board of Directors of the Hospital adopted a resolution amending the Plan which froze participation in the Plan and the accrual of additional benefits under the Plan after August 5, 2006. In addition, no participation service performed or compensation earned following August 5, 2006 is considered in determining a participant's accrued benefit under the Plan.

On November 18, 2024, the Board of Directors approved the termination of the Plan effective May 31, 2025. During the year ended December 31, 2024, the Plan was required to accrue and separately present any costs that it expects to incur and the income it expects to earn during liquidation, as well as any adjustments to those estimates in future periods. The Plan is currently in the process of distributing its assets.

Contributions

The Company's funding policy is to make contributions to the Plan to meet the minimum funding requirements, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the plan years ended December 31, 2024 and 2023.

Pension Benefits

Participants with five years of continuous service, as defined by the Plan document, 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 benefits are paid to pensioners or beneficiaries in various forms of annuities.

Retirement Plan for Employees of the White Plains Hospital Medical Center

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Pension Benefits (continued)

If a vested participant dies while married and before the pension payments begin, the Plan provides a survivor benefit for the spouse. The surviving spouse may elect to begin the benefit on the earliest date that the participant could have elected an early retirement benefit as long as the participant met the age and service requirement for early retirement as of the date of their death. If the participant did not have enough years of service to meet the early retirement requirements, the surviving spouse will begin receiving payments on the date that would have been the normal retirement date.

The benefit to the surviving spouse is paid as a 50% Joint Survivorship Annuity. If the spouse elects early commencement of the benefit, the payment will be reduced. The surviving spouse may elect to defer payment until what would have been the participant's normal retirement date.

There are no death benefits for participants who die before becoming vested, or for vested unmarried participants who die before their pension begins.

Effective January 1, 2022, the Plan was amended to offer a lump sum distribution to a participant that has not yet attained early retirement age. Any lump distributions made as a result of this amendment are included with benefits paid to participants on the statements of changes in net assets available for benefits.

Effective March 1, 2024, the Plan was amended to provide for an early retirement date for a participant that completed five years of service and attainment of age 59 ½. In addition, for any employee who was a participant on or before January 1, 1978, the participant may elect to have an early retirement date that coincides with the latest of the participant's completion of fifteen years of service, attainment of age 55 and the participant's termination from the Hospital.

2. Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The Hospital approved to terminate the Plan effective November 18, 2024. As a result, the Plan has changed its basis of accounting for periods starting January 1, 2024, from the accrual basis to the liquidation basis.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("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.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Retirement Plan for Employees of the White Plains Hospital Medical Center

Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (*continued*)

Fair Value Measurements (continued)

Pursuant to U.S. GAAP guidance, alternative investments where fair value is measured using the Net Asset Value (“NAV”) per share as a practical expedient are not categorized within the fair value hierarchy.

Investment Valuation and Income Recognition

The Plan’s investments are stated at fair value. The mutual fund is valued at fair value based on the daily closing price as reported by the fund. The fund is registered with the Securities and Exchange Commission. The fund is required to publish their daily NAV and to transact at that price. The fund is deemed to be actively traded. The White Plains Hospital LDI Portfolio is a separate account that is comprised of cash, corporate bonds and U.S. Treasury notes/bonds. Investments in pooled separate accounts and the White Plains Hospital LDI Portfolio are valued at the NAV of units held by the Plan. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Substantially all fees and expenses of the Plan are paid by the Plan.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is July 11, 2025.

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Notes to Financial Statements
December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services rendered by employees. Accumulated plan benefits include benefits expected to be paid to present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on plan provisions at the time of retirement. The actuarial present value of accumulated plan benefits is determined by an independent actuary's estimate of the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 significant assumptions underlying the actuarial computations include:

Assumed rate of return on investment	-	5.00% compounded annually
Mortality	-	Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021
Assumed retirement age	-	Age 65 for normal retirement

The computation of the actuarial plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

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

Vested Benefits	
Active participants	\$ 29,733,556
Inactive participants with deferred benefits	24,589,030
Inactive participants receiving benefits	<u>84,574,515</u>
Total Vested Benefits	138,897,101
Non-vested Benefits	<u>16,112</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 138,913,213</u>

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

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 136,242,585
Increase (Decrease) during the year attributable to:	
Benefits accumulated and plan experience	896,478
Change in assumptions	5,467,735
Increase for interest due to decrease in discount period	7,516,172
Benefits paid	<u>(11,209,757)</u>
Net Increase	<u>2,670,628</u>
Actuarial Present Value of Accumulated Plan Benefits as of December 31, 2023	<u>\$ 138,913,213</u>

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Notes to Financial Statements
December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits (continued)

All actuarial assumptions remained unchanged from the prior year valuation except for (1) the assumed rate of return for the current year has decreased from 6.25% to 5.50%, (2) the interest rate used to calculate the defined benefit obligations decreased from 5.75% to 5.00% and (3) the interest rate basis for lump sums used to calculate ASC 960 liabilities has changed from segment rates 3.05%/3.45%/4.35% to the following segment rates 3.55%/3.95%/4.95%.

4. Investments

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value at December 31:

	2024		
	Other		
	Investments		
	Measured at		
Level 1	NAV*	Total	
Separate account - White Plains			
Hospital LDI Portfolio	\$ -	\$ 117,030,303	\$ 117,030,303
Pooled separate account	-	<u>3,577,397</u>	<u>3,577,397</u>
	<u>\$ -</u>	<u>\$ 120,607,700</u>	<u>\$ 120,607,700</u>
	2023		
	Other		
	Investments		
	Measured at		
Level 1	NAV*	Total	
Mutual fund	\$ 2,311,938	\$ -	\$ 2,311,938
Separate account - White Plains			
Hospital LDI Portfolio	-	89,576,703	89,576,703
Pooled separate accounts	-	<u>36,943,157</u>	<u>36,943,157</u>
	<u>\$ 2,311,938</u>	<u>\$ 126,519,860</u>	<u>\$ 128,831,798</u>

(*) As discussed in Note 2, investments that are measured using the practical expedient are not classified within the fair value hierarchy.

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Notes to Financial Statements
December 31, 2024 and 2023

4. Investments (continued)

The White Plains Hospital LDI Portfolio is a separate account whose investment strategy seeks to replicate the duration of the Plan’s liabilities by performing strategic benchmarks. The White Plains Hospital LDI Portfolio consists of the following investments at December 31:

	2024	2023
Corporate Debt	\$ 100,043,120	\$ 77,303,224
Government Securities	15,180,027	11,079,474
Cash	1,807,156	1,194,005
Total	\$ 117,030,303	\$ 89,576,703

The following investments represent 10% or more of the Plan’s net assets available for benefits at December 31:

	2024	2023
LDI Portfolio	\$ 117,030,303	\$ 89,576,703
Principal Global Advisors - LargeCap S&P 500 Index	*	22,802,466

* - The Plan was not invested in this fund at December 31, 2024.

5. Income Tax Status

The Plan has received a favorable tax determination letter from the Internal Revenue Service (“IRS”) dated June 15, 2017. Although the Plan has been amended since receiving the determination letter, the plan administrator believes the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

6. Party-in-Interest Transactions

The separate account and pooled separate account are managed by an affiliate of Principal Trust Company, the trustee. Therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Notes to Financial Statements
December 31, 2024 and 2023

7. Risks and Uncertainties

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Investments are carried at fair value. Because of the inherent uncertainty of valuations, the estimated fair values may differ from the values that would have been used had a ready market for such investments existed or had such investments been liquidated, and those differences could be material.

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.

8. Reconciliation of Financial Statements to Form 5500

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

	2024	2023
Net assets available for benefits per the financial statements	\$ 124,193,650	\$ 130,673,248
Accrued investment income earned in liquidation	(3,886,361)	-
Accrued liquidation expenses	285,111	-
Net assets available for benefits per Form 5500	\$ 120,592,400	\$ 130,673,248

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

Total net decrease per the financial statements	\$ (6,479,598)
Current year liquidation costs	(3,601,250)
Net decrease per Form 5500	\$ (10,080,848)

Structured Attachment Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	Retirement Plan for Employees of The White Plains Hospital Medical Center						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-1740130	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	2	0	0
40 to 44	0	0	0	5	0	0
45 to 49	0	0	0	8	0	0
50 to 54	0	0	0	9	0	0
55 to 59	1	0	0	5	0	0
60 to 64	0	0	0	5	0	0
65 to 69	0	0	0	3	0	0
70 & Up	1	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	2	0	0	0	0	0
40 to 44	27	200000	0	2	0	0
45 to 49	39	200000	0	12	0	0
50 to 54	34	200000	0	15	0	0
55 to 59	24	200000	0	23	200000	0
60 to 64	29	200000	0	11	0	0
65 to 69	11	0	0	9	0	0
70 & Up	6	0	0	5	0	0

Name of Plan	Retirement Plan for Employees of The White Plains Hospital Medical Center						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-1740130	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	3	0	0	0	0	0
50 to 54	6	0	0	0	0	0
55 to 59	14	0	0	19	0	0
60 to 64	9	0	0	14	0	0
65 to 69	5	0	0	9	0	0
70 & Up	1	0	0	1	0	0

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	1	0	0	0	0	0
60 to 64	7	0	0	2	0	0
65 to 69	9	0	0	1	0	0
70 & Up	1	0	0	0	0	0

Name of Plan	Retirement Plan for Employees of The White Plains Hospital Medical Center						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-1740130	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0

Assumptions prescribed by law

Mortality	Before benefit payment period
	IRS Prescribed Mortality - Generational Non-annuitant, male and female.
	During benefit payment period
	IRS Prescribed Mortality - Generational Annuitant, male and female.

Assumptions selected by actuary

Asset return	5.50% for the current plan year. The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.								
Expected expense	The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets, with an updated estimate of PBGC premiums. This is the best estimate available of upcoming year's expenses.								
Retirement	Normal Retirement Age as defined in Plan provisions . This assumption is based on the results of recent experience analysis and anticipated future experience.								
Disability	None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.								
Marriage	80% married; husbands are 3 years older than wives. This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.								
Withdrawal	2003 Society of Actuaries Small Plan Age Table, multiplied by 0.50. We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.50 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.								
Form of benefit	Participants are assumed to receive their benefits according to the probabilities below: <table border="1" data-bbox="597 1579 1263 1759"> <thead> <tr> <th>Payment form</th> <th>Probability of election</th> </tr> </thead> <tbody> <tr> <td>Lump sum</td> <td>50%</td> </tr> <tr> <td>Single life annuity</td> <td>40%</td> </tr> <tr> <td>50% joint and survivor</td> <td>10%</td> </tr> </tbody> </table> <p>This assumption is based on the results of recent experience analysis and anticipated future experience.</p>	Payment form	Probability of election	Lump sum	50%	Single life annuity	40%	50% joint and survivor	10%
Payment form	Probability of election								
Lump sum	50%								
Single life annuity	40%								
50% joint and survivor	10%								

Methods prescribed by law

Liability measure	<p>Funding target is the present value of the benefits accrued on the valuation date. Included in Funding Target is the value of any missed required minimum distributions (defined in IRC §401(a)(9) and Treasury Regulation §1.401(a)(9)), equal to back payments with interest at 7.25%.</p> <p>Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>
Lump sum payments	<p>Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.</p>

Methods selected by plan sponsor

Asset method	<p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p>
Yield curve rates	<p>Full yield curve. Use the rates from the month of December.</p>
PBGC premium basis	<p>Variable rate premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are based on the full yield curve.</p>

Methods elected by actuary

Retirees	<p>Assets and liabilities for current and future retirees are included.</p>
Vested benefits	<p>A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.</p>

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using MP-2021.

Mortality base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retiree and disabled retirees - amount-weighted, male and female

Contingent survivors – Contingent survivor amount-weighted, male and female after the original participant's death. Participants in pay status who cannot be identified as survivors use the same table as retirees.

The Society of Actuaries (SOA) is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 2" is reasonable for this plan.

Mortality improvement

MP-2021 is the most recent improvement scale published by the SOA in October 2021.

In selecting this assumption, we considered the other parameters available in the MIM-2021-v4 application tool issued by the SOA in October 2023 and consider the selections in MP-2021 reasonable. Based on the sponsor's input, plan experience does not show a need for long-term excess death or Covid death load adjustments.

Interest rate used to value liabilities

5.00%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 3.55%/3.95%/4.95%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 3.55%/3.95%/4.95%. For details, see Corporate AA yield in Table 3 of Long-Term Capital Market Assumptions link.

Mortality

IRS Prescribed lump sum mortality for 2024. Future years are projected to decrement date with SOA mortality improvement scale MP-2021 as adjusted by the IRS Document Number 2023-23267.

This assumption reflects current law as provided by the IRS.

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... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [x] Form 5558 [] automatic extension... 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: RETIREMENT PLAN FOR EMPLOYEES OF WHITE PLAINS HOSPITAL MEDICAL CENTER
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): WHITE PLAINS HOSPITAL CENTER C/O HUMAN RESOURCE COMMITTEE
2b Employer Identification Number (EIN): 13-1740130
2c Plan Sponsor's telephone number: 914-681-0600
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, Date, and Name. Row 1: Mark McKenna, 10/15/2025, MARK McKENNA. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

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	1,426
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)	362
	6a(2)	362
	6b	653
	6c	330
	6d	1,345
	6e	42
	6f	1,387
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 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 checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

**Retirement Plan for Employees of
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
Year Ended December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Principal Trust Company	Pooled Separate Account: Principal Global Advisors - Liquid Assets Separate Account	\$ -	\$ 13,935,680	\$ -	\$ -	\$ 13,925,564	\$ 13,985,680	\$ 60,116
Principal Trust Company	Pooled Separate Account: Principal Global Advisors - Liquid Assets Separate Account	16,591,256	-	-	-	16,591,256	16,591,256	-
Principal Trust Company	Principal Largecap S&P 500 Ind.	-	24,488,642	-	-	15,997,043	24,488,642	8,491,599
Principal Trust Company	Separate Account: State Street Inst US Gov Mm	65,503,906	-	-	-	65,503,906	65,503,906	-
Principal Trust Company	Separate Account: State Street Inst US Gov Mm	-	65,252,814	-	-	65,252,814	65,252,814	-

Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

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>Retirement Plan for Employees of The White Plains Hospital Medical Center</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>The White Plains Hospital Medical Center</u>	D Employer Identification Number (EIN) <u>13-1740130</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>130662224</u>
	b Actuarial value	2b	<u>138818205</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>691</u>	<u>83047064</u>
	b For terminated vested participants	<u>363</u>	<u>23431464</u>
	c For active participants	<u>391</u>	<u>28199331</u>
	d Total	<u>1445</u>	<u>134677859</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>5.12 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>967000</u>
	c Target normal cost	6c	<u>967000</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>10/1/2025</u> Date
	<u>Michael E. Clark</u> Type or print name of actuary	<u>2306659</u> Most recent enrollment number
	<u>Principal Financial Group</u> Firm name	<u>412-394-9383</u> Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.87</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)		752
	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>5.07</u> %		38
	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		790
	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	103.06 %
15	Adjusted funding target attainment percentage	15	103.06 %
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	98.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<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 checked="" type="checkbox"/> Yes <input 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	(4) 4th
0	0
0	0

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age **22** 66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	967000
b Excess assets, if applicable, but not greater than line 31a	31b	967000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

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

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

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

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

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

Schedule SB, Line 2a - Explanation of Assets
Retirement Plan for Employees of the White Plains Hospital Medical Center
EIN 13-1740130 Plan No. 001

The market value of assets on line 2a does not equal assets shown on Schedule H, Schedule I or Form 5500-SF. Schedule H, Schedule I and Form 5500-SF use the full value of contributions received after plan year end. Line 2a includes the value of \$1,876,000 contributions received after the plan year end with a discounted value of \$1,830,426.

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age
 Retirement Plan for Employees of the White Plains Hospital Medical Center
 EIN 13-1740130 Plan No. 001

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	282.1217	1.0000	282.1217	18,337.9118
66	18.0000	1.0000	18.0000	1,188.0000
67	8.0000	1.0000	8.0000	536.0000
68	5.0000	1.0000	5.0000	340.0000
69	4.0000	1.0000	4.0000	276.0000
70	5.0000	1.0000	5.0000	350.0000
71	4.0000	1.0000	4.0000	284.0000
72	2.0000	1.0000	2.0000	144.0000
73	0.0000	1.0000	0.0000	0.0000
74	4.0000	1.0000	4.0000	296.0000
75	2.0000	1.0000	2.0000	150.0000
76	1.0000	1.0000	1.0000	76.0000
Total			335.1217	21,977.9118
Average				65.58

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the 2015 plan restatement signed 7/17/2017 through the amendment signed 08/30/2021.

Plan eligibility

Age	Attained age 21.
Service	One year of service in which at least 1,000 hours worked. Plan eligibility was frozen effective 8/5/2006.

Normal retirement benefit

Age	Attained age 65.
Form	Monthly annuity payable for life (optional forms may be elected in advance of retirement).
Amount (accrued benefit)	Accrued benefit is equal to (a) plus (b) below: (a) Greater of (1) and (2) below (1) Accrued benefit as of 12/31/1993 under the terms of the prior plan (2) 1.75% of average compensation as of 12/31/1993 up to \$7,800, plus 2.00% of average compensation in excess of \$7,800, multiplied by years of service as of 12/31/1993. (b) Greater of (1) and (2) below (1) Accrued benefit from 1/1/1994 under the terms of the prior plan. (2) 1.75% of average compensation as of 12/31/1993 up to \$7,800, plus 2.00% of average compensation in excess of \$7,800, multiplied by years of service after 1/1/1994. Accrued benefits were frozen as of 8/5/2006.

Early retirement benefit

Participants who entered the plan after 1/1/1978:

Age	Attained age 62.
Service	Completed 10 years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date actuarially reduced using the plan's definition of actuarial equivalence.

Participants in the plan on or before 1/1/1978

Age	Attained age 55.
Service	Completed 15 years of service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on early retirement date reduced by 6 2/3% for each year up to five and 3 1/3% for each year between five and ten that the early retirement date precedes normal retirement date.

Late retirement benefit

Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Greater of accrued benefit on late retirement date or accrued benefit on normal retirement date actuarially increased to late retirement date.

Termination benefit

Vesting percentage	100% after five years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Survivor annuity death benefit (a vested benefit)

Eligibility	Qualified married participant fully or partially vested in an accrued benefit.
Form	Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Definitions

Average compensation

The monthly average of gross base salary exclusive of overtime, shift differential, call pay, change pay, and any special salary payment received for the ten compensation years prior to normal retirement date.

Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 10 years certain and life.
- Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100.
- Single sum payment equal to the present value of the accrued benefit.

The optional form conversion basis is 7.25% interest and the 1971 Group Annuity Mortality table with 20% Male, 80% female blending.

Lump sum provisions

Small amount force out (SAFO) – allowed up to \$7,000.

Lump sums in excess of SAFO - are allowed at termination of employment and retirement.

Conversion – deferred rate based on the applicable interest rate and applicable mortality table as set forth in Code Section 417. The applicable interest rate uses the second calendar month preceding the first day of the stability period which is the plan year.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The enrolled actuary has not been made aware that any significant events have occurred during the year.

**Retirement Plan for Employees of
White Plains Hospital Medical Center**

Supplemental Schedules

December 31, 2024

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
* SEPARATE ACCOUNT - WHITE PLAINS HOSPITAL LDI PORTFOLIO				
CORPORATE DEBT				
	Wells Fargo & Company	VAR%; Due 07/25/2033; \$2,525,000	\$ 2,434,111	\$ 2,438,568
	Anheuser-Busch Inbev Worldwide Inc.	4.900%; Due 2/01/2046; \$2,532,000	2,355,278	2,302,525
	JPMorgan Chase & Co.	Due 04/22/2031; \$2,430,000	2,197,768	2,140,733
	Goldman Sachs Group Inc.	Due 10/21/2032; \$2,350,000	1,953,005	1,986,291
	Bank of America Corp Med Term Note	Due 04/23/2040; \$2,105,000	2,449,321	1,791,881
	Bank of America	VAR%; Due 09/21/2036; \$1,625,000	1,506,618	1,544,270
	Met Life Glob	2.950%; Due 4/09/2030; \$1,700,000	1,604,308	1,535,253
	Apple Inc.	4.500%; Due 02/23/2036; \$1,500,000	1,921,364	1,464,000
	Citigroup Inc.	Var%; Due 05/24/2033; \$1,500,000	1,421,452	1,449,750
	PNC Financial	VAR%; Due 10/20/2034; \$1,200,000	1,249,970	1,309,872
	UBS Group AG Conv	VAR%; Due 5/14/2032; \$1,500,000	1,332,859	1,304,670
	Smurfit Kappa Treas	5.200%; Due 01/15/2030; \$1,250,000	1,220,951	1,256,975
	Bat Capital Corp	5.834%; Due 02/20/2031; \$1,100,000	1,092,323	1,124,486
	Morgan Stanley	VAR%; Due 11/01/2034; \$1,035,000	1,076,183	1,112,201
	Amgen Inc	5.600%; Due 3/02/2043; \$1,050,000	1,022,676	1,020,737
	Oracle Corp.	3.600%; Due 04/01/2040; \$1,265,000	1,166,346	989,040
	Warnermedia HLDG	4.279%; Due 03/15/2032; \$1,100,000	959,111	969,330
	JPMorgan Chase & Co.	VAR%; Due 6/01/2034; \$950,000	927,417	949,335
	HSBC Holdings PLC	Due 08/18/2031; \$1,100,000	910,216	936,342
	Aercap Ireland Cap/Globa	3.400%; Due 10/29/2033; \$1,075,000	890,370	915,492
	Philip Morris Intl Inc	5.750%; Due 11/17/2032; \$875,000	876,471	899,719
	Burlington Northern Santa Fe LLC	4.375%; Due 09/01/2042; \$1,000,000	1,233,422	865,460
	Energy Transfer	5.150%; Due 03/15/2045; \$985,000	920,597	862,003
	Truist Financial Corp Medium Term Note	VAR%; Due 10/28/2033; \$825,000	818,758	859,023
	HCA Inc.	4.375%; Due 03/15/2042; \$1,050,000	852,378	856,905
	L3Harris Tech Inc	5.400%; Due 07/31/2033; \$850,000	825,725	848,479
	IBM Corp	3.500%; Due 05/15/2029; \$875,000	825,431	829,176
	Duke Energy Carolinas LLC	4.250%; Due 12/15/2041; \$965,000	821,520	817,857
	Hyundai Capital America	5.400%; Due 01/08/2031; \$815,000	799,409	814,731
	Zoetis Inc.	4.700%; Due 02/01/2043; \$905,000	1,161,073	804,264
	Becton Dickinson & Co.	4.669%; Due 06/06/2047; \$925,000	951,733	791,708
	Deutsche Bank	Due 09/18/2031; \$875,000	761,171	785,575
	Huntington National Bank	5.650%; Due 01/10/2030; \$750,000	735,239	763,455
	Morgan Stanley	Due 02/13/2032; \$925,000	736,425	754,643
	Lockheed Martin Corp.	4.070%; Due 12/15/2042; \$875,000	719,887	729,234
	Abbvie Inc	5.350%; Due 03/15/2044; 575,000	723,306	721,920
	Morgan Stanley	VAR%; Due 07/17/2026; \$715,000	712,574	714,235
	Oncor Electric Delivery	5.250%; Due 09/30/2040; \$710,000	684,811	689,595
	Carrier Global Corp	5.900%; Due 03/15/2034; \$663,000	670,699	686,497
	JPMorgan Chase & Co.	Due 11/15/2048; \$875,000	983,046	684,180
	Waste Connections Inc	4.200%; Due 01/15/2033; \$725,000	663,208	673,872
	Unitedhealth Group Inc.	2.900%; Due 05/15/2050; \$1,065,000	1,027,271	660,247
	Westpac Banking Corp.	VAR%; Due 07/24/2034; \$700,000	652,451	659,210
	Broadcom Inc	3.419%; Due 04/15/2033; \$750,000	635,429	656,498
	Bank of America Corp.	VAR%; Due 09/21/2036; \$775,000	764,021	631,424
	Home Depot Inc.	5.875%; Due 12/16/2036; \$600,000	835,350	630,930
	Midamerican Energy Co.	3.950%; Due 08/01/2047; \$800,000	637,443	622,248
	Pfizer INVT Enterprise Inc.	5.110%; Due 5/19/2043; \$650,000	625,066	610,168
	Barclays PLC	VAR%; Due 9/13/2034; \$575,000	586,215	608,666
	Verizon Communications Inc.	2.550%; Due 03/21/2031; \$700,000	590,677	602,818
	Hewlett Packard Enterprise Co	5.600%; Due 10/15/2054; \$640,000	630,455	602,432
	Comcast Corp.	2.937%; Due 11/01/2056; \$1,024,000	1,019,561	596,419
	Comcast Corp.	3.750%; Due 04/1/2040; \$735,000	688,237	591,183
	AT&T Inc	3.500%; Due 09/15/2055; \$875,000	627,722	588,516
	JBS USA Food Finance	7.250%; Due 11/15/2053; \$525,000	586,894	578,450
	<i>Brought forward:</i>		57,075,322	53,633,491

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<i>Carried forward:</i>		57,075,322	53,633,491
	Morgan Stanley	Due 09/16/2036; \$700,000	700,000	569,331
	Deutsche Bank	VAR%; Due 09/11/2035; \$600,000	600,000	568,476
	Con Edison Co of NY Inc.	6.150%; Due 11/15/2052; \$540,000	548,488	565,817
	AT&T Inc	3.500%; Due 09/15/2053; \$840,000	862,417	565,606
	Abbvie Inc	5.350%; Due 03/15/2044; \$575,000	580,977	560,510
	Con Edison Co of NY Inc.	3.950%; Due 03/01/2043; \$700,000	763,558	559,251
	United Airlns Pass Thru	5.450%; Due 02/15/2037; \$550,000	550,000	550,765
	KBC Group NV	VAR%; Due 10/16/2030; \$550,000	550,000	541,305
	Goldman Sachs Group Inc.	VAR%; Due 11/19/2024; \$555,000	555,000	535,997
	Baltimore Gas & Electric	4.550%; Due 06/01/2052; \$645,000	574,033	535,376
	Southwestern Pub Svc Co	6.000%; Due 06/01/2054; \$525,000	521,173	530,686
	Walt Disney Company/The	5.400%; Due 10/01/2043; \$525,000	505,532	515,512
	Indianapolis Pwr & Light	5.700%; Due 04/01/2054; \$525,000	513,886	515,508
	AT&T Inc.	3.500%; Due 9/15/2053; \$840,000	499,439	498,076
	IBM Intl Cap PTE LTD	5.250%; Due 02/05/2044; \$525,000	512,496	496,949
	Morgan Stanley	VAR%; Due 01/27/2045; \$590,000	689,748	486,325
	Commonwealth Bank of Australia	5.837%; Due 03/13/2034; \$475,000	496,681	480,154
	Key Bank	5.000%; Due 01/26/2033; \$500,000	493,059	479,560
	Huntington Bancshares	Var%; Due 02/02/2035; \$480,000	485,070	479,069
	KLA Corp	4.950%; Due 07/15/2052; \$525,000	473,349	477,152
	AIB Group PLC	VAR%; Due 03/28/2035; \$475,000	490,397	474,995
	PNC Financial	VAR%; De 01/22/2035; \$475,000	475,000	471,309
	CSL Finance PLC	4.750%; Due 04/27/2052; \$535,000	526,804	461,389
	Ford Motor Credit Co LLC	6.125%; Due 03/08/2034; \$450,000	441,468	440,276
	Charles Schwab Corp	Var%; Due 05/19/2034; \$425,000	444,214	437,478
	Northern States PWR MINN	3.600%; Due 09/15/2047; \$575,000	508,746	424,833
	Bank of America Corp.	VAR%; Due 10/25/2035; \$425,000	425,000	415,531
	Take-Two Interactive Sof	4.000%; Due 04/14/2032; \$450,000	406,139	415,319
	Occidental Petroleum	5.375%; Due 01/01/2032; \$420,000	419,826	411,243
	Marsh & McLennan	5.700%; Due 9/15/2053; \$410,000	391,268	410,910
	Hyundai Capital America	5.300%; Due 06/24/2029; \$405,000	404,370	406,114
	Southern Cal Edison	3.650%; Due 2/01/2050; \$560,000	447,753	399,997
	Public Service Colorado	3.200%; Due 03/01/2050; \$600,000	609,516	398,382
	Union Pacific Corp.	3.500%; Due 02/14/2053; \$565,000	563,770	398,088
	United Technologies Corp	3.750%; Due 11/01/2046; \$500,000	587,318	377,460
	Exxon Mobil Corp.	3.567%; Due 03/06/2045; \$500,000	534,879	375,850
	Kimco Realty Corp.	3.200%; Due 04/01/2032; \$425,000	421,926	372,959
	Westpac Banking Corp.	VAR%; Due 11/20/2035; \$375,000	374,999	368,388
	Meta Platforms Inc.	5.550%; Due 08/09/24; \$375,000	373,396	365,561
	Applied Materials In	5.850%; Due 6/15/2041; \$350,000	376,179	362,982
	Athene Holding LTD	6.250%; Due 04/01/2054; \$355,000	355,941	355,611
	Microsoft Corp.	2.525%; Due 06/01/2050; \$570,000	529,761	350,778
	Xcel Energy Inc	5.450%; Due 08/15/2033; \$350,000	360,523	347,182
	Charter Communications Oper	6.100%; Due 06/01/2029; \$340,000	339,834	346,572
	Saudi Arabian Oil Co	5.875%; Due 07/17/2064; \$365,000	356,481	340,377
	UBS Group AG SNR NTS	VAR%; Due 09/22/2034; \$325,000	325,000	339,953
	AT&T Inc.	5.400%; Due 2/15/2034; \$335,000	329,610	336,340
	CVS Health Corp.	5.050%; Due 03/25/2048; \$405,000	439,021	333,943
	US Bancorp	VAR%; Due 07/23/2030; \$325,000	325,000	324,599
	Sonoco Prods Co	5.000%; Due 09/01/2034; \$340,000	338,220	322,408
	Waste Management	5.350%; Due 10/15/2054; \$335,000	334,863	321,787
	Gallagher Arthur J & Co	6.750%; Due 02/15/2054; \$300,000	317,166	321,079
	Comcast Corp.	5.650%; Due 06/01/2054; \$330,000	328,559	319,001
	T Mobile USA Inc.	3.500%; Due 04/15/2031; \$350,000	311,519	317,300
	Peco Energy Co.	4.150%; Due 10/01/2044; \$385,000	313,938	316,651
	Invitation Homes Inc.	2.000%; Due 08/15/2031; \$390,000	384,621	316,438
	Abbott Laboratories	4.900%; Due 11/30/2046; \$325,000	351,687	303,365
	<i>Brought forward:</i>		83,814,940	77,947,364

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<i>Carried forward:</i>		83,814,940	77,947,364
	JPMorgan Chase	VAR%; Due 11/29/2045; \$310,000	310,000	302,607
	Owens Corning	5.950%; Due 06/15/2054; \$305,000	301,036	301,383
	Thermo Fisher Scientific	2.800%; Due 10/15/2041; \$425,000	349,118	298,856
	Ga Global Funding Trust	4.400%; Due 09/23/2027; \$300,000	299,842	295,722
	Broadcom Inc	3.500%; Due 2/15/2041; \$375,000	282,347	292,849
	UBS Group AG	VAR%; Due 09/06/2045; \$305,000	305,000	290,494
	Pfizer Inc.	4.200%; Due 09/15/2048; \$350,000	421,359	283,493
	Glencore Funding LLC	5.893%; Due 04/04/2054; \$290,000	297,288	281,344
	MetLife Inc.	5.000%; Due 07/15/2052; \$310,000	274,042	280,101
	Wisconsin Public Service	2.850%; Due 12/01/2051; \$450,000	333,739	277,843
	Diamondback Energy Inc	5.750%; Due 04/18/2054; \$290,000	282,896	272,145
	Northrop Grumman	4.900%; Due 06/01/2034; \$275,000	262,077	268,197
	Salesforce.com	2.700%; Due 7/15/2041; \$375,000	283,102	264,165
	Alabama Power .Co	3.750%; Due 3/01/2045; \$345,000	390,945	264,142
	Brookfield Finance LLC	3.450%; Due 04/15/2050; \$385,000	404,637	263,794
	Apple Inc.	3.950%; Due 08/08/2052; \$330,000	327,901	262,545
	Southern Cal Edison	4.875%; Due 03/01/2049; \$300,000	350,595	261,981
	Centerpoint Ener Houston	3.350%; Due 04/01/2051; \$375,000	323,346	256,965
	Pacific Gas & Electric	6.750%; Due 01/15/2053; \$235,000	254,828	256,040
	ACE INA Holdings	4.350%; Due 11/03/2045; \$300,000	364,052	255,558
	Bristol-Myers Squibb Co.	3.700%; Due 03/15/2052; \$350,000	262,141	254,846
	Nextera Energy	5.250%; Due 2/28/2053; \$275,000	274,870	252,392
	Astrazeneca Plc	4.000%; Due 09/18/2042; \$300,000	354,692	248,151
	Morgan Stanley	VAR%; Due 07/19/2035; \$250,000	250,000	245,903
	Energy Transfer LP	5.950%; Due 05/15/2054; \$250,000	248,845	241,688
	Broadcom Inc	5.150%; Due 11/15/2031; \$240,000	239,637	241,555
	Cheniere Energy Inc	5.650%; Due 04/15/2034; \$240,000	239,535	241,378
	Mid-America Apartments	2.875%; Due 09/15/2051; \$390,000	384,707	240,490
	Duke Energy Florida LLC	4.200%; Due 07/15/2048; \$300,000	354,869	240,132
	Unitedhealth Group Inc.	6.050%; Due 02/15/2063; \$235,000	232,304	239,956
	DTE Electric Co	3.650%; Due 03/01/2052; \$325,000	323,078	237,786
	Alibaba Group Holding Ltd	2.700%; Due 02/09/2041; \$350,000	347,589	237,549
	Interstate Pwr & Lt Co	5.450%; Due 09/30/2054; \$250,000	258,259	236,470
	Westpac Banking Corp.	2.963%; Due 11/16/2040; \$325,000	329,768	231,292
	Unitedhealth Group Inc.	5.750%; Due 07/15/2064; \$235,000	233,599	228,339
	Berkshire Hathaway Inc.	2.500%; Due 01/15/2051; \$395,000	390,646	228,010
	Meta Platforms Inc.	5.750%; Due 0/15/2063; \$225,000	212,703	227,194
	Pacific Gas & Electric	4.200%; Due 06/01/2041; \$275,000	274,247	224,166
	BP Capital Markets America Inc.	3.000%; Due 02/24/2050; \$350,000	330,522	222,513
	Morgan Stanley	VAR%; Due 11/19/2055; \$230,000	230,000	221,656
	Merck & Co Inc.	3.700%; Due 02/10/2045; \$275,000	306,354	212,966
	Travelers Corp	5.450%; Due 5/25/2053; \$215,000	221,126	209,174
	RTX Corp	5.375%; Due 2/27/2053; \$220,000	219,623	208,901
	Consumers Energy Co.	4.350%; Due 04/15/2049; \$250,000	304,700	207,695
	Constellation Brands Inc	5.250%; Due 11/15/2048; \$225,000	213,290	205,209
	Novartis Capital	4.000%; Due 11/20/2045; \$250,000	237,503	205,143
	Verizon Communications Inc.	2.650%; Due 11/20/2040; \$300,000	204,587	205,121
	Duke Energy Carolinas LLC	4.000%; Due 9/30/2042; \$250,000	204,124	203,038
	Kinder Morgan Inc.	3.600%; Due 02/15/2051; \$300,000	299,262	202,503
	Occidental Petroleum	6.600%; Due 3/15/2046; \$200,000	200,900	201,914
	Huntington Bancshares	Var%; Due 11/18/2039; \$200,000	200,000	199,740
	Virginia Elec & Power Co.	4.000%; Due 01/15/2043; \$250,000	276,375	199,064
	Entergy Louisiana LLC	4.200%; Due 09/01/2048; \$250,000	294,537	198,545
	Qualcomm Inc.	3.250%; Due 05/20/2050; \$290,000	321,773	197,594
	AEP Texas Inc.	4.150%; Due 05/01/2049; \$260,000	295,076	196,287
	Unitedhealth Group Inc.	2.750%; Due 05/15/2040; \$275,000	202,382	194,454
	NYU Hospitals Center	4.368%; Due 7/01/2047; \$225,000	203,461	191,720
	<i>Brought forward:</i>		100,210,174	91,658,122

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<i>Carried forward:</i>		100,210,174	91,658,122
	Shell International Finance	6.375%; Due 12/15/2038; \$175,000	250,140	190,467
	Florida Power & Light Co.	4.800%; Due 5/15/2033; \$195,000	188,677	189,696
	Vodafone Group PLC	5.750%; Due 02/10/2063; \$200,000	192,310	188,491
	Enbridge Inc.	3.400%; Due 08/01/2051; \$280,000	279,338	187,236
	Shell Finance US Inc	3.250%; Due 4/06/2050; \$275,000	204,696	185,284
	Atmos Energy Corp	6.200%; Due 11/15/2053; \$170,000	169,605	180,591
	Molson Coors Beverage Co.	4.200%; Due 07/15/2046; \$225,000	198,412	179,609
	KKR Group Finan Co VIII	3.500%; Due 08/25/2050; \$260,000	182,925	179,205
	Corebridge Financial Inc.	4.400%; Due 04/05/2052; \$220,000	209,321	176,735
	Total Capital Intl SA	3.461%; Due 07/12/2049; \$250,000	260,941	175,690
	Gilead Sciences Inc	5.650%; Due 12/01/2041; \$175,000	176,238	174,949
	Chevron USA Inc.	2.343%; Due 08/12/2050; \$305,000	202,933	171,431
	Norfolk Southern	5.350%; Due 8/01/2054; \$180,000	178,986	171,373
	Union Pacific Corp.	2.950%; Due 03/10/2052; \$265,000	276,136	167,295
	Amphenol Corp	5.375%; Due 11/15/2054; \$175,000	172,266	166,357
	Rio Tinto Finance USA Ltd	2.750%; Due 11/02/2051; \$270,000	267,168	164,665
	America Movil SAB de CV	4.375%; Due 04/22/2049; \$200,000	227,021	164,182
	Morgan Stanley	VAR%; Due 04/19/2035; \$160,000	160,000	163,046
	Altria Group Inc.	3.400%; Due 02/04/2041; \$225,000	223,758	162,459
	Keycorp	VAR%; Due 03/06/2035; \$155,000	164,884	161,326
	Consumers Energy Co.	4.200%; Due 09/01/2052; \$200,000	199,863	161,296
	Charter Comm Opt LLC/Cap	3.900%; Due 06/01/2052; \$250,000	172,599	160,828
	Bristol-Myers Squibb Co.	6.400%; Due 11/15/2063; \$150,000	149,978	160,647
	Enterprise Products Oper LLC	4.200%; Due 01/31/2050; \$195,000	214,358	153,381
	General Motors Finl Co	5.950%; Due 04/04/2034; \$150,000	149,969	150,783
	Public Service Colorado	4.500%; Due 06/01/2052; \$180,000	178,111	148,847
	Dt Midstream Inc	5.800%; Due 12/15/2034; \$145,000	144,921	146,021
	Pfizer INVT Enterprise Inc.	4.750%; Due 5/19/2033; \$150,000	149,801	145,752
	Atmos Energy Corp	5.000%; Due 12/15/2054; \$155,000	153,906	139,613
	Ford Motor Company	4.750%; Due 01/15/2043; \$175,000	144,880	137,960
	Pfizer INVT Enterprise Inc.	5.340%; Due 5/19/2063; \$150,000	147,165	137,691
	Arthur J Gallagher & Co.	3.500%; Due 5/20/2051; \$200,000	197,710	137,582
	Intuit SR NT	5.500%; Due 9/15/2053; \$140,000	138,883	137,085
	Pacificorp	5.800%; Due 01/15/2055; \$140,000	139,186	136,045
	Morgan Stanley	6.375%; Due 07/24/2042; \$125,000	192,810	135,048
	Abbie Inc.	4.625%; Due 10/01/20; \$150,000,000	134,226	132,720
	Arthur J Gallagher & Co.	5.550%; Due 2/15/2055; \$130,000	129,190	124,817
	Microsoft Corp.	4.500%; Due 6/15/2047; \$135,000	118,935	121,554
	CVS Health Corp.	5.125%; Due 07/20/2045; \$140,000	125,764	117,622
	Macquarie Airfinance Holdings LTD	5.150%; Due 03/17/2030; \$120,000	119,978	117,221
	L3Harris Tech Inc	5.600%; Due 7/31/2053; \$120,000	119,634	116,159
	Lockheed Martin Corp.	5.900%; Due 11/15/2063; \$110,000	109,079	114,798
	Aon North America Inc	5.750%; Due 03/01/2054; \$115,000	114,320	112,137
	Vulcan Materials Co	5.700%; Due 12/01/2054; \$115,000	114,361	111,633
	Abbie Inc.	4.450%; Due 05/14/2046; \$130,000	120,204	110,505
	ConocoPhillips	5.700%; Due 9/15/2063; \$115,000	114,695	110,242
	Mass Mutual Life Ins Co.	5.672%; Due 12/01/2052; \$115,000	115,000	109,932
	Duke Energy Carolinas LLC	3.550%; Due 03/15/2052; \$155,000	154,533	109,174
	Unitedhealth Group Inc.	5.375%; Due 04/15/2054; \$115,000	114,680	107,852
	Florida Power & Light Co.	3.150%; Due 10/01/2049; \$160,000	163,726	107,848
	United Parcel SVCS	5.050%; Due 3/03/2053; \$110,000	109,447	100,813
	ConocoPhillips	4.300%; Due 11/15/2044; \$120,000	138,169	100,345
	Northrop Grumman	4.750%; Due 06/01/2043; \$110,000	100,927	98,573
	Northrop Grumman	4.950%; Due 3/15/2053; \$110,000	109,565	98,303
	Duke Energy Progress	4.150%; Due 12/01/2044; \$100,000	76,757	81,369
	Warnermedia HLDG	5.050%; Due 3/15/2042; \$100,000	100,000	80,287
	PNC Financial	VAR%; Due 01/22/2035; \$75,000	75,000	75,866
	<i>Brought forward:</i>		109,448,259	99,706,558

**Retirement Plan for Employees of the
White Plains Hospital Medical Center**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

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

EIN #:13-1740130
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	<i>Carried forward:</i>		109,448,259	99,706,558
	Northern States PWR Wisconsin	5.650%; Due 06/15/2054; \$75,000	74,772	74,879
	General Motors Co.	6.250%; Due 10/02/2043; \$75,000	102,179	74,069
	HCA Inc.	3.500%; Due 07/15/2051; \$110,000	109,473	71,144
	Enterprise Products Oper	4.850%; Due 08/15/2042; \$75,000	70,267	67,706
	Hewlett Packard Enterprise Co	4.850%; Due 10/15/2031; \$50,000	49,956	48,764
	Total Corporate Debt		<u>109,854,906</u>	<u>100,043,120</u>
	GOVERNMENT SECURITIES			
	US Treasury Sec Stripped	Due 02/15/2034; \$10,000,000	6,523,911	6,488,299
	United States Treasury Note/Bond	3.125%; Due 08.31.2027; \$2,200,000	2,171,079	2,136,640
	United States Treasury Note/Bond	3.250%; Due 05/15/2042; \$2,200,000	2,038,131	1,789,458
	United States Treasury Note/Bond	4.250%; Due 05/15/2042; \$1,900,000	1,862,942	1,733,275
	United States Treasury Note/Bond	0.750%; Due 05/31/2026; \$1,304,000	1,249,800	1,241,956
	United States Treasury Note/Bond	4.750%; Due 02/15/2024; \$600,000	637,837	593,574
	United States Treasury Note/Bond	1.625%; Due 05/15/2031; \$540,000	531,937	455,565
	United States Treasury Note/Bond	1.250%; Due 05/15/2050; \$800,000	631,878	379,272
	United States Treasury Note/Bond	4.125%; Due 08/15/2044; \$400,000	399,846	361,988
	Total Government Securities		<u>16,047,361</u>	<u>15,180,027</u>
	CASH	1,807,156	<u>1,807,156</u>	<u>1,807,156</u>
	TOTAL SEPARATE ACCOUNT - WHITE PLAINS HOSPITAL LDI PORTFOLIO		<u>127,709,423</u>	<u>117,030,303</u>
	POOLED SEPARATE ACCOUNT			
*	Principal Global Advisors - Liquid Assets Account Z	54,874	<u>3,569,875</u>	<u>3,577,397</u>
	Total Investments		<u>\$ 131,279,298</u>	<u>\$ 120,607,700</u>

* - Denotes a party-in-interest as defined by ERISA.

Schedule SB, Line 25 – Change in Method
Retirement Plan for Employees of the White Plains Hospital Medical Center
EIN 13-1740130 Plan No. 001

The Employee Retirement Income Security Act of 1974, Section 103(c)(4), requires the plan administrator to furnish an explanation of a change in the enrolled actuary as part of the annual report. There was a change in enrolled actuaries since last year. The actuarial valuation work continues to be done by Principal Life Insurance Company. However, the individual involved with this plan as the enrolled actuary has changed due to a change in the plan assignment among enrolled actuaries at Principal Life Insurance Company.

Schedule SB, Line 24 – Change in Actuarial Assumptions
Retirement Plan for Employees of the White Plains Hospital Medical Center
EIN 13-1740130 Plan No. 001

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year has decreased from 6.25% to 5.50%. This rate is used in the calculation of the actuarial value of plan assets.