

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

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ARNOT OGDEN MEDICAL CENTER</u></p> <p><u>ARNOT OGDEN MEDICAL CENTER</u> <u>600 ROE AVE</u> <u>600 ROE AVE</u> <u>ELMIRA, NY 14905-1629</u> <u>ELMIRA, NY 14905-1629</u></p>	<p><b>1c</b> Effective date of plan <u>01/21/1971</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>16-0743905</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>607-737-4507</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/23/2025	REBECCA GOULD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	325
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	88
	<b>6a(2)</b>	79
	<b>6b</b>	138
	<b>6c</b>	96
	<b>6d</b>	313
	<b>6e</b>	11
	<b>6f</b>	324
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

▶ **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.

<b>A</b> Name of plan <u>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ARNOT OGDEN MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>16-0743905</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>14225064</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>14225064</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>144</u>	<u>7739852</u>
	<b>b</b> For terminated vested participants .....	<u>93</u>	<u>1629889</u>
	<b>c</b> For active participants .....	<u>88</u>	<u>4094205</u>
	<b>d</b> Total .....	<u>325</u>	<u>13463946</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.19 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>149139</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>138000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>287139</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.

<b>SIGN HERE</b>			
	Signature of actuary	<u>05/06/2025</u>	Date
	<u>JACK BROESAMLE, JR.</u>	<u>20-03368</u>	Most recent enrollment number
	<u>SECURITY ADMINISTRATORS, INC.</u>	<u>607-771-1180</u>	Telephone number (including area code)
	<u>100 COURT STREET BINGHAMTON, NY 13901</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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> 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>5.63</u> % .....		
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	105.65 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	105.65 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	119.31 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
			<b>Totals ▶</b>	<b>18(b)</b>		<b>18(c)</b>	

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0	
<b>20</b>	Quarterly contributions and liquidity shortfalls:			
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> 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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....			<b>31a</b>	287139
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....			<b>31b</b>	287139
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....				
<b>b</b> Waiver amortization installment.....				
<b>33</b> 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 .....			<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			<b>34</b>	0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....			<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....			<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)			<b>38a</b>	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....			<b>38b</b>	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....			<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....			<b>40</b>	

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

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

<b>A</b> Name of plan <b>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ARNOT OGDEN MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0743905</b>	

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

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

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

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

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

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

**ARTISAN MID-CAP**

**39-1894287**

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

**MFS INTERNATIONAL EQUITY FUND**

**04-3287964**

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

**VANGUARD GROUP**

**23-1945930**

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

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

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

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

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

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

CONNING COLLECTIVE INVESTMENT TRUST

30-6543051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	10513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT LLC

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	10204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SILCHESTER INTERNATIONAL

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	9549	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

<b>A</b> Name of plan <u>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARNOT OGDEN MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>16-0743905</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARGAINING UNION TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ARNOT OGDEN MEDICAL CENTER</u>		
<b>c</b> EIN-PN <u>16-0743905-002</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13713758</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**Part II** **Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ARNOT OGDEN MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>16-0743905</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1430
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	13712328
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	14054437	13713758
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14054437	13713758

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15681	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15681
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	12068	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	60005	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		72073
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		454111
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		534
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		542399

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	792902	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		792902
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	30777	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	59399	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		90176
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		883078

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-340679
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **EFPR GROUP CPA LLC**

(2) EIN: **47-4526160**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554482.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ARNOT OGDEN MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>16-0743905</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

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

3	0
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 8.9 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 2.2 %  
 High-Yield Debt: \_\_\_\_\_ % Real Assets: \_\_\_\_\_ % Cash or Cash Equivalents: 7.5 % Other: 81.4 %

**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 \_\_\_\_\_.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR  
THE COMMUNICATION WORKERS OF AMERICA, AFL-  
CIO, LOCAL 1111**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**

**TABLE OF CONTENTS**

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<b><u>AUDITED FINANCIAL STATEMENTS</u></b>	<b><u>PAGE</u></b>
INDEPENDENT AUDITORS' REPORT	1 - 2
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO FINANCIAL STATEMENTS	5 - 13

## INDEPENDENT AUDITORS' REPORT

To the Pension Committee  
Arnot Ogden Medical Center Pension Plan  
for the Communications Workers of America, AFL-CIO Local 1111

### Opinion

We have audited the accompanying financial statements of the Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Arnot Ogden Medical Center Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111's ability to continue as a going concern for a reasonable period of time.

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

*EFPR Group, CPAs, PLLC*

EFPR Group, CPAs, PLLC  
Rochester, New York  
October 22, 2025

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

---

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Plan interest in master trust	\$ <u>13,713,758</u>	\$ <u>14,054,437</u>
<b>Total Assets</b>	<u>13,713,758</u>	<u>14,054,437</u>
<b>Net Assets Available for Benefits</b>	\$ <u>13,713,758</u>	\$ <u>14,054,437</u>

The accompanying notes are an integral part of these financial statements.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Additions to Net Assets</b>		
Net appreciation in fair value of investments	\$ 454,111	\$ 1,205,271
Interest income	15,681	11,946
Dividend income	72,073	385,048
Other income	534	4,315
Subtotal	<u>542,399</u>	<u>1,606,580</u>
Less investment expenses	<u>(511)</u>	<u>(434)</u>
Total additions	<u>541,888</u>	<u>1,606,146</u>
<b>Deductions from Net Assets</b>		
Benefits paid to participants	792,902	942,627
Administrative expenses	89,665	231,082
Total deductions	<u>882,567</u>	<u>1,173,709</u>
<b>Net Change in Net Assets</b>	(340,679)	432,437
<b>Net Assets Available for Benefits - Beginning</b>	<u>14,054,437</u>	<u>13,622,000</u>
<b>Net Assets Available for Benefits - Ending</b>	<u>\$ 13,713,758</u>	<u>\$ 14,054,437</u>

The accompanying notes are an integral part of these financial statements.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Notes to Financial Statements**

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**Note 1. Plan Description**

The following description of the Arnot Ogden Medical Center Pension Plan for the Communications Workers of America, AFL-CIO Local 1111 (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a noncontributory-defined benefit plan that covers all employees who are members of the Communications Workers of America, AFL-CIO 1111 and provides for retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Arnot Ogden Medical Center's management. Management has overall responsibility for the operation and administration of the Plan. Management determines the appropriateness for the Plan's investment offerings, monitors investment performance and reports to the Arnot Ogden Medical Center's Finance Committee.

**Pension Benefits** - Employees with greater than 1,000 hours of service in a year are entitled to annual pension benefits beginning at normal retirement age (65). Benefits are calculated based on the number of years of credited service multiplied by a rate determined through union contract negotiations. Employees who became union employees on or after January 1, 2013 are not eligible to participate in the Plan. Union employees rehired on or after January 1, 2013 shall not accrue additional benefits under the Plan.

The Plan permits early retirement at ages 55 - 64 for employees with 10 or more years of credited service. Employees will receive their pension benefit in the form of a joint and survivor annuity unless one of the optional forms of payment, as detailed in the plan agreement, is elected.

**Vesting** - Participants are vested based on years of service. A participant is 100% vested after five years of vesting service.

**Death and Disability** - If a participant dies with 10 or more years of credited service, a death benefit equal to the actuarial equivalent of 50% of the participant's benefit to be paid under Plan sections 4.1 or 4.2, as applicable, earned to the date of death is paid to the employee's surviving spouse. Spousal death benefits will commence no sooner than the month after the participant reaches or would have reached the age of 55. Participants who are age 50 or older with 10 or more years of service who become totally and permanently disabled generally receive disability benefits that are equal to normal retirement benefits they have accumulated as of the time they become disabled.

**Note 2. Summary of Significant Accounting Policies**

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

**Use of Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Contributions** - Contributions to the Plan from the Arnot Ogden Medical Center are accrued based upon amounts required to be funded under provisions of the Employee Retirement Income Security Act of 1974 (ERISA) or, if greater, amounts actually contributed for the year.

**Investment Valuation and Income Recognition** - The fair value of the Plan's interest in the Arnot Ogden Medical Center Master Pension Trust (Master Trust) is based on the allocated monthly value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses (see Note 5).

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Notes to Financial Statements**

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Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Arnot Ogden Medical Center's Finance Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 5 for discussion of fair value measurements.

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

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits (see Note 7) are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for each of these employees or their beneficiaries are based on the employees' credited years of service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

**Administration Expenses** - The Plan's expenses are paid either by the Plan or the Arnot Ogden Medical Center, as provided by the plan document. Expenses that are paid directly by the Arnot Ogden Medical Center are excluded from these financial statements. Certain expenses incurred in connection with the management of investments and general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

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

**Subsequent Events** - The plan has evaluated subsequent events through the date of the report which is the date these financial statements were available to be issued.

**Note 3. Funding Policy**

The Plan's funding policy is for the Arnot Ogden Medical Center to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During both years ended December 31, 2024 and 2023, the Arnot Ogden Medical Center made no contributions.

**Note 4. Plan Termination**

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111  
Notes to Financial Statements**

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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

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

**Note 5. Interest in Master Trust and Fair Value Measurements**

All of the Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and one other Arnot Ogden Medical Center sponsored retirement plan. Both participating retirement plans have an undivided interest in the Master Trust. The assets of the Master Trust were held by Principal Bank (the trustee of the Plan) as of December 31, 2024 and 2023. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 11.94% and 11.73%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the fair value of investments at the end of the previous month.

The following table represents the investments and other assets of the Master Trust as of December 31, 2024 and 2023.

	<b>Master Trust 2024</b>	<b>Plan Interest in Master Trust 2024</b>	<b>Master Trust 2023</b>	<b>Plan Interest in Master Trust 2023</b>
Cash and cash equivalents	\$ 9,853,516	\$ 1,176,654	\$ 1,693,009	\$ 198,591
Equities	7,720,130	921,895	8,429,777	988,819
International equity fund	7,332,623	875,622	7,338,275	860,785
Mutual funds	9,042,716	1,079,831	98,229,475	11,522,385
Common collective trusts	78,772,409	9,406,568	4,116,314	482,846
U.S. government securities	<u>2,108,273</u>	<u>251,758</u>	-	-
Total investments at fair value	114,829,667	13,712,328	119,806,850	14,053,426
Accrued interest and dividends receivable	<u>11,981</u>	<u>1,430</u>	<u>8,615</u>	<u>1,011</u>
Total net assets	<u>\$114,841,648</u>	<u>\$ 13,713,758</u>	<u>\$119,815,465</u>	<u>\$ 14,054,437</u>

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111  
Notes to Financial Statements**

Net appreciation in fair value of investments and investment income of the Master Trust is as follows at December 31:

	<b>Master Trust 2024</b>	<b>Plan Interest in Master Trust 2024</b>	<b>Master Trust 2023</b>	<b>Plan Interest in Master Trust 2023</b>
Net appreciation in fair value of investments	\$ 3,584,142	\$ 454,111	\$ 9,512,793	\$ 1,205,271
<b>Investment Income</b>				
Interest	\$ 123,763	\$ 15,681	\$ 94,282	\$ 11,946
Dividends	568,849	72,073	3,039,057	385,048
Total investment income	<u>\$ 692,612</u>	<u>\$ 87,754</u>	<u>\$ 3,133,339</u>	<u>\$ 396,994</u>

Changes in the net assets of the Master Trust are as follows at December 31:

	<b>Master Trust 2024</b>	<b>Plan Interest in Master Trust 2024</b>	<b>Master Trust 2023</b>	<b>Plan Interest in Master Trust 2023</b>
<b>Additions to Net Assets in Master Trust</b>				
Investment income	\$ 692,612	\$ 87,754	\$ 3,133,339	\$ 396,994
Net appreciation in fair value of investments	3,584,142	454,111	9,512,793	1,205,271
Other income	4,213	534	34,058	4,315
Total additions	<u>4,280,967</u>	<u>542,399</u>	<u>12,680,190</u>	<u>1,606,580</u>
<b>Deductions from Net Assets in Master Trust</b>				
Investment fees and bank charges	4,033	511	3,427	434
Transfers out for benefits paid to participants	8,543,062	792,902	7,439,836	942,627
Administrative expenses	707,689	89,665	1,823,852	231,082
Total deductions	<u>9,254,784</u>	<u>883,078</u>	<u>9,267,115</u>	<u>1,174,143</u>
<b>Net Change in Net Assets in Master Trust</b>	(4,973,817)	(340,679)	3,413,075	432,437
<b>Net Assets in Master Trust - Beginning</b>	119,815,465	14,054,437	105,008,476	13,622,000
<b>Transfer of Assets into Master Trust</b>	-	-	11,393,914	-
<b>Net Assets in Master Trust - Ending</b>	<u>\$114,841,648</u>	<u>\$ 13,713,758</u>	<u>\$119,815,465</u>	<u>\$ 14,054,437</u>

The investments held by the Master Trust are stated at fair value, as reported on national security exchanges or closing bid prices as reported by investment dealers. Securities for which exchange quotations are not readily available are valued primarily using dealer-supplied valuations or at their fair value as determined in good faith under consistently applied procedures under the general supervision of the Arnot Ogden Medical Center's Finance Committee.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Notes to Financial Statements**

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

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

Level 2: Inputs to the valuation methodology include

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

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

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

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

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

**U.S. Government Securities** - Valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

**Cash and Cash Equivalents** - Consist of money market funds and cash. Valued at the unadjusted price of the active market at year end (Level 1 and 2).

**Equity Securities** - Valued at the closing price reported in the active market in which the individual securities are traded (Level 1 and 2).

**Mutual Funds** - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

**Common Collective Trust** - Valued at prices for similar assets in active markets, or for identical or similar assets in inactive markets. Valuation model uses inputs that are observable, either directly or indirectly. (Level 2).

**International Equity Fund** - Valued based on significant unobservable inputs, as observable market data is not available. These investments are valued using internal models, such as discounted cash flow analyses, or other valuation techniques that require significant management judgment. Unobservable inputs may include assumptions about future cash flows, discount rates, and other factors considered relevant by management. Valuations are reviewed periodically and updated as necessary based on the availability of new information or significant events (Level 3).

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111  
Notes to Financial Statements**

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

Assets measured at fair value as of December 31, 2024, are summarized below:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 7,853,516	\$ 2,000,000	\$ -	\$ 9,853,516
Equity securities	5,361,151	2,358,979	-	7,720,130
International equity fund	-	-	7,332,623	7,332,623
Mutual funds	9,042,716	-	-	9,042,716
Common collective trust	-	78,772,409	-	78,772,409
U.S. government securities	-	<u>2,108,273</u>	-	<u>2,108,273</u>
Total investments in the fair value hierarchy	<u>\$ 22,257,383</u>	<u>\$ 85,239,661</u>	<u>\$ 7,332,623</u>	<u>\$ 114,829,667</u>

Assets measured at fair value as of December 31, 2023, are summarized below:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 1,693,009	\$ -	\$ -	\$ 1,693,009
Equity securities	8,429,777	-	-	8,429,777
International equity fund	-	-	7,338,275	7,338,275
Mutual funds	96,203,232	2,026,243	-	98,229,475
Common collective trust	-	<u>4,116,314</u>	-	<u>4,116,314</u>
Total assets in the fair value hierarchy	<u>\$106,326,018</u>	<u>\$ 6,142,557</u>	<u>\$ 7,338,275</u>	<u>\$ 119,806,850</u>

The following table is a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Balance - beginning	\$ 7,338,275	\$ 6,095,771
Sales	(75,361)	(67,556)
Unrealized gain	<u>69,709</u>	<u>1,310,060</u>
Balance - ending	<u>\$ 7,332,623</u>	<u>\$ 7,338,275</u>

**Note 6. Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Security Administrators Inc. and 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.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111  
Notes to Financial Statements**

The accumulated plan benefit information is as follows at December 31:

	<u>2024</u>	<u>2023</u>
<b>Actuarial Present Value of Accumulated Plan Benefits</b>		
<b>Vested Benefits</b>		
Participants currently receiving benefits	\$ 6,844,843	\$ 6,429,092
Other participants	<u>3,970,515</u>	<u>4,032,546</u>
Total vested benefits	10,815,358	10,461,638
<b>Non-Vested Benefits</b>	<u>-</u>	<u>-</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b>\$ <u>10,815,358</u></b>	<b>\$ <u>10,461,638</u></b>

Changes in accumulated plan benefits are as follows at December 31:

	<u>2024</u>	<u>2023</u>
<b>Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year</b>		
	\$ <u>10,461,638</u>	\$ <u>10,661,132</u>
<b>Net Change During the Year Attributable to</b>		
Benefits accumulated	667,292	(218,142)
Interest	768,834	796,111
Benefit payments	<u>(1,082,406)</u>	<u>(777,463)</u>
<b>Net Change</b>	<u>353,720</u>	<u>(199,494)</u>
<b>Total Actuarial Present Value of Accumulated Plan Benefits at End of Year</b>	<b>\$ <u>10,815,358</u></b>	<b>\$ <u>10,461,638</u></b>

Significant assumptions underlying the actuarial computations are:

Discount/rate of return:	7.75% for the years ended December 31, 2024 and 2023
Mortality tables:	2025 Optional Small Plan Mortality for Males and Females for the year ended December 31, 2024
	2024 Optional Small Plan Mortality for Males and Females for the year ended December 31, 2023

Normal retirement age: Age 65 for the years ended December 31, 2024 and 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

**Note 7. Income Tax Status**

The Plan qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws at the plan level.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111**  
**Notes to Financial Statements**

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The Plan obtained its latest determination letter in June 2000, in which the Internal Revenue Service stated that the Plan, as designated through the Plan's December 1999 amendment, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

**Note 8. Risks and Uncertainties**

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

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

**Note 9. Plan Amendment**

Effective June 2024, the Plan was amended to reflect an increase in the Plan's normal retirement benefit formula provided under a collective bargaining agreement between Arnot Ogden Medical Center and Communication Workers of America, AFL-CIO Local 111. This amendment is adopted retroactively as of July 23, 2009. For those participants actively participating under the terms of the Plan hired prior to July 24, 2006, upon reaching normal retirement age, shall earn a monthly benefit of \$22.00 times the number of years of credited service. For those participants actively participating under the terms of the Plan hired after July 24, 2006, upon reaching normal retirement age, shall earn a monthly benefit of \$21.00 times the number of years of credited service.

**Note 10. Party-In-Interest Transactions**

The Plan pays management fees to its trustee and these transactions are non-prohibited party-in-interest transactions. Total fees relating to the Master Trust for the investment management services amounted to \$511 and \$434 for the years ended December 31, 2024 and 2023, respectively. Plan investments managed by the plan trustee also qualify as party-in-interest transactions.

The Plan pays fees to several firms for investment management and advisory counsel, and these transactions are non-prohibited party-in-interest transactions. Total fees relating to the Plan for these services amounted to \$30,266 and \$15,764 for the years ended December 31, 2024 and 2023, respectively.

The Plan reimburses Arnot Ogden Medical Center for Pension Benefit Guaranty Corporation (PBGC) premiums paid on its behalf. Included in administrative expenses for the years ended December 31, 2024 and 2023, is \$59,399 and \$215,318, respectively, related to the reimbursement of PBGC premiums paid by the Plan in 2024 and 2023 to Arnot Ogden Medical Center for premiums paid by Arnot Ogden Medical Center in 2024 and 2023.

**ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR THE  
COMMUNICATION WORKERS OF AMERICA, AFL-CIO, LOCAL 1111  
Notes to Financial Statements**

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**Note 11. Reclassifications**

Certain reclassifications have been made to the financial statements for the year ended December 31, 2023. These reclassifications are for comparative purposes only and have no effect on the change in net assets available for benefits as originally reported.

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

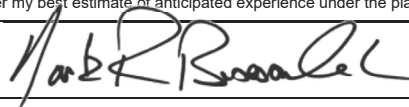
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan ARNOT OGDEN MEDICAL CENTER PENSION PLAN FOR AFL-CIO LOCAL 111	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ARNOT OGDEN MEDICAL CENTER	<b>D</b> Employer Identification Number (EIN) 16-0743905	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	14,225,064
	<b>b</b> Actuarial value .....	<b>2b</b>	14,225,064
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	144	7,739,852
	<b>b</b> For terminated vested participants .....	93	1,629,889
	<b>c</b> For active participants .....	88	4,094,205
	<b>d</b> Total .....	325	13,463,946
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.19%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	149,139
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	138,000
	<b>c</b> Target normal cost .....	<b>6c</b>	287,139

**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.

<b>SIGN HERE</b>	 Signature of actuary	<u>5/6/2025</u> Date
	JACK BROESAMLE, JR., EA, FCA, MAAA Type or print name of actuary	<u>2003368</u> Most recent enrollment number
	SECURITY ADMINISTRATORS, INC. Firm name	<u>607-771-1180</u> Telephone number (including area code)
	100 COURT STREET  BINGHAMTON NY 13901 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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____% .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		
	<b>b(1)</b> 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>5.63</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	105.65 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	105.65 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	119.31 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 65
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 287,139
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 287,139
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

**Actuarial Valuation  
For  
The Pension Plan for the Communication Workers of America,  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center**

**As of  
January 1, 2025**

June 25, 2025

Arnot-Ogden Medical Center, Inc.  
600 Roe Avenue  
Elmira, NY 14905

We have completed the actuarial valuation of The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actuarial experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,



Jack R. Broesamle, Jr., EA, FCA, MAAA

**Arnot Ogden Medical Center**  
**PP Comm Workers of Am AFL-CIO Local 1111 of Arnot-Ogden Med**  
**Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025**  
**Adjusted Funding Target Attainment Percentage**

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

<b>1. Target Liability as of 01/01/2025</b>	\$ 14,046,708
<b>2. Assets under Section 430(f)(4)(B):</b>	\$ 12,286,265
<b>a. Market Value of Assets:</b>	\$ 13,098,521
<b>b. Smoothed Actuarial Value of Assets:</b>	\$ 12,286,265
<b>c. Current Cash Value:</b>	\$ 0
<b>d. Prior Year Carryover Balance:</b>	\$ 0
<b>e. Prior Year Prefunding Balance:</b>	\$ 0
<b>3. Funding Target Attainment Percentage (FTAP):</b>	87.46%
<b>4. Annuity Purchases for NHCE's in the Last 2 Years:</b>	\$ 0
<b>5. Adjusted Funding Target Attainment Percentage (AFTAP):</b>	87.46%

SIGNATURE:  DATE: 6/24/2025

NAME: Jack Broesamle, Jr., EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TABLE OF CONTENTS

	<u>Page</u>
Summary	1
Target Normal Cost	3
Minimum Required Contribution	4
Maximum Contribution	5
Reconciliation of Balances from Prior Plan Year	6
Comparison of the Prior and Current Year Valuation Results	7
Vested and Non-Vested Accumulated Benefits	8
Estimated Rate of Return	10
Reconciliation of Participants	11
Active Participant by Age and Years of Service	12
Actuarial Procedures	13
Plan Provisions	15

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	88	79
Terminated Vested Participants	93	96
Retired Members and Beneficiaries	<u>144</u>	<u>149</u>
Total Participants	325	324
 <u>Valuation Assets</u>	 \$14,225,064	 \$12,286,265
 <u>Funding Target</u>	 13,463,946	 14,046,708
 <u>Assets / Funding Target</u>	 105.65%	 87.46%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 409,899

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY  
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year is \$409,899 as of 1/01/25 (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$8,508,431.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The preliminary quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$102,475.

Plan Changes

No plan provisions have been changed, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 246,169
2.	Funding Target	14,046,708
3.	a. Assets as of January 1, 2025	12,286,265
	b. Carry Over Balance	0
	c. Funding Standard Account Credit Balance	<u>0</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	12,286,265
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 246,169

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$ 246,169
		163,730
2.	Shortfall Amortization Charge (Balances \$1,760,443)	
		0
3.	Waiver Amortization Charge (Balances \$ 0)	
		409,899
4.	Minimum Required Contribution as of January 1, 2025	
		0
5.	Use part of Carry Over balance (see page 6)	
6.	Remaining Minimum Contribution [(5) - (6)] as of 1/01/25	409,899
7.	Remaining Minimum Contribution as of 9/15/26	\$ 445,943

Amortization Bases under ARPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2025	Shortfall	1,760,443	15	1,760,443	15	163,730
Totals				1,760,443		163,730

\* The fifteen-year amortization factor is 10.752081 for 2025.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$13,700,683
2.	Target Normal Cost (including expenses)	243,672
3.	Cushion (based on projected funding target: \$13,700,683)	6,850,341
4.	Maximum Funding Liability	20,794,696
5.	Plan Assets as of January 1, 2025	12,286,265
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 8,508,431

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES  
FROM PRIOR PLAN YEAR**

	Prefunding Balance	Carry Over Balance
1. Balance at 1/01/24	\$ 0	\$ 0
2. Amount Elected to be Used at 1/01/24	0	0
3. Amount Remaining [(1) – (2)]	0	0
4. Interest at Actual 2024 Return Rate of <u>3.50%*</u>	0	0
5. Minimum Required Contribution at 1/01/24	0	N/A
6. Remaining Required Contribution at [(5) – (2)]	0	N/A
7. Discounted Contributions at 1/01/24	0	N/A
8. Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9. Interest at 2024 Effective Rate of <u>5.19%</u>	0	N/A
10. Additional Balance Available at 1/01/25 [(8) + (9)]	0	0
11. Portion of (10) Elected to Add to Prefunding Balance	0	0
12. Reduction due to Election or Deemed Burn	0	0
13. Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$ 0	\$ 0

\* See item 9 on page 10 for rate used.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 4,094,205	\$ 3,655,658
b. Terminated Vested Participants	1,629,889	2,006,086
c. Retired Participants	<u>7,739,852</u>	<u>8,344,964</u>
d. Total	\$13,463,946	\$14,046,708
2.		
a. Assets	\$14,225,064	\$12,286,265
b. Carry Over Balance	0	0
c. Funding Standard Account Credit Balance	<u>0</u>	<u>0</u>
d. Adjusted Assets (a) - (b)	\$14,225,064	\$12,286,265
3. Initial FTAP = (2d) / (1d)	105.65%	87.46%
4. AFTAP with full assets (2a) / (1d)	105.65%	87.46%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	105.65%	87.46%

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED  
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 6,429,092	\$ 6,844,843
b. Other Participants	<u>4,032,546</u>	<u>3,970,515</u>
c. Total	\$10,461,638	\$10,815,358
2. Actuarial Value of Assets	\$14,225,064	\$12,286,265
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	88	79
b. Terminated Vested Participants	93	96
c. Retired Participants	<u>144</u>	<u>149</u>
d. Total	325	324
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$10,461,638	\$10,815,358
8. Funded Ratio (2) / (7)	135.97%	113.60%

\* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Optional Small Plan Combined mortality tables for Males and Females.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	768,834
Benefits Accrued and Mortality Table changes	667,292
Benefits Paid	<u>(1,082,406)</u>
Net Increase (Decrease)	\$ 353,720

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$10,815,358
Beginning of prior year, January 1, 2024	<u>10,461,638</u>
Net Increase (Decrease)	\$ 353,720

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$13,710,554
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	511,622
5. Benefit Payments	(1,082,406)
6. Expenses (PBGC)	(41,249)
7. Market Value of Assets on December 31, 2024	\$13,098,521
8. Estimated Rate of Return*:	3.50%*

\* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$13,098,521																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: left; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: left; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: right;">511,622</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">341,081</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: right;"><u>1,413,525</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;">471,175</td> </tr> <tr> <td>Total</td> <td style="text-align: right;"><u>1,925,147</u></td> <td></td> <td style="text-align: right;">812,256</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	511,622	2/3	341,081	12/31/23	<u>1,413,525</u>	1/3	471,175	Total	<u>1,925,147</u>		812,256	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	511,622	2/3	341,081														
12/31/23	<u>1,413,525</u>	1/3	471,175														
Total	<u>1,925,147</u>		812,256														
3. Preliminary Actuarial Value (1) – (2)	12,286,265																
4. 90% of Market Value	11,788,669																
5. 110% of Market Value	14,408,373																
6. Actuarial Value of Plan Assets 1/1/2025 (Item 3 not less than (4) or greater than (5))	\$12,286,265																

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	88
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(4)
	Terminations without vested rights	0
	Retirements	(5)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	79
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	144
	Retirements	6
	New Beneficiaries	0
	Death without continued payment eligibility	(1)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	149
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	93
	Additional vested former participants	4
	New beneficiaries	0
	Return to active status	0
	Retirements	(1)
	Paid lump sums	0
	Data corrections	<u>0</u>
	Terminated vested participants as of January 1, 2025	96
4.	<u>Total Participants as of January 1, 2025</u>	324

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS  
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	1	-	-	-	2
35-39	-	-	1	7	-	-	-	8
40-44	-	-	1	3	2	-	-	6
45-49	-	1	1	3	3	-	-	8
50-54	-	-	1	4	3	2	4	14
55-59	-	-	2	3	4	-	5	14
60-64	-	-	1	3	1	4	7	16
65 +	-	-	-	-	6	2	3	11
<b>Total</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>24</b>	<b>19</b>	<b>8</b>	<b>19</b>	<b>79</b>



**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage =  $\text{Assets} \div \text{FT}$ , where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if  $\text{Assets} \div \text{FT}$  is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

For purposes of this funding valuation, assets are valued using market value with gains and losses phased in ratably over a 3-year period, maintaining the 90% - 110% corridor.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$127,000.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for the Communications Workers of America  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center
2. Original Effective Date:  
Restated January 25, 1971  
Most recently fully restated effective January 1, 2015.
3. Employer:  
Arnot-Ogden Medical Center
4. Eligibility:  
Union employees, other than physicians, are eligible to participate immediately at hire. The plan was closed to new participants effective January 1, 2013.
5. Normal Retirement:
  - a. Age: 65
  - b. Benefit: For those Participants actively participating under the terms of this Plan on July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$22 times years of Credited Service and fractions thereof. For those Participants not actively participating until after July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$21 times year of Credited Service and fractions thereof.
6. Early Retirement:
  - a. Age: 55
  - b. Service: 10 years
  - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit ERISA minimum Joint & 50% to surviving spouse.

SUMMARY OF ASSETS  
AS OF DECEMBER 31, 2024

ARNOT OGDEN MED CTR MASTER PEN CONS  
ACCOUNT NUMBER 25963199

	<u>COST VALUE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>% TOTAL MARKET</u>	<u>ESTIMATED ANNUAL INCOME</u>	<u>CURRENT YIELD</u>	<u>ACCRUED INCOME</u>
CASH	0.00	0.00		0.00			
CASH EQUIVALENTS	7,853,516.44	7,853,516.44	0.00	6.84	342,057.80	4.36	9,526.74
POOLED, COMMON AND COLLECTIVE F	81,482,616.21	80,772,409.00	710,207.21-	70.33	0.00	0.00	0.00
BONDS & NOTES	2,353,936.92	2,108,272.23	245,664.69-	1.84	0.00	0.00	0.00
EQUITIES	5,072,765.82	7,720,130.08	2,647,364.26	6.72	84,259.01	1.09	2,453.92
MUTUAL FUNDS	4,192,149.26	9,042,716.03	4,850,566.77	7.88	130,046.23	1.44	0.00
MISCELLANEOUS ASSETS	3,782,144.55	7,332,623.02	3,550,478.47	6.39	0.00	0.00	0.00
<b>TOTAL ASSETS</b>	<b>104,737,129.20</b>	<b>114,829,666.80</b>	<b>10,092,537.60</b>	<b>99.99</b>	<b>556,363.04</b>	<b>0.49</b>	<b>11,980.66</b>
ACCRUED INCOME	11,980.66	11,980.66		0.01			
NET PENDING TRADES	0.00	0.00		0.00			
<b>TOTAL ACCOUNT</b>	<b>104,749,109.86</b>	<b>114,841,647.46</b>	<b>10,092,537.60</b>	<b>100.00</b>	<b>556,363.04</b>	<b>0.49</b>	<b>11,980.66</b>

**Actuarial Valuation  
For  
The Pension Plan for the Communication Workers of America,  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center**

**As of  
January 1, 2025**

June 25, 2025

Arnot-Ogden Medical Center, Inc.  
600 Roe Avenue  
Elmira, NY 14905

We have completed the actuarial valuation of The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actuarial experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jack R. Broesamle, Jr.", written in a cursive style.

Jack R. Broesamle, Jr., EA, FCA, MAAA

**Arnot Ogden Medical Center**  
**PP Comm Workers of Am AFL-CIO Local 1111 of Arnot-Ogden Med**  
**Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025**  
**Adjusted Funding Target Attainment Percentage**

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

<b>1. Target Liability as of 01/01/2025</b>	\$ 14,046,708
<b>2. Assets under Section 430(f)(4)(B):</b>	\$ 12,286,265
<b>a. Market Value of Assets:</b>	\$ 13,098,521
<b>b. Smoothed Actuarial Value of Assets:</b>	\$ 12,286,265
<b>c. Current Cash Value:</b>	\$ 0
<b>d. Prior Year Carryover Balance:</b>	\$ 0
<b>e. Prior Year Prefunding Balance:</b>	\$ 0
<b>3. Funding Target Attainment Percentage (FTAP):</b>	87.46%
<b>4. Annuity Purchases for NHCE's in the Last 2 Years:</b>	\$ 0
<b>5. Adjusted Funding Target Attainment Percentage (AFTAP):</b>	87.46%

SIGNATURE:  DATE: 6/24/2025

NAME: Jack Broesamle, Jr., EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TABLE OF CONTENTS

	<u>Page</u>
Summary	1
Target Normal Cost	3
Minimum Required Contribution	4
Maximum Contribution	5
Reconciliation of Balances from Prior Plan Year	6
Comparison of the Prior and Current Year Valuation Results	7
Vested and Non-Vested Accumulated Benefits	8
Estimated Rate of Return	10
Reconciliation of Participants	11
Active Participant by Age and Years of Service	12
Actuarial Procedures	13
Plan Provisions	15

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	88	79
Terminated Vested Participants	93	96
Retired Members and Beneficiaries	<u>144</u>	<u>149</u>
Total Participants	325	324
 <u>Valuation Assets</u>	 \$14,225,064	 \$12,286,265
 <u>Funding Target</u>	 13,463,946	 14,046,708
 <u>Assets / Funding Target</u>	 105.65%	 87.46%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 409,899

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY  
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year is \$409,899 as of 1/01/25 (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$8,508,431.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The preliminary quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$102,475.

Plan Changes

No plan provisions have been changed, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 246,169
2.	Funding Target	14,046,708
3.	a. Assets as of January 1, 2025	12,286,265
	b. Carry Over Balance	0
	c. Funding Standard Account Credit Balance	<u>0</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	12,286,265
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 246,169

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$ 246,169
		163,730
2.	Shortfall Amortization Charge (Balances \$1,760,443)	
		0
3.	Waiver Amortization Charge (Balances \$ 0)	
		409,899
4.	Minimum Required Contribution as of January 1, 2025	
		0
5.	Use part of Carry Over balance (see page 6)	
6.	Remaining Minimum Contribution [(5) - (6)] as of 1/01/25	409,899
7.	Remaining Minimum Contribution as of 9/15/26	\$ 445,943

Amortization Bases under ARPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2025	Shortfall	1,760,443	15	1,760,443	15	163,730
Totals				1,760,443		163,730

\* The fifteen-year amortization factor is 10.752081 for 2025.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$13,700,683
2.	Target Normal Cost (including expenses)	243,672
3.	Cushion (based on projected funding target: \$13,700,683)	6,850,341
4.	Maximum Funding Liability	20,794,696
5.	Plan Assets as of January 1, 2025	12,286,265
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 8,508,431

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES  
FROM PRIOR PLAN YEAR**

		Prefunding Balance	Carry Over Balance
1.	Balance at 1/01/24	\$ 0	\$ 0
2.	Amount Elected to be Used at 1/01/24	0	0
3.	Amount Remaining [(1) – (2)]	0	0
4.	Interest at Actual 2024 Return Rate of <u>3.50%*</u>	0	0
5.	Minimum Required Contribution at 1/01/24	0	N/A
6.	Remaining Required Contribution at [(5) – (2)]	0	N/A
7.	Discounted Contributions at 1/01/24	0	N/A
8.	Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9.	Interest at 2024 Effective Rate of <u>5.19%</u>	0	N/A
10.	Additional Balance Available at 1/01/25 [(8) + (9)]	0	0
11.	Portion of (10) Elected to Add to Prefunding Balance	0	0
12.	Reduction due to Election or Deemed Burn	0	0
13.	Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$ 0	\$ 0

\* See item 9 on page 10 for rate used.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 4,094,205	\$ 3,655,658
b. Terminated Vested Participants	1,629,889	2,006,086
c. Retired Participants	<u>7,739,852</u>	<u>8,344,964</u>
d. Total	\$13,463,946	\$14,046,708
2. a. Assets	\$14,225,064	\$12,286,265
b. Carry Over Balance	0	0
c. Funding Standard Account Credit Balance	<u>0</u>	<u>0</u>
d. Adjusted Assets (a) - (b)	\$14,225,064	\$12,286,265
3. Initial FTAP = (2d) / (1d)	105.65%	87.46%
4. AFTAP with full assets (2a) / (1d)	105.65%	87.46%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	105.65%	87.46%

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED  
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 6,429,092	\$ 6,844,843
b. Other Participants	<u>4,032,546</u>	<u>3,970,515</u>
c. Total	\$10,461,638	\$10,815,358
2. Actuarial Value of Assets	\$14,225,064	\$12,286,265
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	88	79
b. Terminated Vested Participants	93	96
c. Retired Participants	<u>144</u>	<u>149</u>
d. Total	325	324
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$10,461,638	\$10,815,358
8. Funded Ratio (2) / (7)	135.97%	113.60%

\* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Optional Small Plan Combined mortality tables for Males and Females.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	768,834
Benefits Accrued and Mortality Table changes	667,292
Benefits Paid	<u>(1,082,406)</u>
Net Increase (Decrease)	\$ 353,720

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$10,815,358
Beginning of prior year, January 1, 2024	<u>10,461,638</u>
Net Increase (Decrease)	\$ 353,720

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$13,710,554
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	511,622
5. Benefit Payments	(1,082,406)
6. Expenses (PBGC)	(41,249)
7. Market Value of Assets on December 31, 2024	\$13,098,521
8. Estimated Rate of Return*:	3.50%*

\* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$13,098,521																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: center; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: center; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: center;">511,622</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">341,081</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: center;"><u>1,413,525</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;">471,175</td> </tr> <tr> <td>Total</td> <td style="text-align: center;"><u>1,925,147</u></td> <td></td> <td style="text-align: right;">812,256</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	511,622	2/3	341,081	12/31/23	<u>1,413,525</u>	1/3	471,175	Total	<u>1,925,147</u>		812,256	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	511,622	2/3	341,081														
12/31/23	<u>1,413,525</u>	1/3	471,175														
Total	<u>1,925,147</u>		812,256														
3. Preliminary Actuarial Value (1) – (2)	12,286,265																
4. 90% of Market Value	11,788,669																
5. 110% of Market Value	14,408,373																
6. Actuarial Value of Plan Assets 1/1/2025 (Item 3 not less than (4) or greater than (5))	\$12,286,265																

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	88
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(4)
	Terminations without vested rights	0
	Retirements	(5)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	79
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	144
	Retirements	6
	New Beneficiaries	0
	Death without continued payment eligibility	(1)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	149
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	93
	Additional vested former participants	4
	New beneficiaries	0
	Return to active status	0
	Retirements	(1)
	Paid lump sums	0
	Data corrections	<u>0</u>
	Terminated vested participants as of January 1, 2025	96
4.	<u>Total Participants as of January 1, 2025</u>	324

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS  
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	1	-	-	-	2
35-39	-	-	1	7	-	-	-	8
40-44	-	-	1	3	2	-	-	6
45-49	-	1	1	3	3	-	-	8
50-54	-	-	1	4	3	2	4	14
55-59	-	-	2	3	4	-	5	14
60-64	-	-	1	3	1	4	7	16
65 +	-	-	-	-	6	2	3	11
Total	0	1	8	24	19	8	19	79



**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage =  $\text{Assets} \div \text{FT}$ , where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if  $\text{Assets} \div \text{FT}$  is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

For purposes of this funding valuation, assets are valued using market value with gains and losses phased in ratably over a 3-year period, maintaining the 90% - 110% corridor.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$127,000.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for the Communications Workers of America  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center
2. Original Effective Date:  
Restated January 25, 1971  
Most recently fully restated effective January 1, 2015.
3. Employer:  
Arnot-Ogden Medical Center
4. Eligibility:  
Union employees, other than physicians, are eligible to participate immediately at hire. The plan was closed to new participants effective January 1, 2013.
5. Normal Retirement:
  - a. Age: 65
  - b. Benefit: For those Participants actively participating under the terms of this Plan on July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$22 times years of Credited Service and fractions thereof. For those Participants not actively participating until after July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$21 times year of Credited Service and fractions thereof.
6. Early Retirement:
  - a. Age: 55
  - b. Service: 10 years
  - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit ERISA minimum Joint & 50% to surviving spouse.

**Actuarial Valuation  
For  
The Pension Plan for the Communication Workers of America,  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center**

**As of  
January 1, 2025**

June 25, 2025

Arnot-Ogden Medical Center, Inc.  
600 Roe Avenue  
Elmira, NY 14905

We have completed the actuarial valuation of The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center as of January 1, 2025 and the results are set forth in the following report, including a description of the principal plan provisions and an outline of the underlying actuarial assumptions and methodology.

In preparing the report, we relied without audit on the financial statements and employee data furnished by the Company. Our review of the data shows them to be reasonably consistent and comparable with data used in prior valuations.

Actuarial computations under ERISA are for the purposes of determining the minimum required and maximum tax-deductible funding amounts for an ongoing plan. The calculations reported herein have been made on a basis consistent with our understanding of ERISA and the related sections of the tax code. Determinations for purposes other than meeting ERISA funding requirements may be significantly different from these results. Accordingly, additional determinations may be needed for other purposes such as judging benefit security at termination or fulfilling employer accounting requirements.

On the basis of the foregoing, we hereby certify that, to the best of our knowledge, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with applicable Guides to Professional Conduct of the American Academy of Actuaries.

In our opinion, the assumptions used are reasonably related to the experience of the Plan and represent our best estimate of anticipated experience under the Plan. Nevertheless, the emerging costs will vary from those presented in this report to the extent that actuarial experience differs from that projected by the actuarial assumptions.

The undersigned, a consulting actuary for Security Administrators, Inc., is a member of the Conference of Consulting Actuaries, the Society of Enrolled Actuaries, and meets the Qualification Standards of the Joint Board for the Enrollment of Actuaries to render the actuarial opinions contained herein.

Respectfully submitted,



Jack R. Broesamle, Jr., EA, FCA, MAAA

**Arnot Ogden Medical Center**  
**PP Comm Workers of Am AFL-CIO Local 1111 of Arnot-Ogden Med**  
**Valuation as of 01/01/2025 for the Plan Year Ending 12/31/2025**  
**Adjusted Funding Target Attainment Percentage**

The Pension Protection Act of 2006 (PPA) and Internal Revenue Code Section 436 require the calculation of the Adjusted Funding Target Attainment Percentage (AFTAP). This is a ratio that is used to determine whether the plan is subject to new limitations on plan amendments, lump sum distributions and benefit accruals. The target liability in the ratio has been calculated using interest segments of 4.75%, 4.81% and 5.50%.

<b>1. Target Liability as of 01/01/2025</b>	\$ 14,046,708
<b>2. Assets under Section 430(f)(4)(B):</b>	\$ 12,286,265
<b>a. Market Value of Assets:</b>	\$ 13,098,521
<b>b. Smoothed Actuarial Value of Assets:</b>	\$ 12,286,265
<b>c. Current Cash Value:</b>	\$ 0
<b>d. Prior Year Carryover Balance:</b>	\$ 0
<b>e. Prior Year Prefunding Balance:</b>	\$ 0
<b>3. Funding Target Attainment Percentage (FTAP):</b>	87.46%
<b>4. Annuity Purchases for NHCE's in the Last 2 Years:</b>	\$ 0
<b>5. Adjusted Funding Target Attainment Percentage (AFTAP):</b>	87.46%

SIGNATURE:  DATE: 6/24/2025

NAME: Jack Broesamle, Jr., EA, FCA, MAAA

ENROLLMENT NUMBER: 23-03365

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TABLE OF CONTENTS

	<u>Page</u>
Summary	1
Target Normal Cost	3
Minimum Required Contribution	4
Maximum Contribution	5
Reconciliation of Balances from Prior Plan Year	6
Comparison of the Prior and Current Year Valuation Results	7
Vested and Non-Vested Accumulated Benefits	8
Estimated Rate of Return	10
Reconciliation of Participants	11
Active Participant by Age and Years of Service	12
Actuarial Procedures	13
Plan Provisions	15

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY

This report has been prepared for The Pension Plan for the Communication Workers of America, AFL-CIO, Local 1111 of Arnot-Ogden Medical Center to:

1. Calculate the maximum deductible contribution and to determine the minimum required contribution for the 2025 plan year.
2. Provide reporting and disclosure information for governmental agencies and other interested parties.
3. Review the experience for the period January 1, 2024 to December 31, 2024.

Comparison of Principal Valuation Results

	Plan Year Beginning:	
	<u>January 1, 2024</u>	<u>January 1, 2025</u>
<u>Participant Data</u>		
Active Participants	88	79
Terminated Vested Participants	93	96
Retired Members and Beneficiaries	<u>144</u>	<u>149</u>
Total Participants	325	324
 <u>Valuation Assets</u>	 \$14,225,064	 \$12,286,265
 <u>Funding Target</u>	 13,463,946	 14,046,708
 <u>Assets / Funding Target</u>	 105.65%	 87.46%
 <u>Contribution Limits</u>		
Minimum Required (see p. 4)	\$ 0	\$ 409,899

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

SUMMARY  
(cont'd.)

Contribution Requirements for the 2025 Plan Year

The total minimum required contribution for the 2025 plan year is \$409,899 as of 1/01/25 (see p. 4).

IRS rules generally allow plans to contribute and deduct the amount needed to bring assets up to 150% of the Funding Target, as defined by the Pension Protection Act of 2006. For 2025, this amount may be as large as \$8,508,431.

Quarterly Contribution Requirements for the 2025 Plan Year

The minimum quarterly contribution amount for the 2025 plan year, which should be deposited by April 15, 2025, July 15, 2025, October 15, 2025 and January 15, 2026, is Zero.

The preliminary quarterly contribution amount for the 2026 plan year, which should be deposited by April 15, 2026, July 15, 2026, October 15, 2026 and January 15, 2027, is \$102,475.

Plan Changes

No plan provisions have been changed, but PPA '06 assumptions and methods have been reflected in this 2025 actuarial valuation and the ARPA segment rates have been used for minimum funding purposes as required for the 2025 plan year.

Miscellaneous Comments

The Pension Protection Act of 2006 became effective in 2008. This Act of Congress changes many of the rules for funding pension plan. For example, the actuarial cost method (Unit Credit), interest rates, and mortality tables are now mandated by the government. One favorable aspect is that many plans are now permitted to make larger deductible contributions (in good years) to build up more of a reserve for years when pension experience may be bad or when contributions cannot be made by the sponsor.

The remaining pages of the report summarize the assets, participation, actuarial assumptions, and principal plan provisions that were used in preparing this 2025 actuarial valuation.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

TARGET NORMAL COST

1.	Target Normal Cost (including expenses)	\$ 246,169
2.	Funding Target	14,046,708
3.	a. Assets as of January 1, 2025	12,286,265
	b. Carry Over Balance	0
	c. Funding Standard Account Credit Balance	<u>0</u>
	d. Adjusted Assets as of January 1, 2025 [(a)-(b)-(c)]	12,286,265
4.	Normal Cost Reduction [(3d) - (2), not less than zero]	0
5.	Target Normal Cost [(1) - (4), not less than zero]	\$ 246,169

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MINIMUM REQUIRED CONTRIBUTION

1.	Target Normal Cost as of January 1, 2025 (including expenses)	\$ 246,169
		163,730
2.	Shortfall Amortization Charge (Balances \$1,760,443)	
		0
3.	Waiver Amortization Charge (Balances \$ 0)	
		409,899
4.	Minimum Required Contribution as of January 1, 2025	
		0
5.	Use part of Carry Over balance (see page 6)	
6.	Remaining Minimum Contribution [(5) - (6)] as of 1/01/25	409,899
7.	Remaining Minimum Contribution as of 9/15/26	\$ 445,943

Amortization Bases under ARPA

Effective Date	Type of Base	Initial Amount	Initial Amort. Years	Current Balance	Remain Amort. Years	Payment
1/01/2025	Shortfall	1,760,443	15	1,760,443	15	163,730
Totals				1,760,443		163,730

\* The fifteen-year amortization factor is 10.752081 for 2025.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

MAXIMUM CONTRIBUTION

1.	Funding Target as of January 1, 2025	\$13,700,683
2.	Target Normal Cost (including expenses)	243,672
3.	Cushion (based on projected funding target: \$13,700,683)	6,850,341
4.	Maximum Funding Liability	20,794,696
5.	Plan Assets as of January 1, 2025	12,286,265
6.	Maximum Deduction for 2025 [(4) – (5)]	\$ 8,508,431

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**RECONCILIATION OF BALANCES  
FROM PRIOR PLAN YEAR**

		Prefunding Balance	Carry Over Balance
1.	Balance at 1/01/24	\$ 0	\$ 0
2.	Amount Elected to be Used at 1/01/24	0	0
3.	Amount Remaining [(1) – (2)]	0	0
4.	Interest at Actual 2024 Return Rate of <u>3.50%*</u>	0	0
5.	Minimum Required Contribution at 1/01/24	0	N/A
6.	Remaining Required Contribution at [(5) – (2)]	0	N/A
7.	Discounted Contributions at 1/01/24	0	N/A
8.	Excess Contributions at 1/01/24 [(7) – (6)]	0	N/A
9.	Interest at 2024 Effective Rate of <u>5.19%</u>	0	N/A
10.	Additional Balance Available at 1/01/25 [(8) + (9)]	0	0
11.	Portion of (10) Elected to Add to Prefunding Balance	0	0
12.	Reduction due to Election or Deemed Burn	0	0
13.	Prefunding Balance at 1/01/25 [(3) + (4) + (11) – (12)]	\$ 0	\$ 0

\* See item 9 on page 10 for rate used.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

COMPARISON OF THE PRIOR AND CURRENT VALUATION RESULTS

	<u>2024</u>	<u>2025</u>
1. Funding Target Liability		
a. Active Participants	\$ 4,094,205	\$ 3,655,658
b. Terminated Vested Participants	1,629,889	2,006,086
c. Retired Participants	<u>7,739,852</u>	<u>8,344,964</u>
d. Total	\$13,463,946	\$14,046,708
2. a. Assets	\$14,225,064	\$12,286,265
b. Carry Over Balance	0	0
c. Funding Standard Account Credit Balance	<u>0</u>	<u>0</u>
d. Adjusted Assets (a) - (b)	\$14,225,064	\$12,286,265
3. Initial FTAP = (2d) / (1d)	105.65%	87.46%
4. AFTAP with full assets (2a) / (1d)	105.65%	87.46%
5. Final AFTAP (#4 if greater than 100%, otherwise #3)	105.65%	87.46%

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PRESENT VALUE OF VESTED AND NON-VESTED  
ACCRUED BENEFITS

	<u>January 1, 2024</u>	<u>January 1, 2025</u>
1. Actuarial Present Value of Vested Accumulated Benefits:		
a. Retired Participants and Beneficiaries	\$ 6,429,092	\$ 6,844,843
b. Other Participants	<u>4,032,546</u>	<u>3,970,515</u>
c. Total	\$10,461,638	\$10,815,358
2. Actuarial Value of Assets	\$14,225,064	\$12,286,265
3. Unfunded vested liability (1c) – (2), not less than zero	0	0
4. Number of participants fully vested		
a. Active Participants	88	79
b. Terminated Vested Participants	93	96
c. Retired Participants	<u>144</u>	<u>149</u>
d. Total	325	324
5. Actuarial present value of non-vested accumulated benefits	0	0
6. Number of participants not fully vested	0	0
7. Present value of vested and non-vested accumulated benefits (1c) + (5)	\$10,461,638	\$10,815,358
8. Funded Ratio (2) / (7)	135.97%	113.60%

\* These ABO liabilities are based on 7.75% pre- and post-retirement using the current year 2025 Optional Small Plan Combined mortality tables for Males and Females.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Net Increase in Actuarial Present Value of Accumulated Plan Benefits

Increase (Decrease) during the year attributable to:

Plan Amendment	\$ 0
Increase for interest due to the decrease in the discount period	768,834
Benefits Accrued and Mortality Table changes	667,292
Benefits Paid	<u>(1,082,406)</u>
Net Increase (Decrease)	\$ 353,720

Actuarial Present Value of Accumulated Benefits

Beginning of current year, January 1, 2025	\$10,815,358
Beginning of prior year, January 1, 2024	<u>10,461,638</u>
Net Increase (Decrease)	\$ 353,720

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ESTIMATED RATE OF RETURN

	<u>Total</u>
1. Market Value of Assets on January 1, 2024	\$13,710,554
2. Employer Contributions	0
3. Adjustment	0
4. Total Investment Income	511,622
5. Benefit Payments	(1,082,406)
6. Expenses (PBGC)	(41,249)
7. Market Value of Assets on December 31, 2024	\$13,098,521
8. Estimated Rate of Return*:	3.50%*

\* Contributions, benefit payments and expenses weighted for timing (used on item 4, page 6).

ACTUARIAL VALUE OF ASSETS

1. Fair Value of Assets at Valuation Date	\$13,098,521																
2. Asset Gain/(Loss) Not Recognized																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Period Ending</th> <th style="text-align: left; border-bottom: 1px solid black;">Gain/(Loss)</th> <th style="text-align: left; border-bottom: 1px solid black;">Portion NOT Recognized</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount NOT Recognized</th> </tr> </thead> <tbody> <tr> <td>12/31/24</td> <td style="text-align: right;">511,622</td> <td style="text-align: center;">2/3</td> <td style="text-align: right;">341,081</td> </tr> <tr> <td>12/31/23</td> <td style="text-align: right;"><u>1,413,525</u></td> <td style="text-align: center;">1/3</td> <td style="text-align: right;">471,175</td> </tr> <tr> <td>Total</td> <td style="text-align: right;"><u>1,925,147</u></td> <td></td> <td style="text-align: right;">812,256</td> </tr> </tbody> </table>	Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized	12/31/24	511,622	2/3	341,081	12/31/23	<u>1,413,525</u>	1/3	471,175	Total	<u>1,925,147</u>		812,256	
Period Ending	Gain/(Loss)	Portion NOT Recognized	Amount NOT Recognized														
12/31/24	511,622	2/3	341,081														
12/31/23	<u>1,413,525</u>	1/3	471,175														
Total	<u>1,925,147</u>		812,256														
3. Preliminary Actuarial Value (1) – (2)	12,286,265																
4. 90% of Market Value	11,788,669																
5. 110% of Market Value	14,408,373																
6. Actuarial Value of Plan Assets 1/1/2025 (Item 3 not less than (4) or greater than (5))	\$12,286,265																

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

RECONCILIATION OF PARTICIPANTS

1.	<u>Active Participants</u>	
	Active participants as of January 1, 2024	88
	New participants	0
	Rehired participants	0
	Deaths	0
	Terminations with vested rights	(4)
	Terminations without vested rights	0
	Retirements	(5)
	Data corrections	<u>0</u>
	Active participants as of January 1, 2025	79
2.	<u>Retired Participants and Beneficiaries</u>	
	Retired participants and beneficiaries as of January 1, 2024	144
	Retirements	6
	New Beneficiaries	0
	Death without continued payment eligibility	(1)
	Data corrections	<u>0</u>
	Retired participants and beneficiaries as of January 1, 2025	149
3.	<u>Terminated Vested Participants</u>	
	Terminated vested participants as of January 1, 2024	93
	Additional vested former participants	4
	New beneficiaries	0
	Return to active status	0
	Retirements	(1)
	Paid lump sums	0
	Data corrections	<u>0</u>
	Terminated vested participants as of January 1, 2025	96
4.	<u>Total Participants as of January 1, 2025</u>	324

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

**ACTIVE PARTICIPANTS  
BY AGE AND YEARS OF SERVICE**

<u>Age</u>	<u>Years of Credited Service</u>							<u>Total</u>
	<u>0-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30+</u>	
Under 25	-	-	-	-	-	-	-	0
25-29	-	-	-	-	-	-	-	0
30-34	-	-	1	1	-	-	-	2
35-39	-	-	1	7	-	-	-	8
40-44	-	-	1	3	2	-	-	6
45-49	-	1	1	3	3	-	-	8
50-54	-	-	1	4	3	2	4	14
55-59	-	-	2	3	4	-	5	14
60-64	-	-	1	3	1	4	7	16
65 +	-	-	-	-	6	2	3	11
Total	0	1	8	24	19	8	19	79

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

1. General Description:

The obligation of the plan with respect to the plan's benefits and the contributions to fund these obligations is determined as of each valuation date based on the provisions of the plan, data for plan participants, the plan's assets, and the actuarial assumptions and actuarial cost method.

Actuarial assumptions are primarily made to project the amount and incidence of benefit payments and then to discount the assumed payments to the actuarial valuation date. The assumptions selected for this valuation and actuarial cost method are described below.

2. Actuarial Assumptions:

a. Rates used to determine minimum required contribution:

Segment Rates for 2025:	4.75% / 4.81% / 5.50%
Segment Rates for 2024:	4.75% / 4.98% / 5.59%

b. 1/1/2025 Effective Interest Rate                      5.07%                      (5.19% at 1/24)

c. Rates used to determine maximum deductible contribution:

Segment Rates for 2025:	5.00% / 5.27% / 5.40%
Segment Rates for 2024:	4.37% / 4.96% / 4.95%

d. Rate Used for Present Value of Accumulated Plan Benefits:                      7.75%

e. Withdrawal:    None assumed

f. Mortality:    As required under PPA '06

Pre-Retirement: 2025 Optional Small Plan mortality for Males and Females  
Post-Retirement: 2025 Optional Small Plan mortality for Males and Females

g. Marriage:    80% of active participants are assumed to be married. Females are assumed to be 3 years younger than their spouses.

h. Salary Scale:    N/A

i. Turnover Table    Table T-6

j. Retirement Age:    Assumed to retire at Normal Retirement age.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

ACTUARIAL PROCEDURES

(cont'd)

3. Actuarial Cost Method:

The Unit Credit cost method is required by the Pension Protection Act of 2006.

Definitions of new terminology are:

- Funding Target (FT) – Present value of benefit accrued as of the actuarial valuation date.
- FTAP – Funding Target Attainment Percentage =  $\text{Assets} \div \text{FT}$ , where assets are reduced by any Carryover or Prefunding Balances.
- AFTAP – Adjusted FTAP, generally equal to FTAP, except that assets are not reduced by Carryover or Prefunding Balances if  $\text{Assets} \div \text{FT}$  is at least 100% in 2025. The Actuary must certify to this percentage each year. If the percentage is less than 80% or 60% some restrictions apply to the operation of the plan.
- Target Normal Cost (TNC) – Generally equal to the present value of benefits expected to be earned during the plan year.
- Shortfall – FT minus Assets, but not less than zero. There is considered to be no Shortfall if the FTAP is at least 100% for 2025 (without adjusting the assets for Carryover of Prefunding Balances). The percentage is 100% thereafter.
- Shortfall Amortization – Generally equal to a 7 year amortization of the Shortfall at each valuation date. All Shortfall Amortization bases are considered fully amortized and set equal to zero on a valuation date where the funding Shortfall is considered to be zero.

4. Asset Valuation Method:

For purposes of this funding valuation, assets are valued using market value with gains and losses phased in ratably over a 3-year period, maintaining the 90% - 110% corridor.

5. Expenses:

Assumed to be the average of the two prior years' PBGC expenses, rounded to the nearest \$1,000. For this report, that number is \$127,000.

**THE PENSION PLAN FOR THE COMMUNICATION WORKERS OF AMERICA  
AFL-CIO, LOCAL 1111 OF ARNOT-OGDEN MEDICAL CENTER**

PLAN PROVISIONS

1. Name: The Pension Plan for the Communications Workers of America  
AFL-CIO, Local 1111 of Arnot-Ogden Medical Center
2. Original Effective Date:  
Restated January 25, 1971  
Most recently fully restated effective January 1, 2015.
3. Employer:  
Arnot-Ogden Medical Center
4. Eligibility:  
Union employees, other than physicians, are eligible to participate immediately at hire. The plan was closed to new participants effective January 1, 2013.
5. Normal Retirement:
  - a. Age: 65
  - b. Benefit: For those Participants actively participating under the terms of this Plan on July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$22 times years of Credited Service and fractions thereof. For those Participants not actively participating until after July 24, 2006, upon reaching Normal Retirement Age, will be entitled to \$21 times year of Credited Service and fractions thereof.
6. Early Retirement:
  - a. Age: 55
  - b. Service: 10 years
  - c. Accrued Benefit reduced for early commencement.
7. Late Retirement: Participants will receive the actuarial equivalent benefit adjusted for the late commencement of payments.
8. Vesting: 100% after completion of 5 years of service
9. Normal Form: Life annuity for unmarried participants. Reduced Joint & 50% survivor annuity for married participants.
10. Death Benefit ERISA minimum Joint & 50% to surviving spouse.