

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
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) _____ ☐ 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
1a	Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 100
1c	Effective date of plan 07/01/1971
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) VISITING NURSE ASSOCIATION HEALTH GROUP, INC. 3600 ROUTE 66 NEPTUNE, NJ 07753
2b	Employer Identification Number (EIN) 22-2500029
2c	Plan Sponsor's telephone number 732-224-6839
2d	Business code (see instructions) 621610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2026	FEHMI MALIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 233
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 22 6a(2) 17 6b 96 6c 104 6d 217 6e 10 6f 227 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VISITING NURSE ASSOCIATION HEALTH GROUP, INC.	D Employer Identification Number (EIN) 22-2500029
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	17095697	
b	Actuarial value	2b	15696255	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	100	7498649	7498649
b	For terminated vested participants	111	4579960	4579960
c	For active participants	22	3735203	3735203
d	Total	233	15813812	15813812
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.33 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	51348	
b	Expected plan-related expenses	6b	40000	
c	Target normal cost	6c	91348	

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

SIGN HERE	Signature of actuary DARRIN STRATTON JR., E.A. Type or print name of actuary RED BANK PENSION SERVICES, INC. Firm name 1161 BROAD STREET SUITE 314 SHREWSBURY, NJ 07702 Address of the firm	01/19/2026 Date 23-09094 Most recent enrollment number 732-747-1540 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		721
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		37
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		758
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	99.25 %
15 Adjusted funding target attainment percentage	15	99.25 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.53 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/29/2025	136570	0			
Totals ►			18(b)	136570	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	122629

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	☒ Prescribed - combined	☐ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	91348	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	117557	27521	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	118869	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	118869	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	122629	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3760	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION HEALTH GROUP, INC.	D Employer Identification Number (EIN) 22-2500029	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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)

SIMON QUICK ADVISORS

360 MOUNT KEMBLE AVENUE
MORRISTOWN, NJ 07960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE - INVESTMENT	63099	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENCHECKS TRUST

8580 LA MESA BLVD STE 100
LA MESA, CA 91942

(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?
49 50	NONE - PAYING AGENT SERV	7404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION HEALTH GROUP, INC.	D Employer Identification Number (EIN) 22-2500029

Part I	Asset and Liability Statement		
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
a Total noninterest-bearing cash	1a	137856	549
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	291545	136570
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	23597	5837
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8656	952782
(2) U.S. Government securities	1c(2)	2486395	518648
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	1171671	578723
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	8753692	8651198
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4229129	7280888
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	72032	69899

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	17174573	18195094
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17174573	18195094

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	136570	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		136570
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	114398	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		114398
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	434694	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		434694
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1244092
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1929754

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	838619	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		838619
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	70614	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70614
j Total expenses. Add all expense amounts in column (b) and enter total	2j		909233

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1020521
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **HOLMAN FRENIA ALLISON, P.C.**

(2) EIN: **22-3480145**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570095.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN				B Three-digit plan number (PN) ▶ 100	
C Plan sponsor's name as shown on line 2a of Form 5500 VISITING NURSE ASSOCIATION HEALTH GROUP, INC.				D Employer Identification Number (EIN) 22-2500029	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
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	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN	B Three-digit Plan number (PN)..... ► 100
--	---

C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF VISITING NURSE ASSOCIATION HEALTH GROUP, INC.	D Administrator's EIN 22-2500029
---	--

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☒ other multiple-employer pension plan (Describe) DB MULTIPLE-EMPLOYER (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer VISITING NURSE ASSOCIATION OF CENTRAL JERSEY, INC.	2b EIN 21-0639369	2c Percentage of Total Contributions for the Plan Year 47.21	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer ROBERT WOOD JOHNSON VISITING NURSES, INC.	2b EIN 26-3659270	2c Percentage of Total Contributions for the Plan Year 2.05	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer VNA HEALTH GROUP OF NEW JERSEY, LLC	2b EIN 47-4841103	2c Percentage of Total Contributions for the Plan Year 50.74	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
-----------------	---

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN

**Financial Statements
and Supplemental Schedule**

As of June 30, 2025 and 2024

(With Independent Auditor's Report thereon)

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Table of Contents
June 30, 2025 and 2024

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits June 30, 2025 and 2024	4
Statements of Changes in Net Assets Available for Benefits For the years ended June 30, 2025 and 2024	5
Notes to Financial Statements	6
Supplemental Schedule	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) As of June 30, 2025	14

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Visiting Nurse Association in Middlesex County Pension Plan

Opinion on the 2025 Financial Statements

We have audited the accompanying financial statements of Visiting Nurse Association in Middlesex County Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of June 30, 2025, and the related statements of changes in net assets available for benefits and benefit obligations for the year then ended, 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 Visiting Nurse Association in Middlesex County Pension Plan as of June 30, 2025, and the changes in its net assets available for benefits and benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion on the 2025 Financial Statements

We conducted our audit 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 Visiting Nurse Association in Middlesex County Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2025 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 Visiting Nurse Association in Middlesex County Pension Plan'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 2025 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 Visiting Nurse Association in Middlesex County Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Visiting Nurse Association in Middlesex County Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

2025 Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain

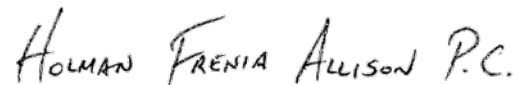
additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

2024 Financial Statements

We performed an audit of the 2024 financial statements of Visiting Nurse Association in Middlesex County Pension Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, our audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In our report dated April 4, 2025, we indicated that in our opinion (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Holman Frenia Allison P.C." in a cursive, slightly slanted script.

HOLMAN FRENIA ALLISON, P.C.
Certified Public Accountants

March 14, 2026
Lakewood, New Jersey

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments:		
Investments, at fair value (See Note 4)	\$ 17,982,239	\$ 16,649,543
Receivables:		
Employer contribution	136,570	291,545
Accrued interest	<u>5,837</u>	<u>23,597</u>
Total receivables	<u>142,407</u>	<u>315,142</u>
Cash- noninterest bearing	549	137,856
Prepaid benefit payments	<u>69,899</u>	<u>72,032</u>
Total assets	<u>18,195,094</u>	<u>17,174,573</u>
Net assets available for benefits	<u><u>\$ 18,195,094</u></u>	<u><u>\$ 17,174,573</u></u>

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

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN**Statements of Changes in Net Assets Available for Benefits****For the years ended June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Additions:		
Contributions:		
Employer contributions	\$ 136,570	\$ 291,545
Total contributions	<u>136,570</u>	<u>291,545</u>
Investment income:		
Net appreciation in fair value of investments	1,244,092	2,396,475
Interest	114,398	187,340
Dividends	<u>434,694</u>	<u>105,561</u>
Total investment income, net	<u>1,793,184</u>	<u>2,689,376</u>
Total additions	<u>1,929,754</u>	<u>2,980,921</u>
Deductions:		
Benefits paid to participants	838,619	775,976
Administrative expenses	<u>70,614</u>	<u>40,216</u>
Total deductions	<u>909,233</u>	<u>816,192</u>
Net change in net assets available for benefits	1,020,521	2,164,729
Net assets available for benefits, July 1	<u>17,174,573</u>	<u>15,009,844</u>
Net assets available for benefits, June 30	<u><u>\$ 18,195,094</u></u>	<u><u>\$ 17,174,573</u></u>

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

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Visiting Nurse Association in Middlesex County Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering the following classifications of employees covered by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers, USW 4-406 (previously Local 4-149) Union (the "Union") Collective Bargaining Agreement (Staff RNs, LPNs, Medical Social Workers, Home Health Aides and Support Staff) to which the Visiting Nurse Association Health Group, Inc. (the "Plan Sponsor") is required to contribute under the terms of the Collective Bargaining Agreement, and certain individuals who are Non-Union Pool RNs. The Plan provides for pension, disability and death benefits.

Employees hired after May 3, 2006, who are covered by the Collective Bargaining Agreement with the Union, and all Non-Union Pool RNs who generally work in Middlesex County are no longer eligible to participate in the Plan. These employees are eligible to participate in the Defined Contribution Pension Plan for Employees of Visiting Nurse Association Health Group, Inc.

Effective January 1, 2009, the Plan allows employees to maintain their eligibility status in the Plan after transferring to a related subsidiary or affiliate of the Plan Sponsor.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Amendments

There were no plan amendments during the year ended June 30, 2025.

Eligibility

The previously defined employees become participants of the Plan after completion of one year of service and attainment of age 21.

Funding

The Plan Sponsor has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants and their beneficiaries. The Plan Sponsor's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the ERISA minimum funding requirements.

Funding requirements are determined in accordance with ERISA, as amended, including interest rate stabilization provisions enacted under MAP-21, as modified by subsequent legislation, including the American Rescue Plan Act of 2021 and the Infrastructure Investment and Jobs Act of 2021. These provisions affect the determination of minimum required contributions by permitting the use of stabilized interest rates.

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Vesting

Participants become 100% vested after the completion of five years of service.

Normal Retirement Benefits

Upon attainment of age 65, a participant is entitled to a monthly pension payable as a life annuity, equal to 1/12th of the following amount: 50% of the participant's average annual compensation less 70% of the participant's primary insurance amount (Social Security benefit) reduced 1/20th for each year of service less than 20 years (240 months) of credited service at a normal retirement date. The minimum monthly gross benefit shall be no less than twenty dollars.

Definitions:

- (a) Average annual compensation - one-fifth of an employee's compensation from the Plan Sponsor during the five consecutive Plan years within the last ten Plan years which produce the highest average annual compensation.
- (b) Credited service - a Plan year during which a participant completes at least one thousand hours of services and has attained the age of 21.
- (c) Service - an hour for which an employee is paid or entitled to be paid for duties performed or not performed, including back pay.

Early retirement is available for participants age 55 and over, with 25 years of service (age 55 and 10 years of service for employees who became participants on or before July 1, 1976).

In-Service Distributions

The Plan permits participants who are at least age 60 and fully vested to begin receiving their retirement benefit while continuing to work. The benefit is calculated as if payments began on the in-service distribution date and is paid in the Plan's normal form of benefit unless an optional form is elected. After the participant later terminates employment, the same form and amount of benefit generally continue, subject to actuarial adjustments for any additional benefits earned after commencement, as provided under the Plan. Any death benefits are determined based on the form of payment elected when the in-service distribution began.

Disability Retirement

Disability retirement is available for participants eligible for Social Security disability benefits with 10 years of service.

Death Benefits

Once a participant is vested, a 50% survivor death benefit is provided for the spouse of a married participant, payable on the date the participant would have been eligible for early or normal retirement. When eligible for early retirement, an active participant may elect a 100% survivor or a 15 year certain death benefit.

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 1: DESCRIPTION OF PLAN (continued)

Benefit Insurance

The Pension Benefit Guaranty Corporation ("PBGC") guarantees vested benefits at the level in effect on the date of plan termination; however, if benefits have been increased within five years prior to plan termination, the benefit increase may not be guaranteed. Additionally, there is a ceiling on the amount of monthly benefit that the PBGC guarantees, which is adjusted periodically. Further information relating to benefits guaranteed upon plan termination can be obtained from the Plan Administrator or the Office of Communications of PBGC.

PBGC payments are paid by the Plan Sponsor during the year for which they relate.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash -noninterest bearing

At year end, the Plan maintained noninterest bearing cash at PenChecks to pay future benefit payments.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during the last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances, such as: retirement, death, disability and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Investment Valuation and Income Recognition

Funds on deposit with Fidelity represent contributions deposited on behalf of the Plan and accumulated investment income. Investments which are cash, equities, corporate bonds, mortgages, mutual funds, and U.S. Government Securities ("T-Bills"), fluctuate with the market and are recorded at fair value as determined by quoted market prices.

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

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.

Payment of Benefits

Benefits, in the form of monthly annuity payments, are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Plan Sponsor. Expenses that are paid by the Plan Sponsor are excluded from these financial statements.

Risks and Uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the fair values of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits. At June 30, 2025 and 2024, all of the Plan's investments were held by Fidelity. As a result, the Plan is subject to risk of loss in the event of nonperformance by Fidelity.

Subsequent Events

The Plan has evaluated subsequent events through March 14, 2026, the date the financial statements were available to be issued. See Note 8 for further information.

NOTE 3: ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by an actuary from Red Bank Pension Services, Inc. for both 2025 and 2024. This is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 3: ACCUMULATED PLAN BENEFITS (continued)

The accumulated plan benefit information as of the beginning of each plan year is as follows:

	<u>July 01, 2024</u>	<u>July 01, 2023</u>
Participants currently receiving payments	\$ 7,258,899	\$ 7,227,249
Active participants - vested benefits	4,378,134	4,818,110
Participants with deferred vested benefits	3,218,045	3,845,298
Non-vested benefits	<u>-</u>	<u>2,930</u>
	<u>\$ 14,855,078</u>	<u>\$ 15,893,587</u>

The changes in accumulated plan benefits as of the beginning of each plan year is as follows:

	<u>July 01, 2024</u>	<u>July 01, 2023</u>
Actuarial present value of accumulated plan benefits, beginning of period	\$ 15,893,587	\$ 15,385,355
Benefits accumulated	(157,606)	184,236
Benefit payments	(785,183)	(695,109)
Change in assumptions - gain/(loss)	(917,418)	195,989
Increase for interest due to the decrease in the discount period	<u>821,698</u>	<u>823,116</u>
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 14,855,078</u>	<u>\$ 15,893,587</u>

Significant assumptions underlying the actuarial computations as of the beginning of each plan year are:

Retirement age 65 for both 2025 and 2024

To determine actuarial present value of accumulated Plan benefits:

Rate of interest: Segment rates as defined below for 2025 and 2024

Mortality rate: 2024 Optional Table for Small Plans Gender Distinct
 2023 Optional Table for Small Plans Gender Distinct

To determine actuarial computation of funding of standard account:

Rate of interest: Segment rates as defined below for 2025 and 2024

Mortality rate: 2024 Optional Table for Small Plans Gender Distinct
 2023 Optional Table for Small Plans Gender Distinct

Salary increase 2% for both 2025 and 2024

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 3: ACCUMULATED PLAN BENEFITS (continued)

Segment rates with zero month look back and no transition as of the beginning of each plan year:

	<u>July 01, 2024</u>	<u>July 01, 2023</u>
First segment	4.99%	4.75%
Second segment	5.29%	5.00%
Third segment	5.59%	5.74%
Effective rate	5.33%	5.17%

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.

NOTE 4: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Equities: Shares of stock are valued at quoted market prices.

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 4: FAIR VALUE MEASUREMENTS (continued)

Corporate bonds: Corporate bonds are usually priced at a nominal yield spread to a specific on-then run U.S. Treasury bond that matches its maturity.

Mortgages: Pass-through securities, each representing an undivided interest in a pool of residential mortgages.

U.S. government securities: U.S. government securities are government debt issuances used to fund daily operations, and special infrastructure and military projects. They guarantee the full repayment of invested principal at the maturity of the security and often pay periodic coupon or interest payments and are priced at the face value of the bond determined by the U.S. government.

Mutual funds: Valued at the quoted net asset value (“NAV”) of shares held by the Plan at year end.

Exchange-traded products: Exchange-traded products, including exchange-traded funds (“ETFs”) and exchange-traded notes (“ETNs”), are valued at the quoted market price of shares held by the Plan at year end. These investments are traded on national securities exchanges and are classified within Level 1 of the fair value hierarchy when quoted prices in active markets are available.

Interest bearing cash: These investments are valued at quoted market prices.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value at June 30, 2025 and 2024:

Investments at Fair Value as of June 30, 2025

	Level 1	Level 2	Level 3	Total
Equities	\$ 8,131,968	\$ -	\$ -	\$ 8,131,968
Corporate bonds	161,707	-	-	161,707
Mortgages	-	417,016	-	417,016
U.S. government securities	518,648	-	-	518,648
Mutual funds	7,280,889	-	-	7,280,889
Exchange traded products	519,229	-	-	519,229
Interest bearing cash	952,782	-	-	952,782
Total	<u>\$ 17,565,223</u>	<u>\$ 417,016</u>	<u>\$ -</u>	<u>\$ 17,982,239</u>

Investments at Fair Value as of June 30, 2024

	Level 1	Level 2	Level 3	Total
Equities	\$ 8,753,692	\$ -	\$ -	\$ 8,753,692
Corporate bonds	719,601	-	-	719,601
Mortgages	-	452,069	-	452,069
U.S. government securities	2,486,395	-	-	2,486,395
Mutual funds	4,229,130	-	-	4,229,130
Interest bearing cash	8,656	-	-	8,656
Total	<u>\$ 16,197,474</u>	<u>\$ 452,069</u>	<u>\$ -</u>	<u>\$ 16,649,543</u>

VISITING NURSING ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN
Notes to Financial Statements (continued)

NOTE 5: TAX STATUS

The Plan obtained its latest determination letter on November 5, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. No provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes the Plan is generally no longer subject to income tax examination for years prior to 2023.

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. The Plan Sponsor also reserves the right to amend, modify, suspend or terminate the Plan permanently or temporarily, at such time as they deem appropriate.

NOTE 7: RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's assets, which consist principally of cash, equities, corporate bonds, mortgages, mutual funds, U.S. government securities, and exchange traded products are held and managed by Fidelity. The trustee invests cash, interest and dividends received on behalf of the Plan. At times during the year, a transaction may not be settled by a period end causing a payable from or a receivable to the Plan.

Certain administrative functions are performed by third party service providers, officers or employees of the Plan Sponsor or its subsidiaries. No such officer or employee receives compensation from the Plan. The Plan pays trustee and management fees which are classified as administrative expenses.

Accounting, auditing, legal actuarial valuation, and PBGC fees incurred by the Plan are paid by the Plan Sponsor.

NOTE 8: SUBSEQUENT EVENT

Subsequent to year end, the Plan's assets were transferred from Fidelity Investments to Charles Schwab & Co., Inc. ("Schwab"). The transfer was completed on February 18, 2026.

The transfer of assets did not result in a change in the Plan's net assets available for benefits and did not affect participants' accrued benefits. The transaction represents a change in recordkeeper and trustee/custodian of Plan assets.

Effective September 24, 2025, the Plan Sponsor engaged USI Consulting Group to serve as the Plan's actuary, replacing Red Bank Pension Services, Inc.. The change did not impact the actuarial valuation as of July 1, 2024 used in these financial statements.

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN

EIN: 22-25000029 Plan Number: 100

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

As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
* Fidelity Investments:				
	<u>U.S. Government Securities</u>			
	United States Department of the Treasury	U.S. Treasury Note – 3.75% due 04/15/2026	\$ 520,306	\$ 518,648
	<u>Mortgages</u>			
	Federal National Mortgage Association	Uniform MBS Pool #MA5010 – 5.50% due 05/01/2053	209,212	203,749
	Federal Home Loan Mortgage Corporation	Uniform MBS Pool #SD8323 – 5.00% due 05/01/2053	217,815	213,267
	<u>Corporate Bonds</u>			
	Smurfit Capital Funding, Inc.	Smurfit Capital Funding Bond – 7.50% due 11/20/2025	163,149	161,707
	<u>Equities</u>			
	The Vanguard Group, Inc.	Vanguard Developed Markets Index ETF	454,931	529,898
	The Vanguard Group, Inc.	Vanguard Growth ETF	1,773,789	2,346,212
	The Vanguard Group, Inc.	Vanguard S&P 500 Index ETF	1,783,654	2,177,256
	The Vanguard Group, Inc.	Vanguard Total World Stock ETF	900,130	1,076,675
	The Vanguard Group, Inc.	Vanguard Value ETF	1,795,361	2,001,927
	<u>Exchange Traded Products</u>			
	Janus Henderson Investors U.S. LLC	Janus Henderson AAA CLO ETF	519,260	519,229
	<u>Mutual Funds</u>			
	American Beacon Advisors, Inc.	American Beacon The London Company Equity Fund – Class Y	496,539	521,000
	BlackRock Advisors, LLC	BlackRock Strategic Income Opportunities Fund – Institutional Class	772,359	782,112
	Bramshill Investments, LLC	Bramshill Income Preferred Fund – Institutional Class	770,666	753,279
	Edgewood Management, LLC	Edgewood Growth Fund – Institutional Class	513,286	520,436
	Fuller & Thaler Asset Management, Inc.	FullerThaler Behavioral Small Cap Equity Fund – Institutional Class	473,904	477,005
	* Fidelity Investments	FIMM Treasury Only Portfolio – Class I	1,730,418	1,730,418
	Goldman Sachs Asset Management, L.P.	Goldman Sachs GQG Partners International Opportunities Fund – Class I	461,786	473,239
	Guggenheim Investments, LLC	Guggenheim Total Return Bond Fund – Institutional Class	1,547,053	1,546,213
	Invesco Advisers, Inc.	Invesco Developing Markets Fund – Class R6	437,273	477,187
	Interest bearing cash:			
	* Fidelity Investments	Fidelity Treasury Money Market Fund	952,782	952,782
	Totals		\$ 16,493,673	\$ 17,982,239

* - Party-in-interest as defined by ERISA.

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 to 59	1	0	0	0	1	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0
60 to 64	0	0	0	0	1	0	3	0	1	0	1	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	1	0	0	0	1	0	0	0	0	0	3	0	0	0	1	0
70 & Up	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0

Name of plan: Visiting Nurse Association in Middlesex County Pension Plan Plan number: 100
Plan sponsor's name: Visiting Nurse Association Health Group, Inc. EIN: 22-2500029

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2024 Nonannuitant Male
 Female Nonannuitant: 2024 Nonannuitant Female
 Male Annuitant: 2024 Annuitant Male
 Female Annuitant: 2024 Annuitant Female

Applicable months from valuation month: 0
 Probability of lump sum: 0.00%
 Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	4.99	5.29	5.29
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.99	5.29	5.59
Override:	0.00	0.00	0.00

Salary Scale

Male: 2.00%
 Female: 2.00%

Withdrawal

Male: T-11 Only
 Female: T-11 Only

Withdrawal-Select

Male: N/A
 Female: N/A

Early Retirement Rates

Male: N/A
 Female: N/A

Subsidized Early Retirement Rates

Male: N/A
 Female: N/A

Options:

Use optional combined mortality table for small plans: Yes
 Use discount rate transition: No
 Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
 Lookback months: 0
 Nonannuitant: 2024 Applicable
 Annuitant: 2024 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	4.92	5.25	5.59
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
 Female: N/A

Marriage Probability

Male: 10.00%
 Female: 10.00%
 Expense loading: 0.00%

Disability Rates

Male: N/A
 Female: N/A

	<u>Mortality</u>	<u>Setback</u>
Male:	N/A	0
Female:	N/A	0

Name of Plan: Visiting Nurse Association in Mid
 Plan Sponsor's EIN: 22-2500029
 Plan Number: 100

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ Round off amounts to nearest dollar.

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

A Name of plan Visiting Nurse Association in Middlesex County Pension Plan	B Three-digit plan number (PN) ▶ 100
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Visiting Nurse Association Health Group, Inc.	D Employer Identification Number (EIN) 22-2500029
E Type of plan: ☐ Single ☐ Multiple-A ☒ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2024			
2 Assets:			
a Market value		2a	17,095,697
b Actuarial value		2b	15,696,255
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	100	7,498,649	7,498,649
b For terminated vested participants	111	4,579,960	4,579,960
c For active participants	22	3,735,203	3,735,203
d Total	233	15,813,812	15,813,812
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.33%
6 Target normal cost			
a Present value of current plan year accruals		6a	51,348
b Expected plan-related expenses		6b	40,000
c Target normal cost		6c	91,348

Statement by Enrolled Actuary

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

SIGN HERE	Darrin Stratton Jr., E.A. 	01/19/2026
	Signature of actuary	Date
Darrin Stratton Jr., E.A.		2309094
Type or print name of actuary		Most recent enrollment number
Red Bank Pension Services, Inc.		732-747-1540
Firm name		Telephone number (including area code)
1161 Broad Street Suite 314 Shrewsbury NJ 07702		
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 ☐

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>18.64</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		721
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.17</u> %		37
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		758
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III | Funding Percentages

14	Funding target attainment percentage.....	14	99.25 %
15	Adjusted funding target attainment percentage.....	15	99.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
12/29/2025	136,570	0					
			Totals ►	18(b)	136,570	18(c)	0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	122,629

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	91,348	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	117,557	27,521	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	118,869	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	118,869	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	122,629	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,760	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 06/30/2025

Effective: 5.33%

Late Quarterly: 10.33%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
12/29/2025	\$136,570	-10,207	-3,734	\$122,629
	<u>\$136,570</u>			<u>\$122,629</u>

Name of Plan: Visiting Nurse Association in Mid
Plan Sponsor's EIN: 22-2500029
Plan Number: 100
Plan Sponsor's Name: Visiting Nurse Association Health Group, Inc.

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

The Normal Retirement Age under the Plan is the later of age 65 or the 5th Anniversary of Plan Participation.

All Plan Participants are assumed to retire at their Normal Retirement Age as set forth in the Plan.

Retirement Age	Count	Weight
65	18	1,170
66	1	66
67	0	0
68	0	0
69	0	0
70	0	0
71	1	71
72	0	0
73	2	146
Sum	22	1,453
Weighted Average	22	66.05

Name of Plan: Visiting Nurse Association in Middlesex County Pension Plan
Plan Sponsor's EIN: 22-2500029
Plan Number: 100
Plan Sponsor's Name: Visiting Nurse Association Health Group, Inc.

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 21
 Age (months) : 0
 Wait (months) : 12
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding : Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55		0	
Service:	0	0		10	
Participation:	0	25		0	
Defined:	1st of month following	1st of month following		1st of month following	

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	N/A	0
Female:	Actuarial Equivalence	Actuarial Equivalence	N/A	0

Rates - Male:	N/A	N/A	N/A
Rates - Female:	N/A	N/A	N/A

Use Social Security Retirement Age: No REACT Benefits Percentage: 50.00%
 Vesting Schedule: 5 Year Cliff Pre-retirement death benefit
 Vesting Definition: Hours Worked Percentage of accrued benefit: 0.00%
 Death Benefit Payment method: PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Visiting Nurse Association in Middlesex County Pension Plan
 Plan Sponsor's EIN: 22-2500029
 Plan Number: 100

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula: Benefit formula
Type of Formula: Standard offset
Effective Date: 07/01/2006

<u>Formula</u>	<u>%</u>	<u>Reduction</u>	<u>Simplified table limit</u>	<u>Adjust %</u>
Base:	50.00%	20		
Offset:	70.00%	20	No	No
Reduction based on:	Participation			

Integration level

Offset based on: Primary insurance amount
Final average compensation limited to: None
Covered compensation table: Dynamic
Rounding: Exact
Uniform dollar amount: None

Averaging

Projection method: Current Compensation	Apply exclusion to accrued benefit: No
Based on: Final Average	Annualize short compensation years: No
Highest: 5	Annualize short plan years: No
In the last: 10	Include compensations based on years of: Service
Excluding: 0	

Accrual

Frozen: No						
Definition of years: Hours worked					Fractions based on:	N/A
Accrual credit:	<u>Continuing</u> 1000	<u>Died</u> 1000	<u>Disabled</u> 1000	<u>Retired</u> 1000	<u>Terminated</u> 1000	Precision: N/A Limit current credit to: N/A
Years based on: Participation					Cap/floor years:	0
Maximum past accrual years: 0.0000					Cap or floor:	Floor
Method: Fractional					Accrual % per year:	0.00%
					Apply 415 before accrual:	No

Name of Plan: Visiting Nurse Association in Middlesex County Pension Plan
Plan Sponsor's EIN: 22-2500029
Plan Number: 100

VISITING NURSE ASSOCIATION IN MIDDLESEX COUNTY PENSION PLAN

EIN: 22-25000029 Plan Number: 100

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

As of June 30, 2025

(a)	Identity of Issuer, Borrower, Lessor or Similar Party (b)	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value (c)	Cost (d)	Current Value (e)
* Fidelity Investments:				
	<u>U.S. Government Securities</u>			
	United States Department of the Treasury	U.S. Treasury Note – 3.75% due 04/15/2026	\$ 520,306	\$ 518,648
	<u>Mortgages</u>			
	Federal National Mortgage Association	Uniform MBS Pool #MA5010 – 5.50% due 05/01/2053	209,212	203,749
	Federal Home Loan Mortgage Corporation	Uniform MBS Pool #SD8323 – 5.00% due 05/01/2053	217,815	213,267
	<u>Corporate Bonds</u>			
	Smurfit Capital Funding, Inc.	Smurfit Capital Funding Bond – 7.50% due 11/20/2025	163,149	161,707
	<u>Equities</u>			
	The Vanguard Group, Inc.	Vanguard Developed Markets Index ETF	454,931	529,898
	The Vanguard Group, Inc.	Vanguard Growth ETF	1,773,789	2,346,212
	The Vanguard Group, Inc.	Vanguard S&P 500 Index ETF	1,783,654	2,177,256
	The Vanguard Group, Inc.	Vanguard Total World Stock ETF	900,130	1,076,675
	The Vanguard Group, Inc.	Vanguard Value ETF	1,795,361	2,001,927
	<u>Exchange Traded Products</u>			
	Janus Henderson Investors U.S. LLC	Janus Henderson AAA CLO ETF	519,260	519,229
	<u>Mutual Funds</u>			
	American Beacon Advisors, Inc.	American Beacon The London Company Equity Fund – Class Y	496,539	521,000
	BlackRock Advisors, LLC	BlackRock Strategic Income Opportunities Fund – Institutional Class	772,359	782,112
	Bramshill Investments, LLC	Bramshill Income Preferred Fund – Institutional Class	770,666	753,279
	Edgewood Management, LLC	Edgewood Growth Fund – Institutional Class	513,286	520,436
	Fuller & Thaler Asset Management, Inc.	FullerThaler Behavioral Small Cap Equity Fund – Institutional Class	473,904	477,005
	* Fidelity Investments	FIMM Treasury Only Portfolio – Class I	1,730,418	1,730,418
	Goldman Sachs Asset Management, L.P.	Goldman Sachs GQG Partners International Opportunities Fund – Class I	461,786	473,239
	Guggenheim Investments, LLC	Guggenheim Total Return Bond Fund – Institutional Class	1,547,053	1,546,213
	Invesco Advisers, Inc.	Invesco Developing Markets Fund – Class R6	437,273	477,187
	Interest bearing cash:			
	* Fidelity Investments	Fidelity Treasury Money Market Fund	952,782	952,782
	Totals		\$ 16,493,673	\$ 17,982,239

* - Party-in-interest as defined by ERISA.

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	07/01/2021	4.99 / 5.29	1,578,226	15.00	1,302,067	12.00	141,438
Shortfall	07/01/2022	4.99 / 5.29	-166,104	15.00	-149,580	13.00	-15,350
Shortfall	07/01/2023	4.99 / 5.29	-537,080	15.00	-504,465	14.00	-49,186
Shortfall	07/01/2024	4.99 / 5.29	-530,465	15.00	-530,465	15.00	-49,381
Totals	Shortfall				117,557		27,521

Name of Plan: Visiting Nurse Association in Middlesex County Pension Plan
Plan Sponsor's EIN: 22-2500029
Plan Number: 100