

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 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1960
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) THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER ONE BROOKDALE PLAZA BROOKLYN, NY 11212
2b	Employer Identification Number (EIN) 11-1631746
2c	Plan Sponsor's telephone number 718-240-5200
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/02/2026	FRANCESCA TINTI
	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 1616
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) 187 6a(2) 169 6b 796 6c 532 6d 1497 6e 84 6f 1581 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 1C 1I 3H 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
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 _____ (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 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 11-1631746
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 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	113897738	
b	Actuarial value	2b	116539912	
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	850	71433648	71433648
b	For terminated vested participants	579	39368834	39368834
c	For active participants	187	27912497	27912497
d	Total	1616	138714979	138714979
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	5.04 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1540000	
c	Target normal cost	6c	1540000	

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 SHAWN CARLSON, E.A, M.A.A.A Type or print name of actuary TRANSAMERICA Firm name 6400 C STREET SW CEDAR RAPIDS, IA 52499 Address of the firm	09/19/2025 Date 23-07460 Most recent enrollment number 508-903-6034 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	1330696
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1330696
10 Interest on line 9 using prior year's actual return of <u>16.56</u> %	0	220363
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12927
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> %		668
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		13595
d Portion of (c) to be added to prefunding balance		13595
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	1564654

Part III Funding Percentages

14 Funding target attainment percentage	14	82.88 %
15 Adjusted funding target attainment percentage	15	82.88 %
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	80.00 %
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
07/16/2024	1081000				
10/15/2024	927000				
01/15/2025	927000				
09/11/2025	270000				
Totals ▶			18(b)	3205000	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	3073643

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
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)	21b		4
22 Weighted average retirement age	22		65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1540000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	23739721	2579417	
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	4119417	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1047610	1047610
36 Additional cash requirement (line 34 minus line 35)	36	3071807	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3073643	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1836	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1836	
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)
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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 01/01/2024 and ending 12/31/2024

A Name of plan THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 11-1631746

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
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

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

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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	196845	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

NEPC, LLC

26-1429809

(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?
16 50	CONSULTANT	147239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DAVIS & GILBERT

13-1504385

(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?
29 50	LEGAL	68625	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 ☐

(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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
INVESCO 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
JOHN HANCOCK 601 CONGRESS STREET BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
WESTERN ASSET MGMT 385 EAST COLORADO BOULEVARD PASADENA, CA 91101	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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 01/01/2024 and ending 12/31/2024

A Name of plan THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 11-1631746

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2252000	1197000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	111698806	114301620
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	113950806	115498620
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	113950806	115498620

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)	3205000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3205000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2830058	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		2830058
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5706720
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11741778

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8509463	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8509463
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	131845	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	147239	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	65000	
(8) Legal fees	2i(8)	68625	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1271792	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1684501
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10193964

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1547814
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **COHN REZNICK, LLP**

(2) EIN: **33-4144829**

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?	☒		10000000
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 562887.

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 01/01/2024 and ending 12/31/2024					
A Name of plan THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN				B Three-digit plan number (PN) 001	
C Plan sponsor's name as shown on line 2a of Form 5500 THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER				D Employer Identification Number (EIN) 11-1631746	
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..... 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): 13-3689044 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.....					
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)? 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) b Enter the amount contributed by the employer to the plan for this plan year 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) 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? 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?					
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.					
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? 11 a Does the ESOP hold any preferred stock? 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.) 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?					
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: 47.0 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 53.0 %

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 03 / 28 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number _____.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Financial Statements
(With Supplementary Information)
and Independent Auditor's Report**

December 31, 2024



**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

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Independent Auditor's Report

To the Plan Administrator
The Brookdale University Hospital and Medical Center Employees' Retirement Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 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).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a significant likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by 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).

CohnReznick LLP

Parsippany, New Jersey
November 4, 2025

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 114,301,620	\$ 111,698,806
Receivables		
Employer contributions	<u>1,197,000</u>	<u>2,252,000</u>
Net assets available for benefits	<u>\$ 115,498,620</u>	<u>\$ 113,950,806</u>

See Notes to Financial Statements.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 5,706,720	\$ 14,056,377
Dividends	<u>2,830,058</u>	<u>2,310,930</u>
Total investment income	<u>8,536,778</u>	<u>16,367,307</u>
Employer contributions	<u>3,205,000</u>	<u>4,558,200</u>
Total additions	<u>11,741,778</u>	<u>20,925,507</u>
Deductions		
Benefits paid to participants	8,509,463	8,077,122
Administrative expenses	<u>1,684,501</u>	<u>1,455,392</u>
Total deductions	<u>10,193,964</u>	<u>9,532,514</u>
Increase in net assets available for benefits	1,547,814	11,392,993
Net assets available for benefits		
Beginning	<u>113,950,806</u>	<u>102,557,813</u>
End	<u><u>\$ 115,498,620</u></u>	<u><u>\$ 113,950,806</u></u>

See Notes to Financial Statements.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 1 - Description of Plan

The following description of The Brookdale University Hospital and Medical Center Employees' Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established, effective December 1, 1960, for the benefit of eligible employees of The Brookdale University Hospital and Medical Center and Subsidiary (the "Medical Center" or "Plan sponsor").

The Plan is a noncontributory defined benefit plan established by the Medical Center to provide retirement benefits for employees of the Medical Center and its affiliates. In general, all full-time employees (excluding union employees covered under collective bargaining agreements and certain employees such as student nurses, fellows, residents, etc.) were eligible to participate in the Plan upon attaining age 21 and completing one year of service with the Medical Center or its affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan offers a traditional benefit and a cash balance benefit depending on eligibility. For the traditional portion of the Plan, the Plan was frozen to new participants effective December 31, 2005 and to future benefit accruals effective May 31, 2010. For the cash balance portion of the Plan, the Plan was frozen to new participants and future benefit accruals effective December 31, 2011.

Traditional pension and death benefits

Under the Plan, participants are entitled to receive monthly pension benefits, beginning at normal retirement (age 65 and five years of participation), equal to 1% of the frozen average monthly compensation plus 0.5% of frozen average monthly compensation, as defined by the Plan, in excess of \$400 per month, multiplied by years of benefit service prior to June 30, 1993, plus 1.2% of average monthly compensation plus 0.65% of the excess, if any, of average monthly compensation over average social security covered compensation multiplied by total years of benefit service after January 1, 1999. The Plan permits early retirement with reduced benefits upon attainment of age 60 and completion of 10 years of service, and late retirement after the normal retirement date with increased benefits. The Plan also provides for benefits to participants who become disabled in an amount equal to early retirement benefits without regard to age or service requirements. If an employee terminates before completion of five years of service at the time of termination, such employee will not be entitled to benefits under the Plan.

The Plan requires participant consent for the distribution of vested accrued benefits upon termination of employment only if the vested balance is greater than \$5,000. Also, the Plan permits a retroactive annuity starting date, which may be no earlier than the first day of the second month proceeding the month in which the completed benefit application is filed with the Plan administrator.

If an employee dies after completion of five years of service, the surviving eligible spouse is entitled to 50% of the amount the employee would have received had such employee elected early retirement. Payment of benefits would commence upon death of the employee if age 55 or over, otherwise, when the employee would have attained age 60.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Cash balance benefit and vesting

For certain participants, a cash balance account is maintained on behalf of each participant whereby amounts are credited by the Medical Center to the participants' hypothetical accounts. Participants earned a compensation credit through December 31, 2011, at which time the Plan was frozen to new benefits. Participants did not earn an interest credit.

Employees become fully vested in the Cash Balance Plan upon completion of three years of vesting service. A participant shall be fully vested and have a 100% nonforfeitable right to his or her cash balance account upon the earliest of such participant's death while an active employee, termination of employment because of total disability, attainment of normal retirement or death or incurring a total disability while on an authorized leave of absence to perform qualified military service. Normal retirement age is defined as a participant's 65th birthday.

Note 2 - Summary of accounting policies

Basis of accounting of the Plan

The financial statements are prepared on the accrual basis of accounting.

Liquidity

The accompanying financial statements have been prepared on the basis that the Plan will continue as a going concern by continuing to receive required contributions from the Medical Center. The ability of the Medical Center to continue as a going concern is based on numerous projections, assumptions, and various management initiatives, which include approved rate increases from the State of New York, updated payment methodologies, and the benefits of certain revenue initiatives of which the successful realization cannot be guaranteed. In addition, management considered the deferral (but not elimination) of certain Medical Center costs and expenditures. Based on all conditions and events that are known and reasonably knowable as of the date the Plan's financial statements are issued, the substantial doubt about the Medical Center's ability to continue as a going concern has been alleviated.

Use of estimates

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

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 7 for discussion of fair value measurements.

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

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Expenses

The Medical Center may elect to pay all administrative expenses of the Plan. Any expenses not paid by the Medical Center shall be paid from the Plan assets. Investment related expenses are included in net appreciation in fair value of investments.

Payment of benefits

Benefits are recorded when paid.

Subsequent events

The Plan has evaluated subsequent events through November 4, 2025, the date the financial statements were available to be issued.

Note 3 - Funding policy

The Medical Center's funding policy is to make contributions to the Plan in the amounts determined by the Plan's independent actuary. The Medical Center met the minimum funding requirements for each of the years ended December 31, 2024 and 2023.

Although it has not expressed any intent to do so, the Medical Center has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 4 - Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefits information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

The following significant actuarial assumptions were used in the valuations as of December 31, 2023:

Mortality - Pri-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021.

Normal retirement - Age 65 with five years of participation.

Interest rate - 6.6%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

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

Vested benefits	
Retired participants and beneficiaries	\$ 64,730,137
Other participants	<u>59,390,180</u>
Total vested benefits actuarial present value of accumulated plan benefits	<u><u>\$ 124,120,317</u></u>

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

Actuarial present value of accumulated plan benefits at December 31, 2022	<u>\$ 123,513,138</u>
Increase (decrease) during the year attributable to	
Interest accumulated	7,889,551
Benefits paid	(8,077,122)
Benefits accrued and actuarial experience	<u>794,750</u>
Net increase	<u>607,179</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u><u>\$ 124,120,317</u></u>

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 5 - Plan termination

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

- i. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- ii. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), U.S. government agency, up to the applicable limitation discussed below.
- iii. All other vested benefits; that is, vested benefits not insured by the PBGC.
- iv. All nonvested benefits.

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

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

Note 6 - Certified investments

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2024 and 2023, and investment income for the years then ended, which are disclosed in the accompanying financial statements and supplemental schedules, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by State Street Bank and Trust Company, the custodian of the Plan.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 7 - 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 lowest priority to unobservable inputs ("Level 3"). The three levels of the fair value hierarchy under Financial Accounting Standards Board ("FASB") issued Accounting Standards Codification ("ASC") 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to 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; and
 - 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

Assets at fair value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 114,301,620	\$ -	\$ -	\$ 114,301,620
Total investments, at fair value	\$ 114,301,620	\$ -	\$ -	\$ 114,301,620

Assets at fair value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 111,698,806	\$ -	\$ -	\$ 111,698,806
Total investments, at fair value	\$ 111,698,806	\$ -	\$ -	\$ 111,698,806

Note 8 - Tax status

The Internal Revenue Service (the "IRS") has determined and informed the Company by a letter dated March 28, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

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

Note 9 - Risks and uncertainties

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

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

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**

**Notes to Financial Statements
December 31, 2024 and 2023**

Note 10 - Related party and party-in-interest transactions

Pursuant to the trust agreement with State Street Bank and Trust Company, this entity shall receive compensation for the performance of its services and receive revenues from the investments held by the Plan for services provided, which is used to offset certain fees and expense reimbursements.

Certain trustees of the board of the Plan are also employees of the Medical Center and may be participants in the Plan. They do not receive any fees in this capacity. Certain administrative functions are performed by officers and employees of the Medical Center at no cost to the Plan. These transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory or administrative exemptions from the rules of the IRC and ERISA on prohibited transactions.

Supplementary Information

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**
EIN: 11-1631746
Plan No.: 001

Schedule of Assets (Held at End of Year) (Schedule H, Line 4i)
December 31, 2024

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	Invesco	Invesco Developing Markets Y	\$ 1,641,001	\$ 1,618,195
	John Hancock	John Hancock Alternative Asset Alloc.	5,257,816	5,538,900
	Vanguard	Vanguard Mid Cap Index Adm	652,454	739,240
	Vanguard	Vanguard Small Cap Index Adm	968,300	1,090,029
	Vanguard	Vanguard Total International Stock Index Instl	10,680,238	10,857,757
	Vanguard	Vanguard Total Stock Market Idx I	16,449,816	20,043,707
	Legg Mason/Western	Western Asset Total Return Uncons I	133	-
	Vanguard	Vanguard Treasury Money Market Inv	2,232,224	2,232,224
	Vanguard	Vanguard Interim-Term Investment-Grde Adm	23,402,605	22,700,889
	Vanguard	Vanguard Long-Term Treasury Index Adm	24,386,638	21,988,116
	Vanguard	Vanguard Intermediate Term Treasury Index Adm	11,923,713	11,590,574
	Vanguard	Vanguard Long-Term Investment-Grade Adm	12,291,247	11,421,530
	John Hancock	John Hancock Opportunistic Fixed Inc R6	4,536,913	4,480,459
	Total		<u>\$ 114,423,098</u>	<u>\$ 114,301,620</u>

See Independent Auditor's Report.

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**
EIN: 11-1631746
Plan No.: 001

**Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024**

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(j) Net gain (loss)
Category (i) - single transaction that amounts to more than 5% of the beginning value of total Plan assets						
Vanguard Total Stock Market Indx I		\$ -	\$ 10,000,000	\$ 8,401,739	\$ 10,000,000	\$ 1,598,261
Invesco Developing Markets Y		-	7,000,000	6,353,659	7,000,000	646,341
Vanguard Treasury Money Market Inv		-	6,000,000	6,000,000	6,000,000	-
Western Asset Total Return Uncon		-	20,000,000	19,777,990	20,000,000	222,010
Vanguard Interm-Term Investment-Grde Adm		8,100,000	-	-	8,100,000	-
Vanguard Interm-Term Investment-Grde Adm		15,000,000	-	-	15,000,000	-
Vanguard Long-Term Treasury Index Adm		21,000,000	-	-	21,000,000	-
Vanguard Interm-Term Treasury Index Adm		9,500,000	-	-	9,500,000	-
Vanguard Long-Term Investment-Grde Adm		9,100,000	-	-	9,100,000	-

**The Brookdale University Hospital and
Medical Center Employees' Retirement Plan**
EIN: 11-1631746
Plan No.: 001

**Schedule of Reportable Transactions (Schedule H, Line 4j)
Year Ended December 31, 2024**

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(j) Net gain (loss)
Category (iii) - a series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5% of the total Plan assets						
Vanguard Total Stock Market Indx I	Mutual Fund Purchases - 4 Sales - 4	401,213 -	- 18,800,000	- 16,051,278	401,213 18,800,000	- 2,748,722
Vanguard Total Intl Stock Index I	Mutual Fund Purchases - 4 Sales - 3	478,028 -	- 10,250,000	- 9,420,435	478,028 10,250,000	- 829,565
Vanguard Treasury Money Market Inv	Money Market Purchases - 61 Sales - 90	12,318,642 -	- 16,346,392	- 16,346,392	12,318,642 16,346,392	- -
Western Asset Total Return Uncon	Mutual Fund Purchases - 14 Sales - 4	481,932 -	- 25,180,672	- 24,990,243	481,932 25,180,672	- 190,429
Invesco Developing Markets Y	Mutual Fund Purchases - 13 Sales - 3	24,053 -	- 9,000,000	- 8,251,041	24,053 9,000,000	- 748,959
Vanguard Mid Cap Index Adm	Mutual Fund Purchases - 4 Sales - 2	71,008 -	- 6,250,000	- 5,598,751	71,008 6,250,000	- 651,249
Vanguard Small Cap Index Adm	Mutual Fund Purchases - 4 Sales - 2	64,035 -	- 5,700,000	- 5,189,578	64,035 5,700,000	- 510,422
Vanguard Interm-Term Investment-Grde Adm	Mutual Fund Purchases - 7 Sales - 0	23,402,605 -	- -	- -	23,402,605 -	- -
Vanguard Long-Term Treasury Index Adm	Mutual Fund Purchases - 7 Sales - 0	24,386,638 -	- -	- -	24,386,638 -	- -
Vanguard Interm-Term Treasury Index Adm	Mutual Fund Purchases - 7 Sales - 0	11,923,713 -	- -	- -	11,923,713 -	- -
Vanguard Long-Term Investment-Grde Adm	Mutual Fund Purchases - 7 Sales - 0	12,291,247 -	- -	- -	12,291,247 -	- -

See Independent Auditor's Report.



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**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

.....Completed Years of Credited Service

<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 ±	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	2	5	1	0	0	0	0	0	0	0	8
45 – 49	2	9	2	1	0	0	0	0	0	0	14
50 – 54	1	6	10	4	0	0	0	0	0	0	21
55 – 59	2	7	4	8	0	0	0	0	0	0	21
60 – 64	4	17	15	18	2	1	0	0	0	0	57
65 – 69	2	9	6	12	6	1	0	0	0	0	36
70 & Up	<u>0</u>	<u>7</u>	<u>6</u>	<u>8</u>	<u>2</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>30</u>
Totals	13	60	44	51	10	7	0	0	2	0	187

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return (at the valuation interest rate) over the actual return on the market value (including employer contributions receivable for any given year).

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with IRS Regulation 1.430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates unadjusted by Code Section 430(h)(2)(C)(iv).

The Plan is eligible to switch methods as of 2015.

Expected Return on Assets/
ASC960-20 Interest Rate

7.00% (6.60% net of administrative expenses for ASC960-20).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Generational Mortality Table in accordance with 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant. (unchanged).

Salary Increases

N/A

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit

\$275,000 for 2024 (previously, \$265,000).

Compensation Limit

N/A

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

D ACTUARIAL ASSUMPTIONS

Withdrawal Rates

Sample termination rates are as follows:

Retirement Plan	
<u>Age</u>	<u>Termination Rate</u>
25	13.30%
40	11.60%
55	9.00%

Cash Balance Plan	
<u>Age</u>	<u>Termination Rate</u>
25	10.54%
40	7.68%
55	0.67%

Retirement Rates

Participants are assumed to retire at age 65 with 5 years of participation.

Disability Rates

None assumed.

Form of Payment

The final average pay benefits are assumed to be paid as a single life annuity. Cash Balance benefits are assumed to be paid as a lump sum.

Marital Assumption

It is assumed that 80% of all participants are married. Husbands are assumed to be three years older than their wives.

Plan Expenses

\$1,540,000 (previously, \$1,500,000).

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: The Brookdale University Hospital and Medical Center

Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 11-1631746

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Page 17 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Pages 18-19 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BROOKDALE UNIVERSITY HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 11-1631746
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 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	113897738	
b	Actuarial value	2b	116539912	
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	850	71433648	71433648
b	For terminated vested participants	579	39368834	39368834
c	For active participants	187	27912497	27912497
d	Total	1616	138714979	138714979
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	5.04 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1540000	
c	Target normal cost	6c	1540000	

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	09/19/2025 Date 23-07460 Most recent enrollment number (508) 903-6034 Telephone number (including area code)
Signature of actuary Shawn Carlson, E.A, M.A.A.A Type or print name of actuary Transamerica Firm name 6400 C Street SW Cedar Rapids, IA 52499 Address of the firm	

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	1330696
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	1330696
10 Interest on line 9 using prior year's actual return of <u>16.56</u> %.....	0	220363
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12927
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> %		668
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		13595
d Portion of (c) to be added to prefunding balance		13595
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	1564654

Part III Funding Percentages

14 Funding target attainment percentage.....	14	82.88 %
15 Adjusted funding target attainment percentage	15	82.88 %
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	80.00 %
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
07-16-2024	1081000				
10-15-2024	927000				
01-15-2025	927000				
09-11-2025	270000				
Totals ►			18(b)	3205000	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	3073643

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☐ 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	1540000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	23739721	2579417
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	4119417
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	1047610
36	Additional cash requirement (line 34 minus line 35)	36	3071807
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3073643
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	1836
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1836
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

**Attachment to 2024 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

<u>Date</u>	<u>Actual Contribution</u>	<u>Discounted Contribution</u>	<u>Effective Rate</u>	<u>Late Interest Discount Rate</u>	<u>Plan Year</u>
July 16, 2024	772,323	752,055	5.04%	10.04%	1/1/2024 – 12/31/2024
July 16, 2024	308,677	300,614	5.04%	N/A	1/1/2024 – 12/31/2024
October 15, 2024	927,000	891,818	5.04%	N/A	1/1/2024 – 12/31/2024
January 15, 2025	927,000	880,858	5.04%	N/A	1/1/2024 – 12/31/2024
September 11, 2025	<u>270,000</u>	<u>248,298</u>	5.04%	N/A	1/1/2024 – 12/31/2024
Total	\$ 3,205,000	\$ 3,073,643			

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

For 2024, the expense load was increased to \$1,540,000 (previously, \$1,500,000).

**Attachment to 2024 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

.....Completed Years of Credited Service

<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 +	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	2	5	1	0	0	0	0	0	0	0	8
45 – 49	2	9	2	1	0	0	0	0	0	0	14
50 – 54	1	6	10	4	0	0	0	0	0	0	21
55 – 59	2	7	4	8	0	0	0	0	0	0	21
60 – 64	4	17	15	18	2	1	0	0	0	0	57
65 – 69	2	9	6	12	6	1	0	0	0	0	36
70 & Up	<u>0</u>	<u>7</u>	<u>6</u>	<u>8</u>	<u>2</u>	<u>5</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>30</u>
Totals	13	60	44	51	10	7	0	0	2	0	187

**Attachment to 2024 Form 5500 Schedule SB,
Line 26b – Schedule of Projection of Expected Benefit Payments**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	4,234,799	3,717,052	7,862,731	15,814,582
2025	2,126,740	2,278,453	7,606,471	12,011,664
2026	2,168,973	2,366,501	7,235,326	11,770,800
2027	2,146,746	2,313,724	6,905,690	11,366,160
2028	2,229,139	2,568,018	6,598,977	11,396,134
2029	2,013,106	2,490,422	6,293,315	10,796,843
2030	1,937,049	2,594,533	5,929,859	10,461,441
2031	1,983,338	2,721,064	5,602,320	10,306,722
2032	1,940,292	2,564,699	5,280,834	9,785,825
2033	1,846,070	2,539,322	4,935,900	9,321,292
2034	1,796,497	2,541,038	4,601,768	8,939,303
2035	1,720,109	2,751,020	4,256,171	8,727,300
2036	1,653,791	2,600,353	3,901,560	8,155,704
2037	1,563,022	2,544,755	3,579,266	7,687,043
2038	1,452,149	2,569,592	3,264,610	7,286,351
2039	1,355,313	2,446,289	2,956,849	6,758,451
2040	1,264,359	2,450,201	2,666,201	6,380,761
2041	1,183,602	2,358,139	2,387,790	5,929,531
2042	1,117,792	2,275,609	2,123,341	5,516,742
2043	1,013,203	2,221,696	1,874,380	5,109,279
2044	984,242	2,160,691	1,642,172	4,787,105
2045	865,656	2,052,055	1,427,688	4,345,399
2046	796,785	1,956,147	1,231,572	3,984,504
2047	720,947	1,860,297	1,054,146	3,635,390
2048	653,465	1,757,261	895,403	3,306,129
2049	592,210	1,658,453	754,979	3,005,642
2050	532,143	1,554,745	632,210	2,719,098
2051	477,318	1,452,217	526,138	2,455,673
2052	426,317	1,350,341	435,557	2,212,215
2053	379,075	1,246,769	359,090	1,984,934
2054	335,517	1,145,286	295,238	1,776,041
2055	295,552	1,045,642	242,466	1,583,660
2056	259,067	948,611	199,262	1,406,940
2057	225,946	854,950	164,184	1,245,080
2058	196,054	765,340	135,907	1,097,301
2059	169,232	680,350	113,238	962,820
2060	145,311	600,466	95,126	840,903
2061	124,111	526,056	80,669	730,836
2062	105,442	457,376	69,103	631,921
2063	89,112	394,561	59,798	543,471
2064	74,920	337,630	52,245	464,795
2065	62,662	286,520	46,038	395,220
2066	52,134	241,075	40,857	334,066
2067	43,140	201,063	36,458	280,661
2068	35,496	166,177	32,648	234,321
2069	29,030	136,059	29,283	194,372
2070	23,588	110,322	26,259	160,169
2071	19,030	88,554	23,508	131,092
2072	15,231	70,340	20,984	106,555
2073	12,086	55,264	18,654	86,004

**Attachment to 2024 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

FUNDING SHORTFALL AND SHORTFALL AMORTIZATION

(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>	(e) <u>Payment</u>
2020	Shortfall	16,389,774	11	1,866,574
2021	Shortfall	2,412,153	12	257,341
2022	Shortfall	(5,365,843)	13	(539,902)
2023	Shortfall	12,991,837	14	1,239,977
2024	Shortfall	<u>(2,688,200)</u>	15	<u>(244,573)</u>
Total		\$ 23,739,721		\$ 2,579,417

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return (at the valuation interest rate) over the actual return on the market value (including employer contributions receivable for any given year).

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with IRS Regulation 1.430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates unadjusted by Code Section 430(h)(2)(C)(iv).

The Plan is eligible to switch methods as of 2015.

Expected Return on Assets/
ASC960-20 Interest Rate

7.00% (6.60% net of administrative expenses for ASC960-20).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Generational Mortality Table in accordance with 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant. (unchanged).

Salary Increases

N/A

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit

\$275,000 for 2024 (previously, \$265,000).

Compensation Limit

N/A

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

D ACTUARIAL ASSUMPTIONS

Withdrawal Rates

Sample termination rates are as follows:

Retirement Plan	
<u>Age</u>	<u>Termination Rate</u>
25	13.30%
40	11.60%
55	9.00%

Cash Balance Plan	
<u>Age</u>	<u>Termination Rate</u>
25	10.54%
40	7.68%
55	0.67%

Retirement Rates

Participants are assumed to retire at age 65 with 5 years of participation.

Disability Rates

None assumed.

Form of Payment

The final average pay benefits are assumed to be paid as a single life annuity. Cash Balance benefits are assumed to be paid as a lump sum.

Marital Assumption

It is assumed that 80% of all participants are married. Husbands are assumed to be three years older than their wives.

Plan Expenses

\$1,540,000 (previously, \$1,500,000).

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

As of December 31, 2016 the Brookdale Cash Balance Plan merged into the Brookdale Retirement Plan. Details of the plan provisions are presented in the following pages.

Plan Status

Frozen eligibility and benefit.

Effective Date

January 1, 1976; latest amendment effective as of January 1, 2017 (plan merger).

Plan Year

The twelve-month period ending December 31.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

BROOKDALE RETIREMENT PLAN

Eligibility

Eligible employees become participants in the plan on the first day of the month following attainment of age 21 and completion of one year of service. The Plan was closed to new entrants effective December 31, 2005, and no eligible employee can become a participant after that date.

Compensation

All Compensation paid during a Plan Year including elective salary deferrals and on-call and panel pay.

Compensation earned after May 31, 2010 is not included.

Frozen Average Monthly Compensation

1/12 of a participant's Compensation averaged over the highest 5 consecutive plan years of compensation during last 10 plan years prior to July 1, 1993.

Average Monthly Compensation

Average Monthly compensation over highest consecutive 60 months after December 31, 1998 within the last 120 months.

Benefit Service

One year of benefit service is granted in each year that a participant works at least 1,000 hours.

Effective May 31, 2010, the Plan was frozen for future accruals.

Vesting Service

One year of vesting service is granted in each year that a participant works at least 1,000 hours.

Normal Retirement Date

First day of month coincident with or next following the later of age 65 and the 5th anniversary of the first day of the plan year of becoming a plan participant.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Normal Retirement Benefit

The monthly normal retirement benefit is equal to the sum of (i) and (ii):

- (i) 1.0% of Frozen Average Monthly Compensation plus 0.5% of Frozen Average Monthly Compensation in excess of \$400 times benefit service as of June 30, 1993.
- (ii) 1.2% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Average Social Security Covered Compensation times benefit service after January 1, 1999.

Total years of benefit service allocated above cannot exceed 30 years.

Effective May 31, 2010, the plan was frozen for future benefit accruals.

Early Retirement Date

First day of the month coincident with or next following age 55 with 5 years of vesting service.

Early Retirement Reduction Factor

0.5% for each month prior to Normal Retirement Date.

Late Retirement Date

First day of any month after Normal Retirement Date and on which retirement benefits begin.

Late Retirement Benefit

Greater of:

- (a) a benefit calculated in the same manner as the Normal Retirement benefit but using Service and Salary through the Late Retirement Date, or
- (b) a benefit calculated as of the Normal Retirement Date actuarially increased to the Late Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Disability Retirement

Disability benefits are available to participants who become totally and permanently disabled following the completion of 15 years of service. The disability retirement benefit is payable any time after 6 months of disability and attainment of age 55. The benefit payable is the participant's accrued monthly benefit reduced by 0.5% for each month by which the disability retirement date precedes the normal retirement date.

Pre-Retirement Death Benefit

Eligibility

All vested participants.

Benefit

For married participants, benefit for the life of the spouse payable as the beneficiary's portion of a 50% Joint & Survivor annuity, reduced for early commencement.

No pre-retirement death benefits are payable if the participant does not have a surviving spouse.

Funding

The Company pays the entire cost of the Plan.

Form of Payment

The normal form of payment for an unmarried participant is a life annuity. The normal form of payment for a married participant is a 50% joint and survivor annuity.

Other optional forms of benefit are:

50% Joint & Survivor

66-2/3% Joint & Survivor

75% Joint & Survivor

100% Joint & Survivor

5, 10, or 15 Year Certain and Continuous

Mandatory lump sum payable if the present value of the benefit is less than \$5,000.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Actuarial Equivalence

Actuarial equivalence for lump sums is based on 417(e) segmented interest rates for November of the prior Plan Year and 417(e) mortality.

Optional forms of payment are converted using the 1983 Group Annuity Mortality Table for males setback 3 years and a 7.0% interest rate.

Vesting

A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five or more years of vesting service, or upon reaching Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

BROOKDALE CASH BALANCE PLAN

Eligibility

Eligible employees become participants in the plan on the first day of the month following attainment of age 21 and completion of one year of service. The Plan was frozen effective December 31, 2011, and no eligible employee can become a member after that date.

Compensation

All Compensation paid during a Plan Year including elective salary deferrals with the exception of: bonuses, severance, fee for service, administrator on duty pay, additional flat amounts, non-benefit wages, moonlighting pay, expense reimbursements, fringe benefits, moving expenses, deferred compensation, and welfare benefits.

Compensation earned after December 31, 2011 is not included.

Cash Balance Account

The Cash Balance Account for each Participant consists of the following:

(1) Initial Balance

A Participant's initial Cash Balance shall be \$0.

(2) Basic Credits

As of December 31, 2010 and each December 31st thereafter, the Cash Balance Account for a Participant who has completed 1,000 hours or more of service during the Plan Year will be credited with a percentage of his or her Compensation for such Plan Year. Each participant receives a pay credit equal to 4.0% of their Compensation.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Cash Balance Account (cont'd)

(3) Category 1 Employees

A Participant (i) who is a frozen plan participant who is employed by a Category 1 Employer or (ii) is listed as a Category 1 Employee will receive a pay credit based on their allocation points (age plus service) in the schedule below:

<u>Allocation Points</u>	<u>Percent of Compensation up to the Social Security Taxable Wage Base</u>	<u>Percent of Compensation exceeding the Social Security Taxable Wage Base</u>
20-29	6.00%	9.00%
30-39	6.75%	10.125%
40-49	8.00%	12.00%
50-59	8.75%	13.125%
60-69	10.50%	15.75%
70-79	11.50%	16.25%
80-89	14.00%	21.00%
90 and above	15.00%	22.50%

A Participant is limited to graduating two levels.

Participants who are considered Category 1 Employees, who are at least age 45, and have at least 5 years of service as of June 1, 2010 receive additional pay credits of 3.0% of Compensation up to the Social Security Wage Base and 4.5% of Compensation above the Social Security Wage Base.

The Plan was frozen on December 31, 2011, and no Participant can accrue Additional Credits after that date.

(4) Interest Credits

The Cash Balance Account does not receive any interest credits.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Termination Benefit

A Participant shall become 100% vested in the Cash Balance Account upon completion of 3 years of vesting service, or upon the following occurring if sooner: (i) Death while active; (ii) Total Disability; (iii) Attainment of Normal Retirement Age; (iv) Total Disability while on Qualified Military Service.

A year of vesting is granted for each Plan Year a participant works at least 1,000 hours.

Normal Retirement

Eligible at age 65 with 5 years of participation.

Early Retirement

Eligible the first day of any month following termination but no later than the Participant's Normal Retirement Date.

The Early Retirement Benefit is equal to the Cash Balance Account at Early Retirement or actuarial equivalent annuity.

Deferred Retirement

Retirement after Normal Retirement Date. The deferred retirement benefit is equal to the greater of (i) the Accrued Benefit as of the actual retirement date; or (ii) the Accrued Benefit as of a Participant's Normal Retirement Date increased from the Participant's Normal Retirement Date to the Deferred Retirement Date, using an interest factor equal to the Applicable Interest Rate for each Plan Year for which commencement is deferred.

The Accrued Benefit is the Single Life Annuity that is actuarially equivalent to the Cash Balance.

Disability Retirement

Eligible after illness or injury that would entitle a participant to be eligible for disability benefits under the Federal Social Security Act. The disability benefit is equal to the participant's vested Cash Balance Account.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Pre-Retirement Survivor Benefit

If a married participant dies before retirement benefits have begun while employed or after they have terminated employment with a vested benefit, the vested value of the Cash Balance Account is payable immediately to the spouse, either as a single lump sum distribution or a single life annuity for the surviving's spouse's lifetime.

If an unmarried participant dies before retirement benefits have begun while employed or after they have terminated employment with a vested benefit, the vested value of the Cash Balance Account is payable immediately to the participant's designated beneficiary as a single lump sum distribution.

Funding

The Company pays the entire cost of the Plan.

Form of Payment

The Normal Form of Payment is a Single Life Annuity for single Participants and an actuarially equivalent 50% Joint & Survivor Annuity for married Participants.

Optional Forms of Payment are:

-Single Life Annuity

-50%, 75% and 100% Joint & Contingent Annuity

-Lump sum

Lump Sums under \$1,000 are mandatorily cashed out.

Actuarial Equivalence

Actuarial equivalence is based on 417(e) segmented interest rates for November of the prior Plan Year and 417(e) mortality.

Benefits Not Included

None to our knowledge.

Summary of Plan Changes

None to our knowledge.

Summary of Significant Events

None to our knowledge.



Brookdale
1 Brookdale Plaza
Brooklyn, NY 11212
718.240.6000

Interfaith
1545 Atlantic Avenue
Brooklyn, NY 11213
718.613.4000

Kingsbrook
585 Schenectady Avenue
Brooklyn, NY 11203
718.604.6000

Alternative Housing
1366 East New York Avenue
Brooklyn, NY 11212
718.613.6711

Bedford Avenue Dental
1536 Bedford Avenue
Brooklyn, NY 11216
718.613.7375

BFCC Bristol
1235 Linden Blvd.
Brooklyn, NY 11212
718.240.5071

BFCC Eastern Parkway
1883 Eastern Parkway,
Brooklyn, NY 11233
718.240.8700

BFCC Linden
2554 Linden Blvd
Brooklyn, NY 11208
718.240.8600

BFCC New Lots
465 New Lots Avenue
Brooklyn, NY 11207
718.240.8900

BFCC Pennsylvania
1110 Pennsylvania Avenue
Brooklyn, NY 11207
718.649.6619

BHP
1038 Broadway
Brooklyn, NY 11221
718.613.6210

**Bishop Orrle G. Walker
Health Center**
528 Prospect Place
Brooklyn, NY 11238
718.613.6800

MMTP and Primary Care
880/882 Bergen Street
Brooklyn, NY 11238
718.613.7611

**Pierre Toussaint Family
Health Center**
1110 Eastern Parkway
Brooklyn, NY 11213
718.735.1900

Rutland Nursing Home
1 David Minkin Plaza
Brooklyn, NY 11203
718.604.6603

**Schulman & Sehaachne
Institute for Nursing &
Rehabilitation**
555 Rockaway Parkway
Brooklyn, NY 11212
718.240.6902

Urgent Care
1235 Linden Blvd
Brooklyn, NY 11212
718.975.8363

October 13, 2025

Department of Labor
Department of the Treasury
Internal Revenue Service

Re: 2024 Form 5500 - Annual Return/Report of Employee Benefit Plan
Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
Employer Identification Number: 11-1631746
Plan Number: 001

Dear Sir/Madam:

The Plan's audited financial statements have not been attached to the 2024 Form 5500, as our independent qualified public accountant has informed us that they have not obtained sufficient audit evidence to render an opinion on the Plan's financial statements as of the date of this filing.

Please note that The Brookdale University Hospital and Medical Center Employees' Retirement Plan will submit an amended Form 5500 promptly upon completion of the audited financial statements.

A handwritten signature in black ink, appearing to read 'Francesca Tinti', is written over a light blue horizontal line.

Francesca Tinti
Plan Administrator

Schedule C, Line 2(h) Formula Descriptions

The Brookdale University Hospital and Medical Center Employees' Retirement Plan
EIN No.: 11-1631746, Plan No. 001
Plan Year Ending: 12/31/2024

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

NATIONAL FINANCIAL SERVICES 04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to National Financial Services
INVESCO	INVESCO DEVELOPING MARKETS Y	1/1/2024	12/31/2024	0.825
JOHN HANCOCK	JHANCOCK ALTERNATIVE ASSET ALLOCATION I	1/1/2024	12/31/2024	0.330
WESTERN ASSET MGMT	WESTERN ASSET TOTAL RETURN UNCONS I	1/1/2024	12/31/2024	0.330

**Attachment to 2024 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

<u>Date</u>	<u>Actual Contribution</u>	<u>Discounted Contribution</u>	<u>Effective Rate</u>	<u>Late Interest Discount Rate</u>	<u>Plan Year</u>
July 16, 2024	772,323	752,055	5.04%	10.04%	1/1/2024 – 12/31/2024
July 16, 2024	308,677	300,614	5.04%	N/A	1/1/2024 – 12/31/2024
October 15, 2024	927,000	891,818	5.04%	N/A	1/1/2024 – 12/31/2024
January 15, 2025	927,000	880,858	5.04%	N/A	1/1/2024 – 12/31/2024
September 11, 2025	<u>270,000</u>	<u>248,298</u>	5.04%	N/A	1/1/2024 – 12/31/2024
Total	\$ 3,205,000	\$ 3,073,643			

**Attachment to 2024 Form 5500 Schedule SB,
Line 26b – Schedule of Projection of Expected Benefit Payments**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	4,234,799	3,717,052	7,862,731	15,814,582
2025	2,126,740	2,278,453	7,606,471	12,011,664
2026	2,168,973	2,366,501	7,235,326	11,770,800
2027	2,146,746	2,313,724	6,905,690	11,366,160
2028	2,229,139	2,568,018	6,598,977	11,396,134
2029	2,013,106	2,490,422	6,293,315	10,796,843
2030	1,937,049	2,594,533	5,929,859	10,461,441
2031	1,983,338	2,721,064	5,602,320	10,306,722
2032	1,940,292	2,564,699	5,280,834	9,785,825
2033	1,846,070	2,539,322	4,935,900	9,321,292
2034	1,796,497	2,541,038	4,601,768	8,939,303
2035	1,720,109	2,751,020	4,256,171	8,727,300
2036	1,653,791	2,600,353	3,901,560	8,155,704
2037	1,563,022	2,544,755	3,579,266	7,687,043
2038	1,452,149	2,569,592	3,264,610	7,286,351
2039	1,355,313	2,446,289	2,956,849	6,758,451
2040	1,264,359	2,450,201	2,666,201	6,380,761
2041	1,183,602	2,358,139	2,387,790	5,929,531
2042	1,117,792	2,275,609	2,123,341	5,516,742
2043	1,013,203	2,221,696	1,874,380	5,109,279
2044	984,242	2,160,691	1,642,172	4,787,105
2045	865,656	2,052,055	1,427,688	4,345,399
2046	796,785	1,956,147	1,231,572	3,984,504
2047	720,947	1,860,297	1,054,146	3,635,390
2048	653,465	1,757,261	895,403	3,306,129
2049	592,210	1,658,453	754,979	3,005,642
2050	532,143	1,554,745	632,210	2,719,098
2051	477,318	1,452,217	526,138	2,455,673
2052	426,317	1,350,341	435,557	2,212,215
2053	379,075	1,246,769	359,090	1,984,934
2054	335,517	1,145,286	295,238	1,776,041
2055	295,552	1,045,642	242,466	1,583,660
2056	259,067	948,611	199,262	1,406,940
2057	225,946	854,950	164,184	1,245,080
2058	196,054	765,340	135,907	1,097,301
2059	169,232	680,350	113,238	962,820
2060	145,311	600,466	95,126	840,903
2061	124,111	526,056	80,669	730,836
2062	105,442	457,376	69,103	631,921
2063	89,112	394,561	59,798	543,471
2064	74,920	337,630	52,245	464,795
2065	62,662	286,520	46,038	395,220
2066	52,134	241,075	40,857	334,066
2067	43,140	201,063	36,458	280,661
2068	35,496	166,177	32,648	234,321
2069	29,030	136,059	29,283	194,372
2070	23,588	110,322	26,259	160,169
2071	19,030	88,554	23,508	131,092
2072	15,231	70,340	20,984	106,555
2073	12,086	55,264	18,654	86,004

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

As of December 31, 2016 the Brookdale Cash Balance Plan merged into the Brookdale Retirement Plan. Details of the plan provisions are presented in the following pages.

Plan Status

Frozen eligibility and benefit.

Effective Date

January 1, 1976; latest amendment effective as of January 1, 2017 (plan merger).

Plan Year

The twelve-month period ending December 31.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

BROOKDALE RETIREMENT PLAN

Eligibility

Eligible employees become participants in the plan on the first day of the month following attainment of age 21 and completion of one year of service. The Plan was closed to new entrants effective December 31, 2005, and no eligible employee can become a participant after that date.

Compensation

All Compensation paid during a Plan Year including elective salary deferrals and on-call and panel pay.

Compensation earned after May 31, 2010 is not included.

Frozen Average Monthly Compensation

1/12 of a participant's Compensation averaged over the highest 5 consecutive plan years of compensation during last 10 plan years prior to July 1, 1993.

Average Monthly Compensation

Average Monthly compensation over highest consecutive 60 months after December 31, 1998 within the last 120 months.

Benefit Service

One year of benefit service is granted in each year that a participant works at least 1,000 hours.

Effective May 31, 2010, the Plan was frozen for future accruals.

Vesting Service

One year of vesting service is granted in each year that a participant works at least 1,000 hours.

Normal Retirement Date

First day of month coincident with or next following the later of age 65 and the 5th anniversary of the first day of the plan year of becoming a plan participant.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

Normal Retirement Benefit

The monthly normal retirement benefit is equal to the sum of (i) and (ii):

- (i) 1.0% of Frozen Average Monthly Compensation plus 0.5% of Frozen Average Monthly Compensation in excess of \$400 times benefit service as of June 30, 1993.
- (ii) 1.2% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Average Social Security Covered Compensation times benefit service after January 1, 1999.

Total years of benefit service allocated above cannot exceed 30 years.

Effective May 31, 2010, the plan was frozen for future benefit accruals.

Early Retirement Date

First day of the month coincident with or next following age 55 with 5 years of vesting service.

Early Retirement Reduction Factor

0.5% for each month prior to Normal Retirement Date.

Late Retirement Date

First day of any month after Normal Retirement Date and on which retirement benefits begin.

Late Retirement Benefit

Greater of:

- (a) a benefit calculated in the same manner as the Normal Retirement benefit but using Service and Salary through the Late Retirement Date, or
- (b) a benefit calculated as of the Normal Retirement Date actuarially increased to the Late Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Disability Retirement

Disability benefits are available to participants who become totally and permanently disabled following the completion of 15 years of service. The disability retirement benefit is payable any time after 6 months of disability and attainment of age 55. The benefit payable is the participant's accrued monthly benefit reduced by 0.5% for each month by which the disability retirement date precedes the normal retirement date.

Pre-Retirement Death Benefit

Eligibility

All vested participants.

Benefit

For married participants, benefit for the life of the spouse payable as the beneficiary's portion of a 50% Joint & Survivor annuity, reduced for early commencement.

No pre-retirement death benefits are payable if the participant does not have a surviving spouse.

Funding

The Company pays the entire cost of the Plan.

Form of Payment

The normal form of payment for an unmarried participant is a life annuity. The normal form of payment for a married participant is a 50% joint and survivor annuity.

Other optional forms of benefit are:

50% Joint & Survivor

66-2/3% Joint & Survivor

75% Joint & Survivor

100% Joint & Survivor

5, 10, or 15 Year Certain and Continuous

Mandatory lump sum payable if the present value of the benefit is less than \$5,000.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees’
Retirement Plan
EIN/PN: 11-1631746/001**

Actuarial Equivalence

Actuarial equivalence for lump sums is based on 417(e) segmented interest rates for November of the prior Plan Year and 417(e) mortality.

Optional forms of payment are converted using the 1983 Group Annuity Mortality Table for males setback 3 years and a 7.0% interest rate.

Vesting

A participant becomes 100% vested in his or her accrued retirement benefit upon completion of five or more years of vesting service, or upon reaching Normal Retirement Date.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

BROOKDALE CASH BALANCE PLAN

Eligibility

Eligible employees become participants in the plan on the first day of the month following attainment of age 21 and completion of one year of service. The Plan was frozen effective December 31, 2011, and no eligible employee can become a member after that date.

Compensation

All Compensation paid during a Plan Year including elective salary deferrals with the exception of: bonuses, severance, fee for service, administrator on duty pay, additional flat amounts, non-benefit wages, moonlighting pay, expense reimbursements, fringe benefits, moving expenses, deferred compensation, and welfare benefits.

Compensation earned after December 31, 2011 is not included.

Cash Balance Account

The Cash Balance Account for each Participant consists of the following:

(1) Initial Balance

A Participant's initial Cash Balance shall be \$0.

(2) Basic Credits

As of December 31, 2010 and each December 31st thereafter, the Cash Balance Account for a Participant who has completed 1,000 hours or more of service during the Plan Year will be credited with a percentage of his or her Compensation for such Plan Year. Each participant receives a pay credit equal to 4.0% of their Compensation.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Cash Balance Account (cont'd)

(3) Category 1 Employees

A Participant (i) who is a frozen plan participant who is employed by a Category 1 Employer or (ii) is listed as a Category 1 Employee will receive a pay credit based on their allocation points (age plus service) in the schedule below:

<u>Allocation Points</u>	<u>Percent of Compensation up to the Social Security Taxable Wage Base</u>	<u>Percent of Compensation exceeding the Social Security Taxable Wage Base</u>
20-29	6.00%	9.00%
30-39	6.75%	10.125%
40-49	8.00%	12.00%
50-59	8.75%	13.125%
60-69	10.50%	15.75%
70-79	11.50%	16.25%
80-89	14.00%	21.00%
90 and above	15.00%	22.50%

A Participant is limited to graduating two levels.

Participants who are considered Category 1 Employees, who are at least age 45, and have at least 5 years of service as of June 1, 2010 receive additional pay credits of 3.0% of Compensation up to the Social Security Wage Base and 4.5% of Compensation above the Social Security Wage Base.

The Plan was frozen on December 31, 2011, and no Participant can accrue Additional Credits after that date.

(4) Interest Credits

The Cash Balance Account does not receive any interest credits.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Termination Benefit

A Participant shall become 100% vested in the Cash Balance Account upon completion of 3 years of vesting service, or upon the following occurring if sooner: (i) Death while active; (ii) Total Disability; (iii) Attainment of Normal Retirement Age; (iv) Total Disability while on Qualified Military Service.

A year of vesting is granted for each Plan Year a participant works at least 1,000 hours.

Normal Retirement

Eligible at age 65 with 5 years of participation.

Early Retirement

Eligible the first day of any month following termination but no later than the Participant's Normal Retirement Date.

The Early Retirement Benefit is equal to the Cash Balance Account at Early Retirement or actuarial equivalent annuity.

Deferred Retirement

Retirement after Normal Retirement Date. The deferred retirement benefit is equal to the greater of (i) the Accrued Benefit as of the actual retirement date; or (ii) the Accrued Benefit as of a Participant's Normal Retirement Date increased from the Participant's Normal Retirement Date to the Deferred Retirement Date, using an interest factor equal to the Applicable Interest Rate for each Plan Year for which commencement is deferred.

The Accrued Benefit is the Single Life Annuity that is actuarially equivalent to the Cash Balance.

Disability Retirement

Eligible after illness or injury that would entitle a participant to be eligible for disability benefits under the Federal Social Security Act. The disability benefit is equal to the participant's vested Cash Balance Account.

**Attachment to 2024 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

Pre-Retirement Survivor Benefit

If a married participant dies before retirement benefits have begun while employed or after they have terminated employment with a vested benefit, the vested value of the Cash Balance Account is payable immediately to the spouse, either as a single lump sum distribution or a single life annuity for the surviving's spouse's lifetime.

If an unmarried participant dies before retirement benefits have begun while employed or after they have terminated employment with a vested benefit, the vested value of the Cash Balance Account is payable immediately to the participant's designated beneficiary as a single lump sum distribution.

Funding

The Company pays the entire cost of the Plan.

Form of Payment

The Normal Form of Payment is a Single Life Annuity for single Participants and an actuarially equivalent 50% Joint & Survivor Annuity for married Participants.

Optional Forms of Payment are:

-Single Life Annuity

-50%, 75% and 100% Joint & Contingent Annuity

-Lump sum

Lump Sums under \$1,000 are mandatorily cashed out.

Actuarial Equivalence

Actuarial equivalence is based on 417(e) segmented interest rates for November of the prior Plan Year and 417(e) mortality.

Benefits Not Included

None to our knowledge.

Summary of Plan Changes

None to our knowledge.

Summary of Significant Events

None to our knowledge.

**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: The Brookdale University Hospital and Medical Center

Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 11-1631746

Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year

Page 17 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions

Pages 18-19 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of reportable transactions.

**Attachment to 2024 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

FUNDING SHORTFALL AND SHORTFALL AMORTIZATION

(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>	(e) <u>Payment</u>
2020	Shortfall	16,389,774	11	1,866,574
2021	Shortfall	2,412,153	12	257,341
2022	Shortfall	(5,365,843)	13	(539,902)
2023	Shortfall	12,991,837	14	1,239,977
2024	Shortfall	<u>(2,688,200)</u>	15	<u>(244,573)</u>
Total		\$ 23,739,721		\$ 2,579,417

**Attachment to 2024 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: The Brookdale University Hospital and Medical Center Employees'
Retirement Plan
EIN/PN: 11-1631746/001**

For 2024, the expense load was increased to \$1,540,000 (previously, \$1,500,000).