

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 12/01/2024 and ending 11/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1991
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) YALE-NEW HAVEN HOSPITAL, INC. 20 YORK STREET NEW HAVEN, CT 06510-3220
2b	Employer Identification Number (EIN) 06-0646652
2c	Plan Sponsor's telephone number 203-688-2000
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.	09/14/2026	BENJAMIN TUDOR
	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 21980
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) 17601 6a(2) 15258 6b 897 6c 4297 6d 20452 6e 127 6f 20579 6g(1) 6g(2) 6h 65
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:

1C 1I

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 12/01/2024 and ending 11/30/2025		
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YALE-NEW HAVEN HOSPITAL, INC.	D Employer Identification Number (EIN) 06-0646652	

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

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	000775	0	12/01/2024	11/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	81505
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	874
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	874
d Total of balance and additions (add lines 7b and 7c(6))	7d	82379
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	71380
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ WITHDRAWALS, RATE CHANGE, FEES	7e(4)	10999
(5) Total deductions	7e(5)	82379
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) 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 12/01/2024 and ending 11/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YALE-NEW HAVEN HOSPITAL, INC.	D Employer Identification Number (EIN) 06-0646652
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 12 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	539843128	
b	Actuarial value	2b	529127748	
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	919	53700025	53700025
b	For terminated vested participants	3492	75882487	75882487
c	For active participants	17921	447175848	447175848
d	Total	22332	576758360	576758360
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	5.40 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	4900000	
c	Target normal cost	6c	4900000	

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 JOHN BRAVO Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name PO BOX 674401 HOUSTON, TX 77267 Address of the firm	09/11/2026 Date 26-09069 Most recent enrollment number 212-915-8888 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	51056177
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	28528683
9 Amount remaining (line 7 minus line 8)	0	22527494
10 Interest on line 9 using prior year's actual return of <u>9.50</u> %	0	2140112
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.23</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24667606

Part III Funding Percentages

14 Funding target attainment percentage	14	87.46 %
15 Adjusted funding target attainment percentage	15	87.46 %
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	94.63 %
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
08/05/2026	10000000				
Totals ►			18(b)	10000000	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	9155425

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: 5.04 %	2nd segment: 5.32 %	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	4900000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	72298218	6857378	
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	11757378
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11757378	11757378
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	9155425
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	9155425
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	9155425
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 12/01/2024 and ending 11/30/2025		
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 YALE-NEW HAVEN HOSPITAL, INC.	D Employer Identification Number (EIN) 06-0646652	

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
JBG/FUND IX MANAGER LLC
46-4684693

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SHORENSTEIN REALTY INVESTORS ELEVEN
235 MONTGOMERY STREET, 16TH FLOOR SAN FRANCISCO, CA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SHORENSTEIN REALTY INVESTORS EIGHT
235 MONTGOMERY STREET, 16TH FLOOR SAN FRANCISCO, CA 94104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
RCP ADVISORS 2 LLC
45-5510695

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

TIFF ADVISORY SERVICES, INC.

54-1678701

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

STONEPEAK INFRASTRUCTURE FUND III

82-2982160

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

FS EQUITY PARTNERS VIII LP

83-0705300

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

SHORENSTEIN REALTY INVESTORS TEN

235 MONTGOMERY STREET, 16TH FLOOR
SAN FRANCISCO, CA 94104

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

WHI REAL ESTATE PARTNERS LP

47-5604630

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

JBG/FUND VII MANAGER LLC

26-3628269

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

JBG/FUND VIII MANAGER LLC

45-2696395

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

MERIT ENERGY PARTNERS G LP

13727 NOEL ROAD, STE 1200, TOWER 2
DALLAS, TX 75240

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

SHORENSTEIN REALTY INVESTORS NINE

235 MONTGOMERY STREET, 16TH FLOOR
SAN FRANCISCO, CA 94104

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

K1 INVESTMENT MANAGEMENT

27-4741827

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

ANGELO, GORDON & CO.

13-3478879

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

BLACK CREEK INVESTMENT MANAGEMENT I

98-1395961

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

DISCERENE GROUP LP

27-1433022

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

FCOI II HOLDINGS II LP

98-0497285

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

FIRST EAGLE INVESTMENT MANAGEMENT L

57-1156902

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

FORTRESS CREDIT OPPORTUNITIES ADVIS

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FRESHFORD CAPITAL MANAGEMENT, LLC

26-2850841

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

FRESHFORD PARTNERS, LP

26-3238154

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

HG VORA SPECIAL OPPORTUNITIES FUND

98-1047317

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

HIGHCLERE INTERNATIONAL INVESTORS I

20-4668348

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

KING STREET CAPITAL MANAGEMENT, LP

13-3978904

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

KING STREET MASTER ADVISORS, L.L.C.

26-3871197

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

LRVHEALTH VENTURES, LLC

82-4096684

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

MARSHALL WACE LLP

98-0430284

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

PELHAM CAPITAL LTD

98-1277585

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

PENTWATER EVENT FUND LTD.

190 ELGIN AVENUE
GEORGETOWN, GRAND CAYMAN KY1-9008 KY

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

RICE HALL JAMES & ASSOCIATES, LLC

43-1992528

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

RIDGE VENTURES V, LP

86-3810769

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

SEI TRUST COMPANY

06-1271230

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

SHORENSTEIN REALTY INVESTORS TWELVE

235 MONTGOMERY STREET, 16TH FLOOR
SAN FRANCISCO, CA 94104

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

STONEPEAK INFRASTRUCTURE FUND IV

84-4220980

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

TRINITY STREET ASSET MANAGEMENT LLP

25 GOLDEN SQUARE
LONDON W1F 9LU GB

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)

TOWERS WATSON, DELAWARE INC.

53-0181291

(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	NONE	1230338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METLIFE INC

13-4075851

(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?
28	NONE	282165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

50 S LASALLE ST
CHICAGO, IL 60603

(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?
21	NONE	100217	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)

NISA INVESTMENT ADVISORS LLC

48-1140940

(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?
28	NONE	94355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER (US), INC.

13-2834414

(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	NONE	10652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	CRAIG MORGAN	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	PO BOX 674401 HOUSTON, TX 77267	e Telephone:	212-915-8888

Explanation: ENROLLED ACTUARY ROLE HAS TRANSFERRED TO ANOTHER WILLIS TOWERS WATSON US LLC EMPLOYEE

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 12/01/2024 and ending 11/30/2025					
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 YALE-NEW HAVEN HOSPITAL, INC.				D Employer Identification Number (EIN) 06-0646652	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER PENSION TRUST					
b Name of sponsor of entity listed in (a): YALE NEW HAVEN HEALTH SYSTEM					
c EIN-PN 47-2049187-001		d Entity code M		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535087716	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 12/01/2024 and ending 11/30/2025

A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 YALE-NEW HAVEN HOSPITAL, INC.	D Employer Identification Number (EIN) 06-0646652

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)	10100000	10000000
(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)	530013309	535087716
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	81121	0
(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	540194430	545087716
Liabilities			
g Benefit claims payable	1g	1938560	6719799
h Operating payables	1h	23053	371601
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1961613	7091400
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	538232817	537996316

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)	10000000	
(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)		10000000
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)	858	
(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)		858
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-69858	
(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)		34753970
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		44684970

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	38207246	
(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)		38207246
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	736189	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	1240989	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4737047	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6714225
j Total expenses. Add all expense amounts in column (b) and enter total	2j		44921471

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-236501
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 576860.

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 12/01/2024 and ending 11/30/2025		
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 YALE-NEW HAVEN HOSPITAL, INC.		D Employer Identification Number (EIN) 06-0646652
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855 06-0843808		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 1151
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 2.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 65.0 %

High-Yield Debt: 2.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 4.0 % Other: 24.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Yale-New Haven Hospital Cash Account Pension Plan

Financial Statements

November 30, 2025 and 2024

Yale-New Haven Hospital Cash Account Pension Plan

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November 30, 2025 and 2024

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Independent Auditors' Report

To the Participants and Plan Administrator of
Yale-New Haven Hospital Cash Account Pension Plan

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

We have performed audits of the financial statements of Yale-New Haven Hospital Cash Account Pension 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) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2025 and 2024, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended November 30, 2025 and 2024, stating that the certified investment information, as described in Note 7 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 Auditors' 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 on the financial statements.

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 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.

Auditors' 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 of the Financial Statements 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Baker Tilly US, LLP

Iselin, New Jersey
September 14, 2026

Yale-New Haven Hospital Cash Account Pension Plan

Statements of Net Assets Available for Benefits

November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value:		
Plan's interest in Yale-New Haven Health		
System Master Pension Trust investments	\$ 535,087,716	\$ 530,013,309
Non-Master Trust investments:		
Unallocated insurance contract	-	81,121
Total investments	535,087,716	530,094,430
Employer contribution receivable	10,000,000	10,100,000
Total assets	<u>545,087,716</u>	<u>540,194,430</u>
Liabilities		
Accrued expenses	371,601	23,053
Benefits payable	<u>6,719,799</u>	<u>1,938,560</u>
Total liabilities	<u>7,091,400</u>	<u>1,961,613</u>
Net assets available for benefits	<u>\$ 537,996,316</u>	<u>\$ 538,232,817</u>

See notes to financial statements

Yale-New Haven Hospital Cash Account Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended November 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Plan's interest in Yale-New Haven Health System		
Master Pension Trust investment income	<u>\$ 34,753,970</u>	<u>\$ 54,578,550</u>
Non-Master Trust Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	(69,858)	10,030
Interest and dividends	<u>858</u>	<u>3,415</u>
Total Non-Master Trust investment (loss) income	<u>(69,000)</u>	<u>13,445</u>
Total investment income	34,684,970	54,591,995
Employer contributions	<u>10,000,000</u>	<u>10,100,000</u>
Total additions	<u>44,684,970</u>	<u>64,691,995</u>
Deductions		
Benefits paid to participants	38,207,246	25,200,576
Administrative and investment expenses	<u>6,714,225</u>	<u>5,577,944</u>
Total deductions	<u>44,921,471</u>	<u>30,778,520</u>
Net (decrease) increase	(236,501)	33,913,475
Net Assets Available for Benefits		
Beginning of year	<u>538,232,817</u>	<u>504,319,342</u>
End of year	<u><u>\$ 537,996,316</u></u>	<u><u>\$ 538,232,817</u></u>

See notes to financial statements

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

1. Description of the Plan

The following description of the Yale-New Haven Hospital Cash Account Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan that covers all employees of Yale-New Haven Hospital, Inc. (the Hospital), Yale-New Haven Health Services Corporation and Northeast Medical Group, Inc. (NEMG) (collectively, the Employers or Company), except for employees employed by the Hospital as house staff or students in a Hospital sponsored program, employees whose written employment contracts with the Hospital do not provide for their participation in the Plan, employees included in a unit of employees covered by a collective bargaining agreement between employee representatives and the Hospital which does not provide for participation in the Plan by such employees, leased employees treated as employees of the Hospital under Internal Revenue Code (IRC) Section 414(n), employees of taxable affiliates and employees of any other related employer which has not adopted the Plan for the benefit of its employees and individuals treated as employees of the Hospital. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

The Plan's Retirement Committee has overall responsibility for the operation and administration of the Plan. The Plan's Investment Oversight Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Retirement Committee.

In July 2024, the Hospital's Board of Trustees approved a resolution to freeze benefits of the Plan, effective November 30, 2024. All accrued benefits for active participants will be "frozen" as of that date and no further benefits will be accrued. Future retirement benefits are to be provided through a defined contribution plan (Yale-New Haven Hospital and Tax-Exempt Affiliates Retirement Savings Plan) for those employees affected by the freeze.

Funding Policy

The Plan's funding policy is for the Employers to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Hospital was not required to make a minimum contribution for 2025 or 2024. The Hospital made discretionary contributions of \$10,000,000 and \$10,100,000 for 2025 and 2024. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2025 and 2024.

Although it has not expressed any intention to do so, the Employers have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Eligibility

To participate in the Plan, an employee must be employed as described above and have at least one year of eligible service, as defined in the plan document. The Plan provides retirement and death benefits. The Plan is intended to qualify as a defined benefit pension plan and trust meeting the requirements of Section 401(a) and related provisions of the IRC.

Vesting

The Plan provides that participants with at least one hour of service on or after December 1, 2007, are fully vested after three years of service. All other participants are fully vested after five years of service.

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

In accordance with the approved resolution to freeze the Plan as noted above, effective November 30, 2024, all active participants will become 100% vested in the Plan (regardless of whether the participants have three years of vesting service).

Pension Benefits

Participants that meet the requirements noted above, are entitled to pension benefits beginning at normal retirement age (65) or after the three years of vesting services, whichever occurs later. Early retirement is the first day of any month after the participant reaches age 55 and completes 10 or more years of vesting service. The participant may not commence benefits while remaining employed past normal retirement age and work at least 80 hours in a calendar month.

An annual compensation credit and an interest credit are allocated to each participant's account balance. This annual compensation credit is determined by multiplying the participant's annual compensation, defined in the plan document, by an annual credit percentage, which is based on the participant's years of service, as defined in the plan document, which ranges from 4.0% to 8.0% for Yale-New Haven Hospital and Yale-New Haven Health Services Corporation participants hired before December 1, 2012 and 3.0% to 8.0% for those hired on or after December 1, 2012. During the 2013 plan year, the Plan was amended such that the annual compensation credit which is based on the participant's years of service percentages will range from 1.5% to 4.0% effective December 1, 2013. All future compensation credits will be "frozen" effective November 30, 2024 in accordance with the resolution.

The interest credit is determined by multiplying the participant's account balance at the beginning of the plan year by a percentage, which is equal to the average constant maturity yield on a 20-year Treasury note for the month of October immediately preceding the beginning of the plan year or 3.8%, whichever is greater. The interest credit percentage was 4.44% and 5.13% for the plan years ended November 30, 2025 and 2024, respectively.

The Plan was amended to further define years of service. If and to the extent determined from time to time by resolution of the Board of Trustees of the Hospital, or by resolution and amendment executed by Chairman of the Pension Committee, an employee who was in the employment of any business or enterprise substantially all of whose assets are acquired by Yale-New Haven Hospital or a related employer, by purchase, merger, consolidation or otherwise, may receive up to five years of credit for his or her past service with such business or enterprise and such service shall be included in determining his or her eligibility to participate, vesting, and if so determined, eligibility to retire under the Plan, but not for purposes of annual credits or benefit accrual; provided that, (i) any service credit granted to any affected highly compensated employee must apply on the same terms to all similarly situated nonhighly compensated employees; (ii) there is a legitimate business reason for crediting such past service with another employer; and (iii) based on all the relevant facts and circumstances the provisions of such service credit does not by design or in operation discriminate significantly in favor of highly compensated employees.

Terminated vested participants with an account balance less than or equal to \$5,000 will receive an automatic distribution from the Plan.

During 2025, the plan sponsor offered a voluntary retirement program to eligible employees. As a result of this program, benefit payments under the Plan increased and are expected to remain elevated in plan year 2026.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

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, disclosures of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments are recorded upon approval by the Retirement Committee.

Administrative Expenses

The Plan's expenses are paid out of the trust assets as provided by the plan document. Expenses that are paid directly by the Employers are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in the Master Pension Trust investment income or net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Plan participates in the Yale-New Haven Health System Master Pension Trust (YNHHS MPT or Master Trust). See Note 4 for reference to the Master Trust and Note 5 for a discussion of fair value measurements. The Master Trust allows for any entity that becomes part of the Yale-New Haven Health System, with proper approval, to participate in the trust. Each participating plan has an allocated interest in the Master Trust.

The Plan's interest in the Master Trust is based on the beginning of the month value of the Plan's interest in the Master Trust plus transfers of contributions to the Master Trust and allocated investment income, less allocated administrative expenses and transfers to make benefit payments to participants. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan. The underlying investments of the Master Trust are stated at fair value.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or the liability.

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 (depreciation) includes the gains and losses on investments bought and sold as well as held during the year. The investment income of the Master Trust is reported in the Plan's interest in Yale-New Haven Health System Master Pension Trust investment income line of the Statements of Changes in Net Assets Available for Benefits.

The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Trustee.

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

Recent Regulatory Updates

The Setting Every Community Up for Retirement Enhancement Act of 2022 (SECURE 2.0) was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended November 30, 2025, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 did not have a material effect on the Plan's financial statements.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through September 14, 2026, the date the financial statements were available to be issued.

3. 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 for active, retired or terminated participants or their beneficiaries are based on the participants' accumulated account balance on the valuation date, or for a grandfathered group of employees, the benefit provided under a prior plan, whichever is greater. Benefits payable under all circumstances such as retirement, death and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date, the latest of which is December 1, 2024.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as and is that 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 actuarial present value of accumulated plan benefits as of December 1, 2024 are as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 54,531,163
Other participants	<u>523,322,483</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 577,853,646</u>

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

The changes in the actuarial present value of the accumulated plan benefits for the year ended November 30, 2024 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 440,062,420
Increase (decrease) during the year attributable to:	
Benefits accumulated	24,769,476
Actuarial losses	654,926
Increase for interest due to decrease in discount period	31,687,520
Assumptions changes	104,665,280
Benefits paid	(24,306,074)
Plan amendments	<u>320,098</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 577,853,646</u>

Significant assumptions underlying the actuarial computations are as follows:

Discount rate	5.40% for December 1, 2024 Pri-2012 Mortality Tables with MP-2019 Scale applied on a generational basis for December 1, 2024
Mortality	

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 decrease in the discount rate from 7.00% in 2023 to 5.40% in 2024 resulted in an increase of \$104,665,280 in actuarial present value of accumulated benefits for the year ended November 30, 2024.

4. Undivided Interest in Yale-New Haven Health System Master Pension Trust

A portion of the Plan's investments is in the Master Trust, which was established for the investment of assets of the Plan and several other sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust.

At November 30, 2025 and 2024, the Plan has an undivided interest in the net assets of the Master Trust of approximately 51.1% and 50.2%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of the time the Plan's assets were invested in the Master Trust.

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

The following table presents the net assets of the Master Trust and the Plan's undivided interest as of November 30, 2025 and 2024:

		2025	
		Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:			
Money market funds	\$	31,201,850	\$ 21,595,715
U.S. equity securities		22,080,504	8,953,545
International equity securities		17,966,802	7,285,457
Fixed income, U.S. government		418,003,279	140,254,008
Fixed income, corporate debt		290,441,299	118,808,454
Commodities		17,190,663	17,190,663
Hedge funds, absolute return		109,275,455	91,741,728
Hedge funds, long/short equity		20,893,009	17,540,634
Hedge funds, long-only equity		5,755,599	313,049
Private equity		69,560,684	66,101,279
Real estate		45,308,478	45,303,184
Total net assets		<u>\$ 1,047,677,622</u>	<u>\$ 535,087,716</u>
		2024	
		Master Trust Balances	Plan's Interest in Master Trust Balances
Investments:			
Money market funds	\$	23,487,537	\$ 12,971,758
U.S. equity securities		33,913,471	13,603,200
International equity securities		39,859,859	15,988,384
Fixed income, U.S. government		290,100,063	152,194,822
Fixed income, corporate debt		365,252,257	89,680,779
Commodities		16,025,673	16,025,673
Hedge funds, absolute return		137,435,354	102,239,511
Hedge funds, long/short equity		33,407,391	24,852,086
Hedge funds, long-only equity		13,962,982	4,570,908
Private equity		59,638,444	55,651,831
Real estate		42,239,487	42,234,357
Total net assets		<u>\$ 1,055,322,518</u>	<u>\$ 530,013,309</u>

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

The following is a summary of changes in the YNHHS MPT's net assets for the years ended November 30, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Investment income:		
Net appreciation in fair value of investments	\$ 37,725,483	\$ 80,499,812
Interest and dividends	<u>28,747,303</u>	<u>26,621,249</u>
Net investment income of the Master Trust	66,472,786	107,121,061
Net transfers	3	(10,000)
Contributions	10,100,000	35,000,000
Benefits paid to participants	(75,470,790)	(66,151,515)
Administrative and investment expenses	<u>(8,746,895)</u>	<u>(8,793,200)</u>
(Decrease) increase in net assets	(7,644,896)	67,166,346
Net assets, beginning of period	<u>1,055,322,518</u>	<u>988,156,172</u>
Net assets, end of period	<u><u>\$ 1,047,677,622</u></u>	<u><u>\$ 1,055,322,518</u></u>
Plan's interest in Master Trust investment income	<u><u>\$ 34,753,970</u></u>	<u><u>\$ 54,578,550</u></u>

Refer to Note 5 for a description of the valuation methodologies used.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2025 and 2024.

Money market funds are valued at the quoted net asset value (NAV) of shares held by the Master Trust at year-end.

Investments in equity securities with readily determinable fair values and investments in debt securities are measured at fair value (quoted market prices).

Alternative investments consist of private equity, international equity securities, hedge funds, commodities, real estate and fixed income, U.S. government. Individual investment holdings within the alternative investments may include investments in both nonmarketable and market traded securities. Alternative investments are valued using the NAVs per share of each alternative investment as the practical expedient. NAVs of these investments are provided by the investment managers or general partner primarily based on financial data derived from the underlying securities and other financial instruments and other estimates that require varying degrees of judgment.

Unallocated insurance contract is a fixed income fund that is valued at contract value, which approximates fair value. Contract value represents the beginning balance, plus deposits, plus fixed income interest, less withdrawals. An estimated rate is used for interest crediting purposes until a final rate is determined after year-end. The rate for a year is initially estimated in advance of the year and is updated throughout the year.

The investments may indirectly expose the Plan to securities lending, short sales of securities and trading in futures and forwards contracts, options, swap contracts and other derivative products. While these financial instruments may contain varying degrees of risk, the Plan's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors.

As of November 30, 2025, the Plan had no Non-Master Trust investments. The following table sets forth by level, within the fair value hierarchy, the Plan's assets, excluding their interest in the Master Trust, at fair value as of November 30, 2024:

Assets at Fair Value as of November 30, 2024				
	Investments Measured at NAV (a)	Level 1	Level 2	Total
Unallocated insurance contract	\$ -	\$ -	\$ 81,121	\$ 81,121
Total assets in the fair value hierarchy	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 81,121</u>	<u>\$ 81,121</u>

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of November 30, 2025 and 2024:

Assets at Fair Value as of November 30, 2025				
	Investments Measured at NAV (a)	Level 1	Level 2	Total
Money market funds	\$ -	\$ 31,201,850	\$ -	\$ 31,201,850
U.S. equity securities	-	22,080,504	-	22,080,504
International equity securities	17,696,269	270,533	-	17,966,802
Fixed Income, U.S. government	-	418,003,279	-	418,003,279
Fixed income, corporate debt	-	290,441,299	-	290,441,299
Hedge funds, absolute return	109,275,455	-	-	109,275,455
Hedge funds, long/short equity	20,893,009	-	-	20,893,009
Hedge funds, long-only equity	5,755,599	-	-	5,755,599
Commodities	17,190,663	-	-	17,190,663
Private equity	69,560,684	-	-	69,560,684
Real estate	45,308,478	-	-	45,308,478
Total assets in the fair value hierarchy	<u>\$ 285,680,157</u>	<u>\$ 761,997,465</u>	<u>\$ -</u>	<u>\$ 1,047,677,622</u>
Assets at Fair Value as of November 30, 2024				
	Investments Measured at NAV (a)	Level 1	Level 2	Total
Money market funds	\$ -	\$ 23,487,537	\$ -	\$ 23,487,537
U.S. equity securities	-	33,913,471	-	33,913,471
International equity securities	30,229,825	9,630,034	-	39,859,859
Fixed Income, U.S. government	-	290,100,063	-	290,100,063
Fixed income, corporate debt	-	365,252,257	-	365,252,257
Hedge funds, absolute return	137,435,354	-	-	137,435,354
Hedge funds, long/short equity	33,407,391	-	-	33,407,391
Hedge funds, long-only equity	13,962,982	-	-	13,962,982
Commodities	16,025,673	-	-	16,025,673
Private equity	59,638,444	-	-	59,638,444
Real estate	42,239,487	-	-	42,239,487
Total assets in the fair value hierarchy	<u>\$ 332,939,156</u>	<u>\$ 722,383,362</u>	<u>\$ -</u>	<u>\$ 1,055,322,518</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits (Non-Master Trust investments) or to Note 4 (Master Trust investments).

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of November 30, 2025 and 2024, respectively.

November 30, 2025				
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Master Trust Investments				
International equities (a)	\$ 17,696,269	\$ -	Monthly/Quarterly	10 - 30 days
Commodities (b)	17,190,663	1,421,692	None	None
Hedge Funds, absolute return (c)	109,275,455	-	Quarterly/Annual	45 - 90 days
Hedge Funds, long/short equity (d)	20,893,009	-	Monthly/Quarterly	30 - 180 days
Hedge Funds, long-only equity (e)	5,755,599	-	Quarterly/Annual	60 -180 days
Private equity (f)	69,560,684	19,747,791	N/A	N/A
Real estate (g)	45,308,478	14,232,508	None	None
November 30, 2024				
	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Master Trust Investments				
International equities (a)	\$ 30,229,825	\$ -	Daily/ Quarterly/ Annual	1 - 30 days
Commodities (b)	16,025,673	3,687,646	None	None
Hedge Funds, absolute return (c)	137,435,354	-	Quarterly/Annual/ Monthly	45 - 90 days
Hedge Funds, long/short equity (d)	33,407,391	-	Monthly/ Quarterly	30 - 180 days
Hedge Funds, long-only equity (e)	13,962,982	-	Quarterly/Annual	60 -180 days
Private equity (f)	59,638,444	29,088,720	N/A	N/A
Real estate (g)	42,239,487	18,923,412	None	None

(a) Master Trust, International equities

The Master Trust entered into a subscription agreement with Trinity Street Commingled EAFE Equity Fund, L.P. The objective is to achieve long-term capital appreciation by investing primarily in long positions in publicly traded mid-to large-capitalization companies on an international basis. The Master Trust can redeem from the fund monthly with 30 days' notice.

The Master Trust entered into a subscription agreement with Silchester International Equity Group in June 2019. The investment objective of the fund is to provide for the collective investment and reinvestment of certain assets principally investing in a diversified portfolio of equity securities of companies ordinarily incorporated in any country other than the U.S. The Master Trust can redeem monthly from the fund with 10 days' notice. The Master Trust fully redeemed its investment in July 2025.

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

The Master Trust entered into a subscription agreement with Skerryvore Global Emerging Markets Equity Fund L.P. on March 9, 2021. The fund's objective is to outperform the MSCI Emerging Markets Index. The Master Trust can redeem monthly from the fund with 10 business days redemption notice.

The Master Trust entered into a subscription agreement with Stillbrook Capital on November 1, 2022. The fund's objective is to outperform the MSCI China All Shares Index. The Master Trust can redeem up to 25% of the balance every quarter after a one-year soft lock-up.

The Master Trust entered into a subscription agreement with Sixteenth Street Asian Gems Fund in April 2024. The fund's objective is to achieve long-term capital appreciation by investing in a concentrated portfolio of great businesses across various markets with a focus on South and Southeast Asia. The Master Trust can redeem up to 50% of the balance every year after a two-year lock-up.

The Master Trust entered into a subscription agreement with Westwood Global Investors (WGI) Developed Markets Ex-U.S. Fund, LLC in July 2025. The fund employs a concentrated, benchmark, and style-agnostic strategy that has consistently demonstrated the ability to add alpha relative to the MSCI EAFE Index. The Fund is a pure EAFE portfolio that prioritizes free cash flow and shareholder alignment. The portfolio's articulated objective is to exceed the MSCI EAFE Index by 300 basis points annually. The Master Trust can redeem monthly from the fund with 30 days' notice.

(b) Master Trusts, Commodities

The Master Trust entered into a subscription agreement in March 2019 with Merit Energy Partners K, L.P. The fund's objective is to acquire, operate and develop mature, producing oil and gas assets. The subscription agreement calls for an investment commitment of \$5,000,000. The fund has a 15-year term with a nine-year investment period. The Master Trust has an unfunded commitment of \$608,301 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Solum Partners Fund II-A, L.P. in December 2021. This fund will invest in a portfolio of agricultural-based assets primarily located in North America, South America, Western Europe, Australia, and New Zealand. The partnership has a five-year investment period and 10-year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$412,182 as of November 30, 2025.

The investment purchase agreement with Merit Energy Partners G L.P. was transferred into the Master Trust in December 2022. The partnership was created to manage the remaining, original uncalled commitments of Merit Energy Partners E-1 and F-1, L.P.s. The agreement calls for an investment commitment from the Plan of \$8,600,000. The partnership had a term of 15 years and a call period of six years. The fees are 1.25% on invested capital. Distributions are made annually from available funds generated by the partnership in the following order (1) to the limited partners until their capital balance is reduced to zero; (2) to the general partner until its capital balance is zero; (3) to both the limited and general partners in proportion to relative capital accounts. The Master Trust has fully funded its subscription amount.

The Master Trust entered into a subscription agreement with HitecVision in July 2022 for a \$4,890,837 initial investment. The Fund makes investments in companies focused on the energy transition and decarbonization effort, with a geographical focus on the Nordics and the North Sea Region. The term of the fund is 10 years, with two one-year extensions possible with Limited Partner Advisory Committee approval. The investment period is five years. The Master Trust has an unfunded commitment of \$401,209 as of November 30, 2025.

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

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(c) Master Trust, Hedge funds, absolute return

The Master Trust entered into a subscription agreement with Rivulet Capital Offshore Fund Ltd. in February 2016. The fund attempts to generate attractive risk adjusted absolute returns by opportunistically investing in actively traded corporate equity and debt of consumer related companies. The Master Trust can redeem quarterly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with HG Vora Special Opportunities Fund, Ltd. in February 2019. The fund attempts to generate attractive risk adjusted absolute returns by opportunistically investing in actively traded corporate equity and debt of consumer related companies. The Master Trust can redeem quarterly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with Farallon Capital Offshore, L.P. in February 2016. The fund seeks superior risk adjusted returns through market cycles by focusing on capital appreciation, pursuing fundamental, bottom-up investing, employing niche expertise in corporate events, being a provider of liquidity and dynamically allocating across sectors and geographies. The Master Trust can redeem annually from the fund with 45 days' notice.

The Master Trust entered into a subscription agreement with Pentwater Event Fund, Ltd. in February 2016. The fund aims to identify opportunities to generate superior investment returns and to employ strategies with lower correlation to the market in order to limit downside risk and volatility. The Master Trust can redeem monthly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with King Street Capital, Ltd. in February 2019. The fund attempts to produce attractive, long-term risk-adjusted returns throughout the market cycle while preserving capital and minimizing volatility. The funds primary focus is on global long/short credit and event-driven opportunities. The Master Trust can redeem quarterly from the fund with 65 days' notice.

The Master Trust entered into a subscription agreement with Diameter Offshore Fund, L.P. The fund's objective is to earn superior risk and liquidity-adjusted returns by investing long and short primarily in the credit markets. The Master Trust can redeem from the fund on a quarterly basis with 90 days' notice. The fund has a 12.5% investor level gate.

The Master Trust entered into a subscription agreement with SurgoCap Offshore Fund, L.P. in May 2023. The fund's objective is to earn superior risk and liquidity-adjusted returns by investing long and short primarily in the public markets. The Master Trust can redeem from the fund on a quarterly basis with 65 days' notice. The fund has a 25% investor level gate.

(d) Master Trust, Hedge funds, long/short equity

The Master Trust entered into a subscription agreement with Aleutian Fund Ltd. managed by Alyeska Investment Group in February 2016. The fund's investment objective is to generate long-term capital appreciation using a multi-manager approach to implement a market-neutral, long/short equity portfolio. The Master Trust can redeem monthly from the fund with 90 days' notice.

The Master Trust entered into a subscription agreement with MW Eureka Fund managed by Marshall Wace Funds plc in February 2016. The fund seeks to maximize risk adjusted returns by dynamically allocating capital to diverse, global alpha streams by combining fundamental long/short and quantitative driven strategies. The Master Trust can redeem monthly from the fund with 30 days' notice. The Master Trust fully redeemed its investment as of April 1, 2025.

The Master Trust entered into a subscription agreement with Freshford Partners, L.P. in March 2016. The fund focuses on identifying European small to mid-cap investment ideas that aims to take advantage of the ongoing restructuring in continental Europe. The Master Trust can redeem quarterly from the fund with 180 days' notice.

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(e) Master Trust, Hedge funds, long-only equity

The Master Trust entered into a subscription agreement with Discerene Diakrisis Fund, L.P. in June 2023. The fund's objective is to achieve long-term capital appreciation via investing in global equity markets and avoiding a permanent impairment of capital. The Master Trust can redeem from the fund annually with 180 days' notice. The fund has a 1/3 investor level gate.

The Master Trust entered into a subscription agreement with SRS Long Opportunities LP in June 2024. The fund's objective is to deliver superior relative returns by conducting extensive fundamental research and employing a disciplined investment process in the implementation of a global long equity strategy. The Master Trust can redeem 25% from the fund quarterly with 60 days' notice.

(f) Master Trust, Private equity

The Master Trust entered into a subscription agreement with Genstar Capital Partners IX, L.P. in February 2019. The subscription calls for an investment commitment of \$4,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring middle market businesses in its core verticals: financial services, software, industrial technology and healthcare. The partnership has a 10-year term with a six-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$270,805 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Great Hill Equity Partners VII in February 2019. The company invests in education, finance, healthcare, information technology, consumer internet, digital media, e-commerce, consumer and software industries. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has fully funded its subscription amount as of September 30, 2025.

The Master Trust entered into a subscription agreement with K5 Capital Partners in July 23, 2020. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring lower middle market enterprise software companies. The partnership has a 10-year term with up to three one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$1,169,058 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Tribeca Venture Partners III on May 17, 2021. The company invests in venture capital technology companies based in New York City and the surrounding tristate area (New York, New Jersey and Connecticut). The subscription calls for an investment commitment of \$2,500,000 over a period as determined by the investment manager. The partnership has a 10-year term with up to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$735,906 as of November 30, 2025.

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The Master Trust entered into a subscription agreement with Upfront VII on April 14, 2021. The company invests in venture capital companies in various industries including enterprise software, consumer and digital media. The partnership has a 10-year term with up to two one-year extensions subject to Advisory Board approval. The subscription calls for an investment commitment of \$2,500,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$662,297 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Genstar Capital Partners X, L.P. in March 2021. The subscription calls for an investment commitment of \$2,750,000 over a period as determined by the investment manager. The partnership focuses on acquiring middle market businesses in its core verticals: financial services, software, industrial technology, and healthcare. The partnership has a 10-year term with two one-year extensions with consent of the Advisory Board. The fund has a six-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$65,645 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Lead Edge Capital VI in February 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring early-stage businesses in its core verticals: financial services, software, industrial technology, and healthcare. The partnership has a 10-year term with a five-year investment period. The fund can have two one-year extensions with consent from the Limited Partner Advisory Committee. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$845,592 as of November 30, 2025.

The Master Trust entered into a subscription agreement with LRVHealth II, L.P. in February 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring early-stage businesses in its core verticals of software and healthcare. The partnership has a 10-year term with a six-year investment period, with two one-year extensions possible with consent of the Limited Partner Advisory Committee. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$1,775,000 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Ridge Ventures, L.P. in November 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring early-stage businesses in its core verticals of software and healthcare. The partnership has a 10-year term with a six-year investment period, with two one-year extensions possible with consent of the Limited Partner Advisory Committee. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$2,187,500 as of November 30, 2025.

The subscription agreement with Deerfield Private Design International II, Ltd was transferred into the Master Trust in October 2022. The subscription agreement calls for an investment commitment of \$5,000,000 for a seven-year period. The Master Trust has fully funded its commitment as of November 30, 2021. Capital calls will occur in years one through four and in years five through seven the fund will make distributions. There are certain restrictions on the withdrawals of capital. During 2025, the Master Trust did not make any withdrawals. Capital calls will be funded through the liquidation of assets held by Deerfield International Limited. The investment objective of the fund is to seek capital appreciation primarily through privately negotiated investments in publicly traded and privately held companies in the healthcare industry.

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The subscription agreement with Deerfield Private Design Fund III, L.P. was transferred into the Master Trust in October 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a four-year period. There are certain restrictions on the withdrawals of capital. The Master Trust has funded approximately \$3,420,000 of its subscription amount as of November 30, 2025. The unfunded commitment was \$1,626,575 as of November 30, 2025. The investment objective of the fund is to seek significant returns through long-term capital appreciation, by making, holding and disposing of privately negotiated instruments related to domestic and foreign privately held and publicly traded healthcare companies.

The subscription agreement with Fortress Credit Opportunities Fund (B) L.P., a limited partnership was transferred into the Master Trust in October 2022. The subscription agreement called for an investment commitment of \$5,000,000. Capital is committed for a 10-year period with two one-year extensions at the discretion of the manager. Any return of capital is subject to being recalled during the commitment period. The unfunded commitment as of November 30, 2025 was \$226,819. The investment objective of the fund is to generate current income and long-term capital appreciation through investments in a range of distressed and undervalued credit investments primarily in North America, Western Europe and elsewhere on an opportunistic basis.

The partnership agreement with Mount Kellett Capital Partners II, L.P., a limited partnership was transferred into the Master Trust in October 2022. The subscription agreement calls for an investment commitment of \$3,000,000. The unfunded commitment as of November 30, 2025 was \$69,653. Capital is committed for a period of six years with two one-year extensions, at the discretion of the manager. There are certain restrictions on the withdrawals of capital. The underlying investment strategy of the fund is to focus on making opportunistic investments in debt and equity of private and public companies, bank loans and bonds, distressed and stressed investments, including control positions, single credits, portfolios of corporate loans, consumer receivables, mortgage loans, real estate and real estate related securities. The Master Trust redeemed all but \$81,945 of its investment in 2025.

The subscription agreement with K4 Capital Advisors was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring lower middle market enterprise software companies. The partnership has a 10-year term with a five-year investment period. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$1,251,941 as of November 30, 2025.

The subscription agreement with Park Street Capital Private Equity Fund X, L.P. was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$4,700,000 over a period as determined by the investment manager. The partnership aims to generate long-term returns greater than those available through traditional private equity investing. The partnership will pursue this objective through a diversified portfolio of private equity or equity-oriented fund investments with select managers in the buyout, venture capital and capital restructuring sectors. The partnership is organized as a Delaware limited partnership and has a 12-year term. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$188,000 as of November 30, 2025.

The subscription agreement with Park Street Capital Private Equity Fund XI, L.P. was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$7,000,000 over a period as determined by the investment manager. The partnership aims to generate long-term returns greater than those available through traditional private equity investing. The partnership will pursue this objective through a diversified portfolio of private equity or equity-oriented fund investments with select managers in the buyout, venture capital and capital restructuring sectors. The partnership is organized as a Delaware limited partnership and has a 12-year term. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$595,000 as of November 30, 2025.

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The subscription agreement with RCP SOF II Feeder, L.P. was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership focuses on purchasing interests and one-off positions in North American lower middle market buyout funds. The partnership has a 12-year term with a commitment period of four years. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$51,632 as of November 30, 2025.

The subscription agreement with Freeman Spogli Equity Partners VIII, L.P. was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$7,000,000 over a period as determined by the investment manager. The partnership focuses on investing in consumer and distribution middle market businesses in North America. The partnership has a 10-year term with an investment period of five years. There are limited options for withdrawal of capital prior to the end of the term. The Master Trust has an unfunded commitment of \$770,945 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Great Hill Equity Partners VIII in January 2022. The company invests in Software, Digital Commerce, Financial Technology, Healthcare and Digital Infrastructure industries. The subscription calls for an investment commitment of \$10,000,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$1,879,490 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Uncork Plus III, L.P. in March 2023. The company invests in the consumer brands & services, marketplaces & networks, fintech, frontier technology and B2B software & services within the technology sector. The subscription calls for an investment commitment of \$500,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$111,879 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Uncork Capital VII, L.P. in March 2023. The company invests in the consumer brands & services, marketplaces & networks, fintech, frontier technology and B2B software & services within the technology sector. The subscription calls for an investment commitment of \$500,000 over a period as determined by the investment manager. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$172,500 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Genstar Capital Partners XI, L.P. in March 2023. The subscription calls for an investment commitment of \$2,000,000 over a period as determined by the investment manager. The partnership focuses on acquiring middle market businesses in its core verticals: financial services, software, industrial technology, and healthcare. The partnership has a 10-year term with two one-year extensions with consent of the Advisory Board. The fund has a six-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$1,741,597 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Clayton, Dubilier & Rice Fund XII, L.P. in December 2022. The subscription calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership seeks significant, long-term capital appreciation by primarily making control-oriented investments in equity, equity-related and other securities and obligations of businesses operating in North America and Western Europe, and also to make growth equity investments, Credit Investments and minority investments in private and publicly traded companies (including PIPEs (private investments in public equity)). The partnership has a 10-year term with three one-year extensions with consent of the Advisory Committee. The fund has a five-year investment period. The agreement also has certain restrictions on the withdrawal of capital and limited liquidity options. The Master Trust has an unfunded commitment of \$3,349,957 as of November 30, 2025.

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(g) Master Trust, Real Estate

The Master Trust entered into a subscription agreement with Shorenstein Realty Investors XII, L.P. in February 2019. The Master Trust agreed to make a commitment of \$5,000,000. The partnership makes investments in office buildings and mixed use projects with significant office components in the U.S. and on occasion will take on development projects. The partnership has a 15-year term. There are limited liquidity options. The Master Trust has an unfunded commitment of \$167,002 as of November 30, 2025.

The Master Trust entered into a subscription agreement with WHI Real Estate Partners V in October 2019. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by WHI Real Estate Partners. WHI Real Estate Partners specializes in repositioning middle-market real estate assets. The Master Trust has an unfunded commitment of \$500,749 as of November 30, 2025.

The Master Trust entered into a subscription agreement with AG Net Lease Realty in December 2019. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by AG Net Lease Realty. AG Net Lease Realty provides real estate sale-leaseback financing to less-than-investment grade owner-occupiers of corporate real estate. The Master Trust has an unfunded commitment of \$350,000 as of November 30, 2025.

The Master Trust entered into a subscription agreement with DRA Growth and Income Fund X in May 2019. The subscription calls for an investment commitment of \$4,900,000 over a period determined by the investment manager. The partnership will invest in a diversified portfolio of office, retail, multi-family, industrial and other real-estate related properties and assets across the U.S. and its territories. The partnership is organized as a Delaware limited partnership and has a 10-year term subject to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$513,210 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Abacus Multi-Family Partners Funds V in 2020. This fund will invest in a portfolio of multi-family properties across the U.S. The partnership has a three-year investment period and seven-year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$110,063 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Stonepeak Infrastructure Fund IV on February 4, 2021. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. The partnership will invest in a diversified portfolio of infrastructure assets (power, renewables, utilities, midstream, communications, water and transportation sectors) located in North America. The partnership is organized as a Delaware limited partnership and has a 12-year term subject to three additional one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$1,653,364 as of November 30, 2025.

The Master Trust entered into a subscription agreement with Panco Strategic Real Estate Fund V in October 2021. This fund will invest in a portfolio of multi-family properties across the U.S. The partnership has a three-year investment period and seven-year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has fully funded its subscription amount in 2024.

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The Master Trust entered into a subscription agreement with Abacus Multi-Family Partners Fund VI in March 2022. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by the investment manager. This fund will invest in a portfolio of multi-family properties across the United States. The partnership has a three-year investment period and eight-year term, with up to two one-year extensions subject to General Partner and Limited Partner Advisory Committee approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$1,301,370 as of November 30, 2025.

The investment purchase agreement with LS Real Estate Recovery Trust, a limited partnership was transferred into the Master Trust in October 2022. The subscription agreement calls for an investment commitment of \$2,500,000. The Master Trust has funded its subscription amount as of November 30, 2020. The Master Trust redeemed all but \$5,294 of its investment in 2025.

The subscription agreement with Abacus Multi-Family Partners IV was transferred into the Master Trust in December 2022. The Plan made a \$5,000,000 commitment to the investment manager. This fund will invest in a portfolio of multi-family properties across the U.S. The partnership has a three-year investment period and seven-year term, with up to two one-year extensions subject to Advisory Board approval. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$268,200 as of November 30, 2025.

The subscription agreement with DRA Growth and Income Fund VIII was transferred into the Master Trust in December 2022. The subscription calls for an investment commitment of \$4,000,000 over a period determined by the investment manager. The partnership will invest in a diversified portfolio of office, retail, multi-family, industrial and other real-estate related properties and assets across the United States and its territories. The partnership is organized as a Delaware limited partnership and has a 10-year term subject to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$82,963 as of November 30, 2025.

The subscription agreement with SRI Eight REIT was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a period as determined by the trust manager. The trust aims to invest in high-quality office buildings in major U.S. markets with demonstrated and sustainable leasing advantages over their competition. The trust is organized as a Delaware limited partnership. The agreement also has certain restrictions on the withdrawal of capital. The trust's term is 15 years subject to five one-year extensions. The trust manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$186,003 as of November 30, 2025.

The subscription agreement with SRI Nine REIT was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$2,000,000 over a period as determined by the trust manager. The investment commitment was reduced during 2018 to \$1,757,565. The trust aims to invest in high-quality office buildings in major U.S. markets with demonstrated and sustainable leasing advantages over their competition. The trust is organized as a Delaware limited partnership. The agreement also has certain restrictions on the withdrawal of capital. The trust's term is 15 years subject to five one-year extensions. The trust manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$8,118 as of November 30, 2025.

The subscription agreement with SRI Ten REIT was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a period as determined by the trust manager. The trust aims to invest in high-quality office buildings in major U.S. markets with demonstrated and sustainable leasing advantages over their competition. The trust is organized as a Delaware limited partnership. The agreement also has certain restrictions on the withdrawal of capital. The trust's term is 15 years subject to five one-year extensions. The trust manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$374,464 as of November 30, 2025.

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The subscription agreement with SRI Eleven REIT was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a period as determined by the trust manager. The trust aims to invest in high-quality office buildings in major U.S. markets with demonstrated and sustainable leasing advantages over their competition. The trust is organized as a Delaware limited partnership. The agreement has certain restrictions on the withdrawal of capital. The trust's term is 15 years subject to five one-year extensions. The trust manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$233,015 as of November 30, 2025.

The subscription agreement with TIFF Real Estate Partners I was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$9,000,000. The fund comprises two classes of interest: members and FAI REP I Carry, LLC (carried interest member), both of which receive distributions and allocations of profits and losses as determined by the subscription agreement. The fund invests primarily in real estate investment partnerships, real estate investment trusts (REITs) and investment funds. There are certain restrictions on the withdrawals of capital. The Master Trust has an unfunded commitment of \$1,186,036 as of November 30, 2025.

The subscription agreement with TIFF Real Estate Partners II was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$6,000,000. The fund comprises two classes of interest: members and REP II Carry, LLC (carried interest member), both of which receive distributions and allocations of profits and losses as determined by the subscription agreement. The fund invests primarily in other real estate investment partnerships, REITs and investment funds. There are certain restrictions on the withdrawals of capital. The Master Trust has an unfunded commitment of \$349,504 as of November 30, 2025.

The agreement with WHI Real Estate Partners IV-TE was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by WHI Real Estate Partners. WHI Real Estate Partners specializes in repositioning middle-market real estate assets. The Master Trust has an unfunded commitment of \$927,902 as of November 30, 2025.

The subscription agreement with JBG Investment Fund VII, LLC was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$2,000,000 over a period as determined by the investment manager. The partnership will pursue new real estate investment and development opportunities in office, residential, retail, hotel and/or land acquisitions in the Washington, D.C. standard metropolitan statistical area. The partnership has a 10-year term with three one-year extension options. The partnership has a three-year investment period. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has fully funded its subscription amount as of November 30, 2017.

The subscription agreement with JBG Investment Fund VIII, LLC was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a period as determined by the investment manager. The partnership will pursue new real estate investment and development opportunities in office, residential, retail, hotel and/or land acquisitions in the Washington, D.C. standard metropolitan statistical area. The partnership has a 10-year term with three one-year extension options. The partnership has a three-year investment period. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partnerships such as the Plan. The Master Trust has an unfunded commitment of \$594,000 as of November 30, 2025.

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The subscription agreement with JBG Investment Fund IX, LLC was transferred into the Master Trust in December 2022. The subscription agreement calls for an investment commitment of \$4,000,000 over a period as determined by the investment manager. The fund invests in entities, which directly or indirectly develop, own and operate commercial office building, hotels, retail shopping centers, residential rental buildings and residential for sale townhomes/condominiums/single-family homes in the Washington, D.C. metropolitan area. The partnership is organized as a Delaware limited partnership with a term to continue until August 2024 with five one-year extensions but not to extend beyond August 2029. The Master Trust has an unfunded commitment of \$98,000 as of November 30, 2025.

The subscription agreement with Stonepeak Infrastructure Fund III was transferred into the Master Trust in December 2022. The Plan made an investment commitment of \$6,000,000 to the fund. The partnership will invest in a diversified portfolio of infrastructure assets (power, renewables, utilities, midstream, communications, water and transportation sectors) located in North America. The partnership has a five-year investment period and 12-year term subject to three additional one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The Master Trust has an unfunded commitment of \$553,020 as of November 30, 2025.

The Master Trust entered into a subscription agreement with DRA Growth and Income Fund XI in October 2022. The subscription calls for an investment commitment of \$5,000,000 over a period determined by the investment manager. The partnership will invest in a diversified portfolio of office, retail, multi-family, industrial and other real-estate related properties and assets across the United States and its territories. The partnership is organized as a Delaware limited partnership and has a 10-year term subject to two one-year extensions. The agreement also has certain restrictions on the withdrawal of capital. The investment manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$2,791,509 as of November 30, 2025.

The Master Trust entered into a subscription agreement with SRI 14 L.P. in April 2022. The subscription agreement calls for an investment commitment of \$5,000,000 over a period as determined by the trust manager. The trust aims to invest in high-quality office buildings in major U.S. markets with demonstrated and sustainable leasing advantages over their competition. The trust is organized as a Delaware limited partnership. The agreement has certain restrictions on the withdrawal of capital. The trust's term is 10 years subject to two one-year extensions. The trust manager has sole discretion to grant withdrawals to limited partners such as the Plan. The Master Trust has an unfunded commitment of \$1,984,016 as of November 30, 2025.

6. Concentrations

As of November 30, 2025 and 2024, the Plan had investments of \$535,087,716 and \$530,013,309, respectively, that were concentrated in the Master Trust.

7. Information Certified by Trustee

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. Accordingly, Northern Trust Company and Aetna Life Insurance Company, the Trustees of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of November 30, 2025 and 2024 and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended November 30, 2025 and 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate qualified institutions.

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8. Plan Termination

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

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

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

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

9. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Northern Trust Company (Northern Trust). Contributions are held and managed by Northern Trust, who invests cash received, interest and dividend income and makes distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA. Aetna Life Insurance Company (Aetna) is the Trustee of the Plan's unallocated insurance company fund. Effective March 1, 2025, the Plan discontinued its contract with Aetna.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Employers. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

10. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Employers by a letter dated March 10, 2014 that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

Yale-New Haven Hospital Cash Account Pension Plan

Notes to Financial Statements

November 30, 2025 and 2024

11. Risks and Uncertainties

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.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective April of 1957, and was recently restated and is generally effective December 1, 2016.

In September of 2016, Lawrence & Memorial Hospital ("L&M") became affiliated with Yale New Haven Health System. Subsequently, any L&M employees who become employed by Yale New Haven Health System, Yale New Haven Hospital, Inc., Northeast Medical Group, Inc. or any other participating employer will become participants in the plan and receive credit for prior service for purposes of vesting, eligibility, and determining the amount of their annual credit. As of January 1, 2017, certain L&M employees were employed by one of the plan's participating employers and became plan participants.

The Hospital has amended the Yale-New Haven Hospital Cash Account Pension Plan to freeze benefit accruals effective November 30, 2024 and to immediately vest all active participants on the freeze date.

The following plan provisions reflect amendments effective through November 30, 2024.

Covered employees	All employees are eligible to participate under the plan after completing 1,000 hours of service in a year. If an employee does not complete 1,000 hours in the 12-month period beginning on date of hire, plan years are used thereafter to determine whether 1,000 hours were credited.
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Participation date	Date of becoming a covered employee. No employees will participate in the plan if they did not meet the eligibility requirements of a covered employee on or before November 30, 2024.
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Definitions

Vesting service	Prior to December 1, 1975, vesting service was determined under the prior plan. Beginning December 1, 1975, a year of Vesting Service is earned for each Plan Year in which the participant completes at least 1,000 hours of service. Effective November 30, 2024, all participants are immediately vested.
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Pension service	Credited Service between December 1, 1970 and November 30, 1974, is calculated in the same method as Vesting Service. Beginning December 1, 1975 and ending November 30, 1991, a full year of service is credited if the participant completes 2,000 or more hours of service. If the hours of service are less than 2,000 but greater
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SCHEDULE SB ATTACHMENTS

than 1,000, a partial year of Credited Service will be earned based on the ratio of hours of service to 2,000.

Definitions, continued

Pension service, continued	For plan years beginning December 1, 1991, a full year of service is credited if the participant completes 1,000 or more hours of service. In the year of retirement, a partial year of credited service will be earned based on the ratio of hours of service (up to 1,000) to 1,000. The grandfathered provisions continue to credit service under pre-December 1, 1991 definition. Credited service is frozen effective November 30, 2024.
Pensionable pay	Total earnings as reported for federal income tax purposes, excluding severance payments, workers compensation payments, terminal paid time off, and payments made from a long-term disability plan. Compensation is limited to \$200,000 (indexed beginning in 2002). Pay earned after November 30, 2024 is excluded.
Normal retirement date (NRD)	The first of the month coincident with or next following the later of age 65 and the fifth anniversary of participation.
Pension benefit	The greatest of the following three benefits: 1) Cash balance account, which is equal to the initial account value increased by annual credits and interest credits; 2) Prior plan benefit as of November 30, 1991; 3) Grandfathered benefit (if applicable).

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.

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**Deferred vested
termination**

Termination for reasons other than death or retirement after completing three years of vesting service.

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Eligibility for Benefits, Continued

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with three years of vesting service.

Grandfathered benefit Employees with five years of credited service and 60 points as of December 1, 1991.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD.

Early retirement The greatest of the following three benefits:

- 1) Cash balance account as of early retirement date;
- 2) Prior plan benefit as of November 30, 1991, reduced 0.5% for each month that early retirement date precedes the first of the month following age 65;
- 3) Grandfathered benefit (if applicable) reduced 0.5% for each month that early retirement date precedes the first of the month following age 65.

Postponed retirement Accrued benefit as of the late retirement date.

Deferred vested termination The termination benefit is equal to the normal retirement benefit as of the termination date. Participants may elect to receive a lump sum immediately, or defer commencement until early or normal retirement age.

Preretirement death The beneficiary is entitled to 50% of the participant's account balance.

Other Plan Provisions

Forms of payment The normal form of payment is a life annuity for single participants and a 50% joint and survivor annuity for married participants. Optional forms of payment are actuarially equivalent to the normal form of payment. The optional forms of payment are: lump sum, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and

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survivor annuity. Additional optional forms are available on benefits accrued as of November 30, 1991.

Other Plan Provisions, Continued

Initial cash balance account Age 65 accrued benefits as of November 30, 1991 were converted to lump sums using the following basis:

Interest

7.00% pre-65, 8.50% post-65.

Mortality

UP84, post-65 only.

Cash account annual credits A percentage of salary is credited to participants who work 1,000 hours or retire during a plan year. Effective November 30, 2024, no additional cash account credits will be credited. Accrual rates are shown in the table below.

Prior to January 1, 2014		
Annual Credit		
Years of Service	All participants hired prior to 12/1/2011 other than NEMG	NEMG and New Hires on or after 12/1/2011
0 – 4	4.0%	3.0%
5 – 9	4.0%	4.0%
10 - 14	5.0%	5.0%
15 - 19	6.0%	6.0%
20 - 24	8.0%	7.0%
25+	8.0%	8.0%

Effective January 1, 2014			
Annual Credit			
Years of Service	All participants hired prior to 12/1/2011 other than NEMG and Grandfathered Participants	NEMG and New Hires on or after 12/1/2011	Grandfathered Participants
0 – 4	2.0%	1.5%	4.0%
5 – 9	2.0%	2.0%	4.0%
10 – 14	2.5%	2.5%	5.0%
15 – 19	3.0%	3.0%	6.0%
20 – 24	4.0%	3.5%	8.0%
25+	4.0%	4.0%	8.0%

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Other Plan Provisions, Continued

Cash account interest credits	20-year Treasury rates for the month of October immediately preceding the Plan year (not less than 3.80%).
Grandfather benefit	1.4% of Final Average Compensation times Credited Service up to 10 years plus 1.7% of Final Average Compensation times Credited Service in excess of 10 years. Credited Service limited to 30 years. Final Average Compensation is the highest 60 consecutive months out of the 120 months preceding termination.
Pension increases	None.
Plan participants' contributions	Not required.
Limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

Other than the amendments detailed in the Changes in Benefits Valued Since Prior Year section below, no future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

The Hospital has amended the Yale-New Haven Hospital Cash Account Pension Plan to freeze benefit accruals effective November 30, 2024 and to immediately vest all active participants on the freeze date.

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Schedule SB, Line 26a - Schedule of Active Participant Data as of December 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

All monetary amounts shown in US Dollars

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39		
Under 25	265	198	49	8	8	2	0	0	0	0	0	0	0	530
	61,652	64,962	53,948	61,642	47,407	41,352	0	0	0	0	0	0	0	61,884
25-29	325	408	399	299	200	229	0	0	0	0	0	0	0	1,860
	63,349	69,686	73,599	79,661	74,544	82,018	0	0	0	0	0	0	0	73,062
30-34	295	349	282	260	288	885	143	3	0	0	0	0	0	2,505
	80,351	80,051	81,525	89,867	94,358	89,034	88,586	76,144	0	0	0	0	0	86,572
35-39	196	250	249	201	206	747	604	123	2	0	0	0	0	2,578
	73,303	93,874	92,098	97,193	103,827	97,420	97,293	98,136	94,957	0	0	0	0	95,225
40-44	138	153	143	121	145	485	493	246	66	3	0	0	0	1,993
	74,173	84,993	87,352	96,443	113,792	105,607	107,731	108,734	105,280	72,870	0	0	0	101,429
45-49	90	133	105	98	124	399	458	214	191	41	1	0	0	1,854
	55,497	81,786	92,143	89,694	101,069	112,335	116,098	124,501	125,802	116,759	59,734	0	0	108,081
50-54	77	96	113	91	105	332	510	213	223	121	43	8	0	1,932
	65,959	101,765	98,286	109,290	108,942	110,115	117,148	134,981	124,012	124,825	128,986	123,052	0	114,743
55-59	63	97	71	75	90	284	531	205	185	101	124	57	5	1,888
	64,086	109,857	84,900	101,428	97,961	110,566	118,594	123,217	125,599	126,740	119,637	129,695	146,147	114,287
60-64	29	51	57	50	65	262	514	144	134	91	98	109	40	1,644
	74,028	83,790	80,839	104,362	104,188	114,491	110,562	114,171	113,142	120,677	127,289	133,477	125,098	112,199
65-69	47	34	20	13	17	114	267	74	63	33	42	51	62	837
	62,616	83,132	80,948	106,830	88,948	102,796	106,523	109,029	114,757	124,247	122,313	127,552	131,512	107,101
70 & over	36	14	12	12	9	43	94	21	12	6	14	5	22	300
	51,895	100,067	104,938	57,593	45,883	76,119	99,187	84,247	113,956	64,874	109,947	116,913	133,627	89,396
Total	1,561	1,783	1,500	1,228	1,257	3,782	3,614	1,243	876	396	322	230	129	17,921
	68,098	81,609	83,146	91,631	96,926	100,323	109,305	117,441	120,794	122,175	122,956	130,503	130,451	98,876
Average:	Age	45	Number of Participants:			Fully vested			17,921	Males			3,929	
	Service	9				Partially vested			0	Females			13,992	

Census data as of December 1, 2024

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan

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Plan Sponsor: Yale-New Haven Hospital, Inc.

Valuation Date: December 1, 2024

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Schedule SB, Line 26a - Schedule of Active Participant Data as of December 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	160	263	2	0	0	0	0	0	0	0	425
	271	1,231	-	-	-	-	-	-	-	-	879
25-29	234	1,303	229	0	0	0	0	0	0	0	1,766
	292	2,674	7,409	-	-	-	-	-	-	-	2,972
30-34	186	1,178	885	143	3	0	0	0	0	0	2,395
	355	3,324	9,969	18,153	-	-	-	-	-	-	6,464
35-39	121	900	743	604	123	2	0	0	0	0	2,493
	378	3,665	11,873	24,134	40,157	-	-	-	-	-	12,745
40-44	96	559	483	492	246	66	3	0	0	0	1,945
	357	3,926	13,087	27,031	49,593	64,601	-	-	-	-	19,794
45-49	51	457	398	456	213	191	41	1	0	0	1,808
	284	3,803	13,833	28,646	56,263	82,628	100,143	-	-	-	28,915
50-54	51	398	331	509	211	223	121	43	8	0	1,895
	397	4,170	13,871	28,827	61,311	85,812	112,634	146,920	-	-	39,063
55-59	30	332	284	531	204	185	101	124	57	5	1,853
	1,564	3,691	12,570	28,981	57,590	82,869	116,044	149,947	187,330	-	48,076
60-64	18	222	262	514	144	134	91	98	109	40	1,632
	-	3,928	13,694	28,028	55,055	86,226	106,826	158,285	203,009	206,718	57,590
65-69	15	80	114	267	74	63	33	42	51	62	801
	-	3,962	13,309	28,476	55,122	78,990	120,362	166,554	203,027	281,511	71,572
70 & over	6	46	43	94	21	12	6	14	5	22	269
	-	5,169	16,263	26,946	49,683	-	-	-	-	330,195	61,543
Total	968	5,738	3,774	3,610	1,239	876	396	322	230	129	17,282
	453	3,358	11,961	27,185	54,027	82,124	110,760	154,384	197,512	261,778	27,464

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month August
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.04%	5.04%
• Second segment rate	5.32%	5.32%
• Third segment rate	5.59%	5.33%
• Effective interest rate	5.40%	5.30%

Annual rates of increase:

- Compensation N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Cost of living adjustments None

Interest crediting rate for account balances:

- 2024 plan year 4.44%
- All subsequent years 5.00%

Plan-related expenses The amount included this year for plan-related expenses is \$4,900,000.

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Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality For All Participants
Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generationa] projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination Representative termination rates
Select Termination Rates for <5 Years of Service

Completed Years	Male & Female
1	0.1300
2	0.1300
3	0.1100
4	0.1000

Ultimate Termination Rates $\geq$ 5 Years of Service

Attained Age	Male & Female
20	0.1300
25	0.1130
30	0.1050
35	0.0740
40	0.0610
45	0.0500
50	0.0410
55 and over	0.0410

Disability None (included in termination and retirement rates).

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Retirement

Active participants were assumed to retire based upon the following rates:

Age	Male & Female
55-61	0.0400
62-63	0.0700
64	0.0900
65	0.1700
66	0.1900
67	0.2200
68-74	0.1900
75	1.0000

Benefit commencement ages

For deferred participants, post-11/30/1991 terminations are assumed to commence at age 62, and pre-11/30/1991 terminations are assumed to commence at age 65.

For active participants, 40% are assumed to commence immediately upon termination, 60% are assumed to defer to age 62.

Form of payment

Active participants are assumed to elect lump sums. For deferred participants, post-11/30/1991 terminations are assumed to elect lump sums, and pre-11/30/1991 terminations are assumed to elect annuities. Grandfather benefit lump sums were valued using the substitution of annuity form under IRS Proposed Regulation 1.430(d)-1(f)(4).

Percent married

It is assumed that 80% of all active and terminated vested employees are married.

Spouse age

Females are assumed to be 3 years younger than males.

Covered pay

Compensation assumed paid in the current year beginning on the valuation date is the previous years' pensionable earnings projected with salary scale.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Yale New Haven Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

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Sources of Data and Other Information

The plan sponsor furnished participant data as of 12/1/2024, from the WTW pension administration system and Aetna. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. A summary of the assumptions made for missing or apparently inconsistent data elements was provided to Yale New Haven Hospital in our data questions exhibit dated April 24, 2025. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Schedule SB, Line 32
Schedule of Amortization Bases
as of December 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	12/01/2024	46,337,673	15.00000	46,337,673	4,321,698
Shortfall	12/01/2023	27,687,925	14.00000	25,960,545	2,535,680
Total				72,298,218	6,857,378

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Schedule SB, Line 24 Change in Actuarial Assumptions

- The amount included for plan-related expenses was changed from \$5,000,000 to \$4,900,000.
- The cash balance interest crediting rate changed from 5.13% for the 2023 plan year to 4.44% for the 2024 plan year.
- The long term cash balance interest crediting rate changed from 4.25% to 5.00%.

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Schedule SB, Line 26a - Schedule of Active Participant Data as of December 1, 2024

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

All monetary amounts shown in US Dollars

Attained Age	Attained Years of Credited Service ¹												40 & Over	Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39		
Under 25	265	198	49	8	8	2	0	0	0	0	0	0	0	530
	61,652	64,962	53,948	61,642	47,407	41,352	0	0	0	0	0	0	0	61,884
25-29	325	408	399	299	200	229	0	0	0	0	0	0	0	1,860
	63,349	69,686	73,599	79,661	74,544	82,018	0	0	0	0	0	0	0	73,062
30-34	295	349	282	260	288	885	143	3	0	0	0	0	0	2,505
	80,351	80,051	81,525	89,867	94,358	89,034	88,586	76,144	0	0	0	0	0	86,572
35-39	196	250	249	201	206	747	604	123	2	0	0	0	0	2,578
	73,303	93,874	92,098	97,193	103,827	97,420	97,293	98,136	94,957	0	0	0	0	95,225
40-44	138	153	143	121	145	485	493	246	66	3	0	0	0	1,993
	74,173	84,993	87,352	96,443	113,792	105,607	107,731	108,734	105,280	72,870	0	0	0	101,429
45-49	90	133	105	98	124	399	458	214	191	41	1	0	0	1,854
	55,497	81,786	92,143	89,694	101,069	112,335	116,098	124,501	125,802	116,759	59,734	0	0	108,081
50-54	77	96	113	91	105	332	510	213	223	121	43	8	0	1,932
	65,959	101,765	98,286	109,290	108,942	110,115	117,148	134,981	124,012	124,825	128,986	123,052	0	114,743
55-59	63	97	71	75	90	284	531	205	185	101	124	57	5	1,888
	64,086	109,857	84,900	101,428	97,961	110,566	118,594	123,217	125,599	126,740	119,637	129,695	146,147	114,287
60-64	29	51	57	50	65	262	514	144	134	91	98	109	40	1,644
	74,028	83,790	80,839	104,362	104,188	114,491	110,562	114,171	113,142	120,677	127,289	133,477	125,098	112,199
65-69	47	34	20	13	17	114	267	74	63	33	42	51	62	837
	62,616	83,132	80,948	106,830	88,948	102,796	106,523	109,029	114,757	124,247	122,313	127,552	131,512	107,101
70 & over	36	14	12	12	9	43	94	21	12	6	14	5	22	300
	51,895	100,067	104,938	57,593	45,883	76,119	99,187	84,247	113,956	64,874	109,947	116,913	133,627	89,396
Total	1,561	1,783	1,500	1,228	1,257	3,782	3,614	1,243	876	396	322	230	129	17,921
	68,098	81,609	83,146	91,631	96,926	100,323	109,305	117,441	120,794	122,175	122,956	130,503	130,451	98,876
Average:	Age	45	Number of Participants:			Fully vested			17,921	Males			3,929	
	Service	9				Partially vested			0	Females			13,992	

Census data as of December 1, 2024

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan

EIN / PN: 06-0646652/001

Plan Sponsor: Yale-New Haven Hospital, Inc.

Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of December 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	160	263	2	0	0	0	0	0	0	0	425
	271	1,231	-	-	-	-	-	-	-	-	879
25-29	234	1,303	229	0	0	0	0	0	0	0	1,766
	292	2,674	7,409	-	-	-	-	-	-	-	2,972
30-34	186	1,178	885	143	3	0	0	0	0	0	2,395
	355	3,324	9,969	18,153	-	-	-	-	-	-	6,464
35-39	121	900	743	604	123	2	0	0	0	0	2,493
	378	3,665	11,873	24,134	40,157	-	-	-	-	-	12,745
40-44	96	559	483	492	246	66	3	0	0	0	1,945
	357	3,926	13,087	27,031	49,593	64,601	-	-	-	-	19,794
45-49	51	457	398	456	213	191	41	1	0	0	1,808
	284	3,803	13,833	28,646	56,263	82,628	100,143	-	-	-	28,915
50-54	51	398	331	509	211	223	121	43	8	0	1,895
	397	4,170	13,871	28,827	61,311	85,812	112,634	146,920	-	-	39,063
55-59	30	332	284	531	204	185	101	124	57	5	1,853
	1,564	3,691	12,570	28,981	57,590	82,869	116,044	149,947	187,330	-	48,076
60-64	18	222	262	514	144	134	91	98	109	40	1,632
	-	3,928	13,694	28,028	55,055	86,226	106,826	158,285	203,009	206,718	57,590
65-69	15	80	114	267	74	63	33	42	51	62	801
	-	3,962	13,309	28,476	55,122	78,990	120,362	166,554	203,027	281,511	71,572
70 & over	6	46	43	94	21	12	6	14	5	22	269
	-	5,169	16,263	26,946	49,683	-	-	-	-	330,195	61,543
Total	968	5,738	3,774	3,610	1,239	876	396	322	230	129	17,282
	453	3,358	11,961	27,185	54,027	82,124	110,760	154,384	197,512	261,778	27,464

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan

EIN / PN: 06-0646652/001

Plan Sponsor: Yale-New Haven Hospital, Inc.

Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	34,931,714	28,283,938	5,546,659	68,762,311
2025	30,334,566	1,940,821	5,466,768	37,742,155
2026	30,821,140	2,665,144	5,296,733	38,783,017
2027	31,607,879	2,400,587	5,119,772	39,128,238
2028	30,762,801	2,226,694	4,936,057	37,925,552
2029	32,174,449	4,300,619	4,745,605	41,220,673
2030	32,125,897	3,607,608	4,548,374	40,281,879
2031	32,694,327	3,420,350	4,344,400	40,459,077
2032	32,732,258	2,970,366	4,133,896	39,836,520
2033	32,253,428	2,467,991	3,917,304	38,638,723
2034	31,417,039	2,782,163	3,695,317	37,894,519
2035	30,893,207	3,564,218	3,468,872	37,926,297
2036	29,845,038	2,797,497	3,239,145	35,881,680
2037	28,242,204	3,443,197	3,007,542	34,692,943
2038	28,805,443	3,670,026	2,775,661	35,251,130
2039	27,633,901	3,960,921	2,545,215	34,140,037
2040	26,940,695	3,580,035	2,317,956	32,838,686
2041	25,755,207	4,512,880	2,095,661	32,363,748
2042	24,662,199	3,452,700	1,880,076	29,994,975
2043	24,099,788	4,262,145	1,672,900	30,034,833
2044	23,351,504	5,352,315	1,475,733	30,179,552
2045	22,555,337	5,343,469	1,290,026	29,188,832
2046	23,664,102	6,093,060	1,117,033	30,874,195
2047	21,543,486	5,794,797	957,751	28,296,034
2048	21,172,450	5,319,270	812,880	27,304,600
2049	20,010,646	4,109,070	682,791	24,802,507
2050	19,268,380	3,558,307	567,502	23,394,189
2051	18,068,482	2,714,009	466,694	21,249,185

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan
EIN / PN: 06-0646652/001
Plan Sponsor: Yale-New Haven Hospital, Inc.
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

2052	15,783,443	2,666,408	379,747	18,829,598
2053	14,494,981	1,243,090	305,801	16,043,872
2054	13,772,050	1,560,319	243,798	15,576,167
2055	11,313,998	865,720	192,545	12,372,263
2056	10,670,033	640,288	150,777	11,461,098
2057	9,040,934	494,762	117,208	9,652,904
2058	7,344,049	395,705	90,585	7,830,339
2059	6,213,058	101,584	69,728	6,384,370
2060	5,057,034	168,836	53,561	5,279,431
2061	3,805,814	16,206	41,137	3,863,157
2062	2,729,753	24,638	31,650	2,786,041
2063	2,078,123	785	24,433	2,103,341
2064	1,563,473	541	18,947	1,582,961
2065	1,135,013	364	14,768	1,150,145
2066	849,429	239	11,571	861,239
2067	673,534	153	9,109	682,796
2068	445,476	95	7,199	452,770
2069	346,871	58	5,707	352,636
2070	231,656	34	4,534	236,224
2071	140,003	20	3,604	143,627
2072	86,371	11	2,866	89,248
2073	56,086	6	2,278	58,370

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan
EIN / PN: 06-0646652/001
Plan Sponsor: Yale-New Haven Hospital, Inc.
Valuation Date: December 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.04	1,000	1.000000	0.040000	2.200000
56	0.04	960	0.960000	0.038400	2.150400
57	0.04	922	0.921600	0.036864	2.101248
58	0.04	885	0.884736	0.035389	2.052588
59	0.04	849	0.849347	0.033974	2.004458
60	0.04	815	0.815373	0.032615	1.956894
61	0.04	783	0.782758	0.031310	1.909929
62	0.07	751	0.751447	0.052601	3.261282
63	0.07	699	0.698846	0.048919	3.081912
64	0.09	650	0.649927	0.058493	3.743579
65	0.17	591	0.591434	0.100544	6.535340
66	0.19	491	0.490890	0.093269	6.155758
67	0.22	398	0.397621	0.087477	5.860930
68	0.19	310	0.310144	0.058927	4.007063
69	0.19	251	0.251217	0.047731	3.293452
70	0.19	203	0.203486	0.038662	2.706358
71	0.19	165	0.164823	0.031316	2.223467
72	0.19	134	0.133507	0.025366	1.826374
73	0.19	108	0.108141	0.020547	1.499910
74	0.19	88	0.087594	0.016643	1.231570
75	1.00	71	0.070951	0.070951	5.321328
Average age at retirement					65.123840
Rounded for Schedule SB item 22					65

Plan Name: Yale- New Haven Hospital Cash Account Pension Plan
 EIN / PN: 06-0646652/001
 Plan Sponsor: Yale-New Haven Hospital, Inc.
 Valuation Date: December 1, 2024

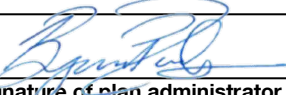
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 12/01/2024 and ending 11/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☒ 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 YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/01/1991
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) YALE-NEW HAVEN HOSPITAL, INC. 20 YORK STREET NEW HAVEN CT 06510-3220
2b	Employer Identification Number (EIN) 06-0646652
2c	Plan Sponsor's telephone number 203-688-2000
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		09/14/26	BENJAMIN TUDOR
	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:	4b EIN
a Sponsor's name c Plan Name	4d PN

5 Total number of participants at the beginning of the plan year	5	21,980
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	6a(1)	17,601
a (2) Total number of active participants at the end of the plan year	6a(2)	15,258
b Retired or separated participants receiving benefits	6b	897
c Other retired or separated participants entitled to future benefits	6c	4,297
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	20,452
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	127
f Total. Add lines 6d and 6e	6f	20,579
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	65
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:

1C 1I

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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 1
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

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 12/01/2024 and ending 11/30/2025

▶ **Round off amounts to nearest dollar.**

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

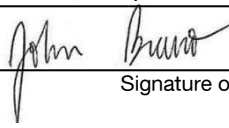
A Name of plan YALE-NEW HAVEN HOSPITAL CASH ACCOUNT PENSION PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF YALE-NEW HAVEN HOSPITAL, INC.	D Employer Identification Number (EIN) 06-0646652
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2024</u>	
2 Assets:	
a Market value	2a <u>539,843,128</u>
b Actuarial value	2b <u>529,127,748</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>919</u> <u>53,700,025</u> <u>53,700,025</u>
b For terminated vested participants	<u>3,492</u> <u>75,882,487</u> <u>75,882,487</u>
c For active participants	<u>17,921</u> <u>447175848</u> <u>447175848</u>
d Total	<u>22,332</u> <u>576758360</u> <u>576,758,360</u>
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 <u>5.40</u> %
6 Target normal cost	
a Present value of current plan year accruals	6a <u>0</u>
b Expected plan-related expenses	6b <u>4,900,000</u>
c Target normal cost	6c <u>4,900,000</u>

Statement by Enrolled Actuary

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

SIGN HERE  Signature of actuary	<u>9/11/2026</u> Date
<u>JOHN BRAVO</u> Type or print name of actuary	<u>26-09069</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>212-915-8888</u> Telephone number (including area code)
<u>PO BOX 674401</u> <u>HOUSTON TX 77267</u> Address of the firm	

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

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

Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	51,056,177
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	28,528,683
9 Amount remaining (line 7 minus line 8)	0	22,527,494
10 Interest on line 9 using prior year's actual return of 9.50 %	0	2,140,112
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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 5.23 %		0
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		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	24,667,606

Part III Funding Percentages

14 Funding target attainment percentage	14	87.46 %
15 Adjusted funding target attainment percentage	15	87.46 %
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	94.63 %
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
08-05-2026	10,000,000				
Totals ►			18(b)	10,000,000	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	9,155,425

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: 5.04 %	2nd segment: 5.32 %	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	4,900,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance 72,298,218	Installment 6,857,378	
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	11,757,378	
35 Balances elected for use to offset funding requirement	Carryover balance 0	Prefunding balance 11,757,378	Total balance 11,757,378
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	9,155,425	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	9,155,425	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	9,155,425	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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