Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE FROZEN PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1966

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)
BRONXCARE HEALTH SYSTEM

1276 FULTON AVENUE
BRONX, NY 10456

2b Employer Identification Number (EIN) 13-1974191

2c Sponsor's telephone number 718-901-8600

2d Business code (see instructions) 622000

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
RETIREMENT PLAN COMMITTEE
1276 FULTON AVENUE
BRONX, NY 10456

3b Administrator's EIN 13-1974191

3c Administrator's telephone number 718-901-8600

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

5a Total number of participants at the beginning of the plan year	**5a**	85
b Total number of participants at the end of the plan year	**5b**	3
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	21
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/13/2026	VICTOR DEMARCO
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 580196. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2543528	57074
b Total plan liabilities	7b	0	
c Net plan assets (subtract line 7b from line 7a)	7c	2543528	57074
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	663769	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	130727	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		794496
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3280803	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	147	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3280950
i Net income (loss) (subtract line 8h from line 8c)	8i		-2486454
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1I 1H

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		147
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [X] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[X] Yes [ ] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	20361
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[X] Yes [ ] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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 [X] No

14b 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

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

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
THE FROZEN PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRONXCARE HEALTH SYSTEM

D Employer Identification Number (EIN)
13-1974191

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2513129
b Actuarial value	**2b**	2513129

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	4	429147	429147
b For terminated vested participants	60	2048301	2048301
c For active participants	21	653970	653970
d Total	85	3131418	3131418

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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

04/22/2026
Date

MICHAEL MASSA
Type or print name of actuary

26-03123
Most recent enrollment number

MASSA & ASSOCIATES, INC.
Firm name

516-678-8000
Telephone number (including area code)

100 NORTH CENTRE AVENUE, SUITE 400
ROCKVILLE CENTRE, NY 11570
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	50625
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	50625
10	Interest on line 9 using prior year's actual return of -2.05 %	0	-1038
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		73785
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 5.01 %		3697
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		77482
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	49587
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.25 %
15	Adjusted funding target attainment percentage	15	80.25 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/28/2025	623396				
10/31/2025	14000				
04/06/2026	19373				
04/07/2026	7000				
			Totals ► 18(b)	663769	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	635511

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	618289	57504
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**	57504

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	57504
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	635511
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	578007
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

BRONXCARE HEALTH SYSTEM
FROZEN PENSION PLAN

EIN: 13-1974191, PN 001
SCHEDULE SB, LINE 26a - SCHEDULE OF ACTIVE PARTICIPANT DATA
AS OF JANUARY 1, 2025

Males and Females

	- - - - - - - - - - - - - - - - - - Years of Service - - - - - - - - - - - - - - - - - -										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	1	0	0	1
55 to 59	0	0	0	0	0	0	2	1	2	0	5
60 to 64	0	0	0	0	0	0	3	2	3	0	8
65 to 69	0	0	0	0	0	0	1	5	0	0	6
70 & up	0	0	0	0	0	0	0	0	0	1	1
Total	0	0	0	0	0	0	6	9	5	1	21

Average age 63.0 Average service 31.8

BRONXCARE HEALTH SYSTEM
FROZEN PENSION PLAN
EIN: 13-1974191, PN 001

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

1. Unit Credit Cost Method

The actuarial accrued liabilities for active and deferred vested participants are determined as the actuarial present value of their accrued benefits. The actuarial accrued liabilities for retired participants and beneficiaries are determined as the actuarial present value of their annuity benefits.

The normal cost for the plan is the actuarial present value of benefits expected to be earned during the year.

2. Actuarial Value of Assets

Valuation assets are equal to the market value of assets as of the valuation date.

BronxCare Health System
Frozen Pension Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. ACTUARIAL ASSUMPTIONS

1. The annual interest discount to the valuation date for each benefit distribution is based on the year of distribution using the table below:

Segment	Years Following the Valuation Date	Segment Rate
First	0 to 5	5.00%
Second	After 5 up to 20	5.27%
Third	After 20	5.50%

2. Mortality rates are based on the Static Mortality Table applicable to this year as defined in Regulations 1.430(h)(3)-1(a)(3) using annuitant and non-annuitant rates.

3. Termination of employment rates are shown for sample ages in Part E.

4. Retirement rates are shown for sample ages in Part E.

5. The form of income is assumed to be life annuity.

6. 80% of participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

C. BASIS FOR ACTUARIAL ASSUMPTIONS

The interest discount is based on the Segment Rates shown in Item 1. These Segment Rates are required by law and regulations. We do not choose these interest rates.

The mortality table used in this valuation, indicated in Item 2 is required by law and regulations. We did not choose this table.

Actuarial assumptions other than shown in Item 1 and 2 were chosen by us based on experience of this plan.

D. REVISIONS TO ACTUARIAL ASSUMPTIONS

The interest discount and the mortality table were changed as required by the Pension Protection Act.

BronxCare Health System
Frozen Pension Plan
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

E. SAMPLE OF DECREMENT RATES

Annual Termination Rates

Age	Male	Female
20	14.1%	14.1%
25	14.1%	14.1%
30	11.4%	11.4%
35	8.0%	8.0%
40	6.4%	6.4%
45	5.0%	5.0%
50	4.0%	4.0%
55	3.0%	3.0%

Annual Retirement Rates

Age	Rate for All Partic
60-63	5.0%
64	10.0%
65	70.0%
66-68	40.0%
69	50.0%
70	100.0%

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

2025

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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
THE FROZEN PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Bronxcare Health System

D Employer Identification Number (EIN)
13-1974191

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2,513,129
b Actuarial value	**2b**	2,513,129

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	4	429,147	429,147
b For terminated vested participants	60	2,048,301	2,048,301
c For active participants	21	653,970	653,970
d Total	85	3,131,418	3,131,418

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**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	0

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 Michael Massa
Signature of actuary

04/22/2026
Date

MICHAEL MASSA
Type or print name of actuary

2603123
Most recent enrollment number

MASSA & ASSOCIATES, INC.
Firm name

516-678-8000
Telephone number (including area code)

100 NORTH CENTRE AVENUE, SUITE 400

ROCKVILLE CENTRE NY 11570
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	50,625
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9	Amount remaining (line 7 minus line 8)	0	50,625
10	Interest on line 9 using prior year's actual return of -2.05%	0	-1,038
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		73,785
	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 5.01%		3,697
	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		77,482
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	49,587
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.25%
15	Adjusted funding target attainment percentage	15	80.25%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/28/2025	623,396				
10/31/2025	14,000				
04/06/2026	19,373				
04/07/2026	7,000				
			Totals ► 18(b)	663,769	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	635,511

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	67

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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	618,289	57,504
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**	57,504

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	57,504
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	635,511
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	578,007
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

BRONX-LEBANON HOSPITAL CENTER
FROZEN PENSION PLAN

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

EIN: 13-1974191, PN 001

RETIREMENT RATES

Age	Retirement Rate
60	0.05
61	0.05
62	0.05
63	0.05
64	0.10
65	0.70
66	0.40
67	0.40
68	0.40
69	0.50
70	1.00

METHOD USED TO DETERMINE THE WEIGHTED AVERAGE RETIREMENT AGE

The expected retirement age was determined for participants at each age. This was determined as follows: (1) for each possible future retirement age, the future age was multiplied times the probability that retirement would occur at that age, and (2) the expected retirement age for that current age was determined as the sum of the amounts resulting from (1).

The expected retirement age was determined for the plan as follows: (1) for each current participant age, the fraction of the participants at that age was multiplied times expected retirement age for that current age, and (2) the expected retirement age for the plan was determined as the sum of the amounts resulting from (1).

BRONXCARE HEALTH SYSTEM
FROZEN PENSION PLAN

EIN: 13-1974191, PN 001
SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. Effective date of plan provisions

The plan was frozen as of June 30,1998. Both service and final average earnings were frozen as of that date and no participants entered the plan after that date.

2. Definitions

(a) Employee

An individual employed by the Hospital excluding Residents, Interns, Fellows, Per Diem Physicians, Session Physicians and those covered by a collective bargaining agreement.

(b) Basic Monthly Earnings

1/12 of annual wages including bonuses, overtime and amounts contributed to 403(b) and cafeteria plans.

(c) Final Average Earnings

Average of Basic Monthly Earnings during the last 120 consecutive months of Credited Service up to December 31, 1992.

(d) Earnings

1/12 of annual wages in effect on January 1 excluding bonuses and overtime and including amounts contributed to 403(b) and cafeteria plans.

3. Plan Participation

Individuals classified as employees in 2(a) commence Participation on the January 1 or July 1 after completion of 1 year of Eligibility Service.

4. Service for Eligibility and Benefit Accrual

(a) Eligibility Service

A 12 consecutive-month period of employment with the Hospital during which an employee completes at least 1,000 Hours of Service. The first 12 consecutive-month period begins on the date of employment. Subsequent 12 consecutive-month periods begin at the beginning of calendar years starting with the year containing the anniversary of the date of employment.

(b) Vesting Service

A year of Vesting Service is a plan year during which an employee has at least 1,000 Hours of Service. A participant can receive a partial year of Vesting Service if less than 1,000 Hours of Service are completed in the years of employment or termination. Partial years of Vesting Service are based on completed months of employment. Prior to 1976, Vesting Service is based on elapsed time in employment in years and fractions of years.

(c) Credited Service

Credited Service is determined in the same manner as Vesting Service except that no Credited Service is earned during periods when an individual is not classified as an employee in 2(a).

5. Normal Retirement Benefit

(a) Eligibility

Attainment of age 65. An active participant may elect a benefit distribution at Normal Retirement Age.

(b) Amount of Income

The benefit payable at the Normal Retirement Date is a monthly income determined as follows:

(i) Credited Service up to June 30, 1972

1% of Final Average Earnings plus .75% of Final Average Earnings in excess of average Social Security covered earnings (table for 1971) times years of Credited Service up to June 30, 1972.

(ii) Credited Service from July 1, 1972 to December 31, 1988

1% of Final Average Earnings plus .75% of Final Average Earnings in excess of average Social Security covered earnings (table for 1992) times years of Credited Service between July 1, 1972 and December 31, 1988.

(iii) Credited Service from January 1, 1989 to December 31, 1992

1% of Final Average Earnings plus .65% of Final Average Earnings in excess of average Social Security covered earnings (table for 1992) times years of Credited Service between January 1, 1989 and December 31, 1992.

(iv) Credited Service from January 1, 1993 to June 30, 1998

A benefit is earned for each year of participation. It is equal to 1% of Earnings plus .3% of Earnings in excess of average Social Security covered earnings (current table). If a participant is not classified as an active Employee for the entire year, the benefit is reduced by the ratio of the months as an active Employee to 12.

For benefits payable from January 1, 2000, the benefit is increased by changing .3% above to .65%.

6. Early Retirement Benefit

(a) Eligibility

Attainment of age 60 and completion of 15 years of Vesting Service.

(b) Amount of Income

The amount of income determined in 5(b) is reduced 1/180th for each month by which the early retirement date precedes the normal retirement date.

7. Vested Retirement Pension

(a) Eligibility

Completion of 5 years of Vesting Service or attainment of Normal Retirement Age.

(b) Amount of Income

If the participant has at least 15 years of Vesting Service on termination of employment, the retirement benefit can start on the first day of any month after attainment of age 60. Otherwise, the retirement benefit starts on attainment of age 65. The amount of income is determined under 5(b) and 6(b).

8. Pre-Retirement Death Benefit

(a) Eligibility

If a participant dies after becoming vested but before his pension commencement, his surviving spouse, if any, receives a Spouse's Benefit.

(b) Spouse's Benefit

The spouse receives a monthly life annuity commencing on or after the earliest date on which the participant could have retired. The life annuity for the surviving spouse is equal to 1/2 of the monthly benefit that would have been paid to the participant if he had terminated on the date of his death, retired on the date when the survivor benefit commenced, and elected a joint and survivor annuity with 50% to continue to his spouse after his death.

9. Forms of Benefit Payment

(a) Normal Form of Benefit

The Normal Form of Benefit is a monthly life annuity payable only during the lifetime of a participant.

(b) Optional Forms of Benefit

Income under an optional form of benefit is the actuarial equivalent of the benefit payable in the Normal Form. Optional contingent annuitant forms of benefit provide for 50%, 66 2/3%, 75% or 100% continuation to the contingent annuitant. Optional term certain and life forms of benefit provide for a guarantee of 60 or 120 monthly payments.

Conversion factors for the optional forms of payment are based on the UP-84 Mortality Table, mortality rates set back 3 years, and 5.5% interest.

(c) Spouse Consent Requirement

A participant who is married at the time when his benefits commence is deemed to have elected the joint and survivor annuity with 50% continuation to his surviving spouse unless he declines this form of benefit with the consent of his spouse in the manner specified in the plan.

(d) Lump Sum Payment

A participant who is not yet retired may elect a lump sum payment of the full actuarial equivalent of his Normal Retirement Benefit. Lump sum benefits are determined based on interest rates and mortality tables for determining minimum lump sum benefits subject to § 417(e)(3).

CHANGES IN PLAN PROVISIONS SINCE THE PRIOR YEAR

None.

BRONX-LEBANON HOSPITAL CENTER
FROZEN PENSION PLAN
EIN: 13-1974191, PN 001

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

PLAN YEAR COMMENCING JANUARY 1, 2025

Description of Base	First Payment	Initial Amount	Remaining Period	Outstanding Balance	Amort Payment
Shortfall Installment	1/1/25	618,289	15	618,289	57,504
Total				618,289	57,504