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

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
MAIMONIDES MEDICAL CENTER PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1986

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)
MAIMONIDES MEDICAL CENTER

4802 TENTH AVENUE
BROOKLYN, NY 11219-2999

2b Employer Identification Number (EIN) 11-1635081

2c Plan Sponsor's telephone number 718-283-6000

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.	10/14/2026	ED LEGRAND
	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 [X] 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	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1785
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)**	613
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	570
b	Retired or separated participants receiving benefits	**6b**	448
c	Other retired or separated participants entitled to future benefits	**6c**	705
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1723
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	42
f	Total. Add lines **6d** and **6e**.	**6f**	1765
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)**	
g(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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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) [X]	Trust	**(3)** [X]	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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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
MAIMONIDES MEDICAL CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAIMONIDES MEDICAL CENTER

D Employer Identification Number (EIN)
11-1635081

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	155296521
b Actuarial value	**2b**	148674418

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	461	77273552	77273552
b For terminated vested participants	712	47578559	47578559
c For active participants	613	58471059	60325867
d Total	1786	183323170	185177978

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1700000
c Target normal cost	**6c**	1700000

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

09/18/2026
Date

ZORAST WADIA
Type or print name of actuary

26-06860
Most recent enrollment number

MILLIMAN, INC.
Firm name

646-473-3000
Telephone number (including area code)

463 7TH AVENUE
19TH FLOOR
NEW YORK, NY 10018
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.95 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		207
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 5.22 %		11
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		218
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.28 %
15	Adjusted funding target attainment percentage	15	80.28 %
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	84.21 %
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
04/14/2025	1197546				
07/14/2025	1197546				
10/14/2025	1197546				
01/14/2026	1197546				
09/14/2026	997384				
			Totals ► 18(b)	5787568	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	5540152

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1700000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	36503560	3840021
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**	5540021

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

36 Additional cash requirement (line 34 minus line 35)	**36**	5540021
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5540152

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	131
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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

A Name of plan
MAIMONIDES MEDICAL CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MAIMONIDES MEDICAL CENTER

D Employer Identification Number (EIN)
11-1635081

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN, INC.

91-0675641

(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 50	NONE	289988	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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 24 28 50 51	NONE	68243	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(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 50 62	NONE	62277	Yes [ ] No [X]	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)

MCDERMOTT WILL & EMERY LLP

36-1453176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	18445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

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

A Name of plan
MAIMONIDES MEDICAL CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MAIMONIDES MEDICAL CENTER

D Employer Identification Number (EIN)
11-1635081

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: EAFE EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

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)
94-6596958-001	C	30153730

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

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)
94-3302956-001	C	59088498

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG GOVT/CREDIT BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

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)
94-3289737-001	C	54836023

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE AGG BOND INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

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)
46-3063583-001	C	16238040

a Name of MTIA, CCT, PSA, or 103-12 IE: US DEBT INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

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)
94-6589507-001	C	4010447

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)

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

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

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

A Name of plan
MAIMONIDES MEDICAL CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MAIMONIDES MEDICAL CENTER

D Employer Identification Number (EIN)
11-1635081

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)	1743345	2194930
(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)	3546976	4524086
(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)	150028447	164326739
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	155318768	171045755
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	155318768	171045755

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)	5787568	
(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)		5787568
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	79820	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		79820
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	5609930	
(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)		5609930
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16288357	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16288357

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2193
d Total income. Add all **income** amounts in column (b) and enter total	2d		27767868
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10132873	
(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)		10132873
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)	68243	
(6) Bank or trust company trustee/custodial fees	2i(6)	62277	
(7) Actuarial fees	2i(7)	289988	
(8) Legal fees	2i(8)	18445	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1469055	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1908008
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12040881
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15726987
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) [X] 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)** [X] 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586388.

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

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

A Name of plan
MAIMONIDES MEDICAL CENTER PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
MAIMONIDES MEDICAL CENTER

D Employer Identification Number (EIN)
11-1635081

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): 06-6379101

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** 15

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**

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: 53.00 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 44.00 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: 3.00 %

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_____.

Maimonides Medical Center Pension Plan

EIN 11-1635081 PN 005

Independent Auditor's Report, Financial Statements, and Supplemental Schedules

December 31, 2025 and 2024

Maimonides Medical Center Pension Plan
Contents
December 31, 2025 and 2024

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Forvis Mazars, LLP
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Independent Auditor's Report

Plan Administrator
Maimonides Medical Center Pension Plan
Brooklyn, New York

Opinion

We have audited the financial statements of Maimonides Medical Center Pension Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits as of December 31, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Maimonides Medical Center Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Maimonides Medical Center Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Maimonides Medical Center Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Forvis Mazars, LLP

New York, New York
October 9, 2026

Federal Employer Identification Number: 44-0160260

Maimonides Medical Center Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Cash and cash equivalents	$ 4,524,086	$ 3,546,976
Common/collective trust funds	164,326,739	150,028,447
Total Investments	168,850,825	153,575,423
Receivables		
Employer contribution	2,194,930	1,743,345
Total Receivables	2,194,930	1,743,345
Net Assets Available for Benefits	$ 171,045,755	$ 155,318,768

Maimonides Medical Center Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment Income		
Net appreciation in fair value of investments	$ 21,898,286	$ 11,652,921
Interest	82,014	111,557
Net Investment Income	21,980,300	11,764,478
Contributions		
Employer	5,787,568	4,977,177
Total Additions	27,767,868	16,741,655
Deductions		
Benefits paid to participants	10,132,873	15,947,572
Administrative expenses	1,908,008	2,092,782
Total Deductions	12,040,881	18,040,354
Net Change	15,726,987	(1,298,699)
Net Assets Available for Benefits, Beginning of Year	155,318,768	156,617,467
Net Assets Available for Benefits, End of Year	$ 171,045,755	$ 155,318,768

Note 1. Description of the Plan

The following brief description of the Maimonides Medical Center Pension Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement, as amended, for complete information.

General

The Plan was adopted effective January 1, 1966 by Maimonides Medical Center (the Medical Center) and most recently amended effective December 31, 2020. The Plan is a noncontributory defined benefit plan covering certain employees of the Medical Center. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974*, as amended (ERISA).

In August 2020, management decided to freeze the Plan effective December 31, 2020 (the Freeze Date). No new participants will be added on and after the Freeze Date including employees hired prior to the Freeze Date that were not eligible to participate in the Plan prior to the Freeze Date, referred to as the Short Service Employees. Further, all future benefit accruals for the existing participants in the Plan as of January 1, 2019 (Frozen Participants) will cease on and after the Freeze Date. As a result of the freeze, the existing Maimonides Medical Center Tax Deferred Retirement Plan (the Savings Plan) was redesigned as of January 1, 2021, to allow Short Service Employees and Frozen Participants to become eligible and fully vested for employer contributions upon meeting additional eligibility criteria under the Savings Plan.

In 2025, plan sponsor entered into an affiliation and asset transfer agreement with New York City Health and Hospitals Corporation. Upon the closing of this transaction, the name of the plan sponsor will change to MMC Affiliate Services, Inc.

Trustee, Custodian, and Administration of the Plan

The Board of Trustees of the Medical Center serves as the administrator of the Plan.

Bank of America served as trustee and BlackRock held custody of all of the Plan's assets, with the exception of the cash equivalents which were in the custody of Bank of America, for the Plan years ended December 31, 2025 and 2024. BlackRock is the Custodian of the Plan.

Eligibility Requirements

Effective January 1, 2010, certain full-time or part-time employees hired on or after January 1, 2010, shall become eligible to participate in the Plan on the first day of the month upon completion of two years of service.

Prior to January 1, 2010, certain full-time employees or part-time employees scheduled to work at least 50% of the full-time standards were eligible to participate upon completion of the following: either two consecutive months of full-time standard or one year of service. Part-time employees scheduled to work less than 50% of the full-time standard were eligible to participate after completing one year of service.

Effective December 31, 2020, no employees shall become eligible to participate in the Plan.

Vesting

If an employee became a Plan participant before January 1, 2010, they are 100% vested in a benefit under the Plan in any one of the following three ways:

1. Complete two years of service credit; or

2. Complete two years of service, including any related plan service credit; or

3. Be a participant in the Plan on the later of the following dates:

    a) 65th birthday
    b) The fifth anniversary of the date the participation in the Plan began

If an employee became a Plan participant on or after January 1, 2010, they are 100% vested in a benefit upon becoming a participant in the Plan.

Retirement Benefits

A participant's normal retirement income is generally equal to their average compensation (as defined in the Plan document) times the number of years of service times the benefit rate in effect for the related service years (currently 1.76%) less benefits accrued to January 1, 1986, under the terms of a previous plan. Benefit payments can be paid as an annuity or in one lump sum.

Death and Disability Benefits

Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit they have accumulated as of the time they have become disabled. Disability benefits are paid until the earliest of normal retirement date, date of death, or cessation of total disability. If the disability benefits cease on normal retirement age, the disabled participants begin receiving normal retirement benefits.

If a vested participant under the Plan dies prior to commencing their benefit, a death benefit shall be paid to their beneficiary. If the participant is not married or their spouse elects, a non-spouse beneficiary may receive the death benefit. Otherwise, the benefit is paid to the spouse. The benefit is equal to the amount the beneficiary would have received under the 50% joint and survivor annuity form of benefit commencing on the later of (i) the participant's date of death, or (ii) early retirement date had the participant lived until such date and had elected those benefits commence the day preceding the participant's date of death. If participants under the Plan die after commencing their benefit, the benefit payable upon their death is based on the form of payment election made by the participants prior to their commencement date.

Funding Policy

Employer contributions were determined by an independent actuary, Milliman Inc., and represent the annual amount required by ERISA to meet the minimum funding standards. These contributions were funded on or before required dates as set forth by ERISA. The Plan met the ERISA minimum funding requirement for 2025 and 2024. The Medical Center at its option could contribute more than the minimum required.

Note 2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

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

Cash Equivalents

The Plan considers all highly liquid investments with a maturity of 90 days or less when purchased to be cash equivalents. The cash equivalents included in the fair value hierarchy in Note 4 consist of interest-bearing cash and, therefore, have been included as Level 1 investments.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Medical Center determines the Plan's valuation policies utilizing information provided by the investment advisor and the Custodian.

Fair values of collective funds are based on net asset value (NAV), as determined by the collective fund. The NAV is based on the value of the underlying assets owned by the fund, less its liabilities. As fair values of the collective funds are based on NAV, they are not required to be disclosed in the fair value leveling hierarchy. The collective funds pursue multiple strategies to diversify risk and reduce volatility. The holdings include domestic and international equity securities and fixed income securities. None of the holdings have liquidity restrictions or unfunded commitments.

While the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of trustee fees for investments, Pension Benefit Guaranty Corporation (PBGC) fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Medical Center on behalf of the Plan. Expenses that are paid directly by the Medical Center are excluded from these financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

Milliman Inc., the Plan's actuary, estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The determination of the actuarial present value of accumulated plan benefits as of January 1, 2025, as calculated by Milliman Inc., is presented below:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 71,159,948
Other participants	94,841,002
Nonvested benefits	1,656,868
Total actuarial present value of accumulated plan benefits	$ 167,657,818

The change in accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 172,093,658
Increase (decrease) during the year attributable to	
Change in actuarial assumptions	79,422
Benefits accumulated	756,359
Increase for interest due to the decrease in the discount period	10,675,951
Benefits paid	(15,947,572)
Net change	(4,435,840)
Actuarial present value of accumulated plan benefits, end of year	$ 167,657,818

Significant actuarial assumptions used in determining accumulated plan benefits are as follows:

- The actuarial cost method used in the valuation is the unit credit cost method.
- The assumed retirement rates vary by age and service.
- The mortality table is based on the PRI-2012 Table projected with mortality improvement scale MP-2021 for both years.
- The assumed rate of return on investments was 6.50% for both years.
- Lump sums are valued utilizing the applicable mortality table for 2025 in accordance with Internal Revenue Code (IRC) Section 417(e) and provided in Internal Revenue Service (IRS) Notice 2024-42 with interest rate of 5.50%. Previously, lump sums were valued utilizing IRC Section 417(e) mortality table for 2024 in accordance with IRS Notice 2023-73 with interest rate of 5.50%.

These 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 the accumulated Plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024 there would be no material differences. The Plan is not considered "at-risk" for the 2025 plan year.

Note 4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides for 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 ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

The preceding methods described in Note 2 may produce a fair value calculation which may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

	2025			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 4,524,086	$ 4,524,086	$ -	$ -
Total assets in the fair value hierarchy	4,524,086	$ 4,524,086	$ -	$ -
Investments measured at net asset value[(A)]	164,326,739			
Investments at fair value	$ 168,850,825			

	2024			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and cash equivalents	$ 3,546,976	$ 3,546,976	$ -	$ -
Total assets in the fair value hierarchy	3,546,976	$ 3,546,976	$ -	$ -
Investments measured at net asset value[(A)]	150,028,447			
Investments at fair value	$ 153,575,423			

(A) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient 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 present in the statements of net assets available for benefits.

Note 5. Tax Status

The Plan has received a determination letter from the IRS dated March 14, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

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

Note 6. Risks and Uncertainties

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

Employer 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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 7. Plan Termination

Although it has not expressed any intention to do so, the Medical Center has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan shall be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible for retirement 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.
- Other vested benefits insured by the PBGC up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor 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. However, a statutory ceiling exists which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

See the Plan agreement for additional information regarding priorities of the distribution of net assets should the Plan terminate.

Note 8. Related Parties and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons.

Certain plan investments are in funds and accounts that are managed by Bank of America and BlackRock. The Plan paid for third party administrator fees, investment advisory, and Plan audit fees which qualify as party-in-interest transactions. Certain management fees in the form of an expense ratio charged to each investment option are paid by the Plan and deducted from earnings on investments. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules.

The Medical Center provides certain administrative services at no cost to the Plan.

Note 9. Subsequent Events

Management evaluated subsequent events for the Plan through October 9, 2026, the date the financial statements were available to be issued.

Supplemental Schedules

Maimonides Medical Center Pension Plan
EIN 11-1635081 PN 005
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Cash and Cash Equivalents			
*	Bank of America	Money Market Savings Account	$ 4,459,964	$ 4,459,964
*	BlackRock	Short-Term Investment Fund	64,122	64,122
	Total Cash Equivalents			4,524,086
	Common/Collective Trust Funds			
*	BlackRock	Long Government/Credit Bond Index Fun	32,519,687	54,836,023
*	BlackRock	U.S. Debt Index Fund	3,139,384	4,010,447
*	BlackRock	Intermediate Aggregate Bond Index Fund	13,458,712	16,238,040
*	BlackRock	EAFE Equity Index Fund	10,477,512	30,153,730
*	BlackRock	Russell 3000 Index Fund	6,981,595	59,088,499
	Total Common/Collective Trust Funds			164,326,739
	Total Assets Held for Investment Purposes at End of Year - Form 5500, Schedule H			$ 168,850,825

* Indicates party-in-interest to the Plan, as defined by ERISA.

Maimonides Medical Center Pension Plan
EIN 11-1635081 PN 005
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - a Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets								
Bank of America	Temporary Overnight Deposit	$ -	$ 11,820,665	$ -	$ -	$ 11,820,665	$ 11,820,665	$ -
Bank of America	Temporary Overnight Deposit	11,820,665	-	-	-	11,820,665	-	-
Bank of America	Money Market Savings Account	-	10,828,268	-	-	10,828,268	10,828,268	-
Bank of America	Money Market Savings Account	11,773,174	-	-	-	11,773,174	-	-

There were no category (i), (ii), or (iv) reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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
Maimonides Medical Center Pension Plan

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Maimonides Medical Center

D Employer Identification Number (EIN)
11-1635081

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	155,296,521
b Actuarial value	**2b**	148,674,418

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	461	77,273,552	77,273,552
b For terminated vested participants	712	47,578,559	47,578,559
c For active participants	613	58,471,059	60,325,867
d Total	1,786	183,323,170	185,177,978

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**	5.39 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	
b Expected plan-related expenses	**6b**	1,700,000
c Target normal cost	**6c**	1,700,000

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 — Date: 9/18/2026

Zorast Wadia — Type or print name of actuary

26-06860 — Most recent enrollment number

Milliman, Inc. — Firm name

(646)473-3000 — Telephone number (including area code)

463 7th Avenue
19th Floor
New York NY 10018
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 7.95%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		207
	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 5.22%		11
	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		218
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	**14**	80.28%
15	Adjusted funding target attainment percentage	**15**	80.28%
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**	84.21%
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
04/14/2025	1,197,546				
07/14/2025	1,197,546				
10/14/2025	1,197,546				
01/14/2026	1,197,546				
09/14/2026	997,384				
			Totals ► **18(b)**	5,787,568	**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**	5,540,152

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	1,700,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	36,503,560	3,840,021
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5,540,021

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

36 Additional cash requirement (line 34 minus line 35)	**36**	5,540,021
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,540,152

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	131
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

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500
Schedule SB, Line 19 - Discounted Employer Contributions

Line 19a. - Contribution Allocated Toward Unpaid Minimum Required Contribution from Prior Plan Years

None

Line 19b. - Contributions Made To Avoid Benefit Restrictions

None

Line 19c. - Contributions Allocated Toward Minimum Required Contribution for Current Year

Date	Plan Year to Apply Contribution	Effective Interest Rate	Late Quarterly Interest Rate	Contribution Amount	Discounted Value as of 1/1/2025
4/14/2025	2025	5.39%		$ 1,197,546	$ 1,179,936
7/14/2025	2025	5.39%		1,197,546	1,164,593
10/14/2025	2025	5.39%		1,197,546	1,149,284
1/14/2026	2025	5.39%		1,197,546	1,134,177
9/14/2026	2025	5.39%		997,384	912,162
Total				5,787,568	5,540,152

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to Schedule SB, Line 22: Description of Weighted Average Retirement Age

Participants not eligible for subsidized age 62 and 25 benefit

Age	Number of Lives Remaining		Retirement Rate		Number of Retirees	Age Times Number of Retirees
55	1,000.000	*	2.00%	=	20.000	1,100.000
56	980.000	*	2.00%	=	19.600	1,097.600
57	960.400	*	2.00%	=	19.208	1,094.856
58	941.192	*	2.00%	=	18.824	1,091.783
59	922.368	*	2.00%	=	18.447	1,088.394
60	903.921	*	2.00%	=	18.078	1,084.705
61	885.842	*	2.00%	=	17.717	1,080.728
62	868.126	*	5.00%	=	43.406	2,691.189
63	824.719	*	5.00%	=	41.236	2,597.866
64	783.483	*	5.00%	=	39.174	2,507.147
65	744.309	*	20.00%	=	148.862	9,676.019
66	595.447	*	20.00%	=	119.089	7,859.904
67	476.358	*	20.00%	=	95.272	6,383.195
68	381.086	*	20.00%	=	76.217	5,182.773
69	304.869	*	10.00%	=	30.487	2,103.596
70	274.382	*	100.00%	=	274.382	19,206.748
					1,000.000	65,846.503
						1,000
						65.847
						66
Percentage of active participants not eligible for subsidized age 62 and 25 benefit						27%

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to Schedule SB, Line 22: Description of Weighted Average Retirement Age

Participants eligible for subsidized age 62 and 25 benefit

Age	Number of Lives Remaining		Retirement Rate		Number of Retirees	Age Times Number of Retirees
55	1,000.000	*	1.50%	=	15.000	825.000
56	985.000	*	1.50%	=	14.775	827.400
57	970.225	*	1.50%	=	14.553	829.542
58	955.672	*	1.50%	=	14.335	831.434
59	941.337	*	1.50%	=	14.120	833.083
60	927.217	*	0.00%	=	0.000	0.000
61	927.217	*	0.00%	=	0.000	0.000
62	927.217	*	15.00%	=	139.082	8,623.113
63	788.134	*	10.00%	=	78.813	4,965.244
64	709.321	*	5.00%	=	35.466	2,269.826
65	673.855	*	20.00%	=	134.771	8,760.110
66	539.084	*	20.00%	=	107.817	7,115.905
67	431.267	*	20.00%	=	86.253	5,778.977
68	345.014	*	20.00%	=	69.003	4,692.184
69	276.011	*	10.00%	=	27.601	1,904.475
70	248.410	*	100.00%	=	248.410	1,7388.683
					1,000.000	65,644.977
						1,000
						65.645
						66
Percentage of active participants eligible for subsidized age 62 and 25 benefit						73%

Maimonides Medical Center Pension Plan
EIN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to 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*
2025	4,425,912	6,070,092	7,349,163	17,845,167
2026	3,374,248	2,267,637	7,216,609	12,858,494
2027	3,138,172	2,587,933	7,069,528	12,795,633
2028	3,967,884	2,879,915	6,907,978	13,755,777
2029	3,805,042	2,287,144	6,734,548	12,826,734
2030	3,526,364	3,335,438	6,545,338	13,407,140
2031	3,830,775	2,114,174	6,346,357	12,291,306
2032	4,029,475	2,930,782	6,116,815	13,077,072
2033	4,033,384	2,230,428	5,889,355	12,153,167
2034	4,244,041	3,284,444	5,646,601	13,175,086
2035	3,931,548	2,849,081	5,392,645	12,173,274
2036	4,104,404	2,555,551	5,131,279	11,791,234
2037	4,466,021	3,122,936	4,861,391	12,450,348
2038	3,860,163	2,974,202	4,584,513	11,418,878
2039	4,020,193	3,589,494	4,302,303	11,911,990
2040	3,861,339	2,841,435	4,016,590	10,719,364
2041	3,899,562	3,041,283	3,729,359	10,670,204
2042	3,941,251	2,874,008	3,442,681	10,257,940
2043	3,645,961	2,662,454	3,158,690	9,467,105
2044	3,659,596	3,077,401	2,879,530	9,616,527
2045	3,550,339	2,649,357	2,607,326	8,807,022

Maimonides Medical Center Pension Plan
EIN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to 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*
2046	3,584,052	2,404,765	2,344,162	8,332,979
2047	3,229,635	2,564,708	2,092,044	7,886,387
2048	3,245,659	2,644,441	1,852,822	7,742,922
2049	3,098,494	2,396,914	1,628,170	7,123,578
2050	3,004,127	2,243,627	1,419,493	6,667,247
2051	2,836,843	2,514,271	1,227,854	6,578,968
2052	2,668,546	2,185,653	1,053,968	5,908,167
2053	2,593,679	2,002,494	898,138	5,494,311
2054	2,457,775	1,862,812	760,245	5,080,832
2055	2,308,789	1,976,092	639,773	4,924,654
2056	2,144,258	1,759,654	535,837	4,439,749
2057	2,019,750	1,474,293	447,266	3,941,309
2058	1,882,646	1,400,532	372,680	3,655,858
2059	1,744,709	1,385,046	310,556	3,440,311
2060	1,614,889	1,242,303	259,321	3,116,513
2061	1,491,327	1,139,377	217,411	2,848,115
2062	1,374,813	1,077,135	183,330	2,635,278
2063	1,259,177	972,280	155,704	2,387,161
2064	1,150,276	911,259	133,314	2,194,849
2065	1,045,481	824,486	115,108	1,985,075
2066	949,320	754,583	100,207	1,804,110

Maimonides Medical Center Pension Plan
EIN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to 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*
2067	857,821	687,949	87,897	1,633,667
2068	771,689	624,705	77,623	1,474,017
2069	691,888	564,949	68,961	1,325,798
2070	617,764	508,748	61,585	1,188,097
2071	549,102	456,135	55,255	1,060,492
2072	485,770	407,090	49,784	942,644
2073	427,600	361,573	45,030	834,203
2074	374,402	319,516	40,885	734,803

* Note that numbers may not add across due to rounding.

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Attachment to Schedule SB, Line 32: Schedule of Amortization Bases

Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
1/1/2025	Shortfall Amortization	$749,838	15	$8,041,979
1/1/2024	Shortfall Amortization	($417,479)	14	($4,275,116)
1/1/2023	Shortfall Amortization	2,967,294	13	$28,871,567
1/1/2022	Shortfall Amortization	($450,700)	12	($4,143,037)
1/1/2021	Shortfall Amortization	$83,122	11	$717,046
1/1/2020	Shortfall Amortization	$907,946	10	$7,291,121
		$3,840,021		$36,503,560

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Schedule SB, Part V: Summary of Actuarial Assumptions/Methods

Actuarial Cost Method

Actuarial Cost Method: Unit Credit.
The actuarial cost method used in the valuation is the accrued benefit (unit credit) cost method as prescribed by PPA. In this method, the regular plan cost arises from two sources: a Normal Cost and an amortization payment for the Funding Target Shortfall.

The Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Actuarial Asset Valuation Method: The asset valuation technique determines valuation assets according to the asset averaging method described in IRS Notice 2009-22 using a 2-year averaging period. The Actuarial Value of Assets is equal to the average of the Market Value of Assets as of the valuation date and the expected Market Value of Assets for each of the immediately preceding 2 years, but not less than 90% nor greater than 110% of the Market Value of Assets as of the valuation date. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.50% per year) or the applicable statutory interest rate for the year.

Assumptions

ECONOMIC ASSUMPTIONS

Information on economic assumptions is provided below in accordance with the Actuarial Standards of Practice (ASOP) No. 27 effective for measurement dates on or after September 30, 2015.

FASB ASC Topic 960 Interest Rate: 6.50%, compounded annually. This is consistent with the Plan's expected return on assets assumption and reflects the Plan's target asset allocation, assumed investment expenses, and underlying inflation assumption of 2.50%. This assumption represents an estimate of future experience and is based on both historical returns and projections. Please note, this assumption is evaluated annually based on the asset allocation and inflation in effect at the end of the fiscal year.

> **Rationale:** In developing an investment return assumption, capital market assumptions and our ASOP 27 expected return model as maintained by our investment consultants, consisting of expected returns, standard deviations, and correlations for a broad range of traditional and alternative asset classes typically seen in institutional investment portfolios are considered. Expected returns are developed for each asset class based on forward looking data including forecasts of inflation, GDP growth, and current yields to maturity of fixed income securities. Historical data and academic research is used to estimate volatility (standard deviations) and correlations of asset classes. Then the Plan's target asset allocation is used to develop the expected return assuming a passively managed portfolio.

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Schedule SB, Part V: Summary of Actuarial Assumptions/Methods

Funding Interest Rate: Segment Rates with 4-month lookback.

	Stabilized Segment Rate	Non-Stabilized Segment Rate	PBGC Standard Premium Rates
Segment Rate 1	5.07%	5.07%	4.65%
Segment Rate 2	5.31%	5.33%	5.28%
Segment Rate 3	5.50%	5.36%	5.63%

Rationale: As mandated by the IRS.

Lump Sum Payments: Lump sums are valued in accordance with PPA requirements applicable for the valuation year. For FASB ASC Topic 960, Lump sum payments are valued using 5.50% interest and the applicable mortality table for 2026 in accordance with Internal Revenue Code Section 417 (e) and provided in IRS Notice 2025-40.

Rationale: The lump sum rate of 5.50% is our long term expectation of the effective 417(e) lump sum rates.

Demographic Assumptions

Mortality Table:

PPA Funding: The IRS 2025 Generational Mortality Tables, as promulgated by the IRS for plan years beginning in 2025.

Rationale: This assumption is a prescribed assumption, set by the Internal Revenue Code Section 430.

FASB ASC Topic 960: PRI-2012 Total Employee/Retiree Mortality Tables with mortality improvement scale MP-2021 for males and females. The Contingent Mortality Tables were reflected for current beneficiaries.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above mentioned published mortality table and improvement scale in which credible mortality experience was analyzed.

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Schedule SB, Part V: Summary of Actuarial Assumptions/Methods

Withdrawal: Sample rates are illustrated below.

Years of Service	Age		
	25	40	55
0	.3500	.3500	.3500
1	.3222	.2858	.2710
2	.2666	.1573	.1130
3	.2573	.1359	.0753
4	.2481	.1144	.0377
5+	.1200	.0800	.0300

Rationale: Based on Experience Study report dated August 26, 2022, the withdrawal rates have been revised for participants with more than five years of service to better reflect recent and anticipated Plan experience.

Retirement: Rates vary by age and service.

Participants Eligible for Subsidized Age 62 and 25 Benefit		Participants Not Eligible for Subsidized Age 62 and 25 Benefit	
Age	Rate	Age	Rate
55	1.50%	55	2.00%
56	1.50%	56	2.00%
57	1.50%	57	2.00%
58	1.50%	58	2.00%
59	1.50%	59	2.00%
60	0.00%	60	2.00%
61	0.00%	61	2.00%
62	15.00%	62	5.00%
63	10.00%	63	5.00%
64	5.00%	64	5.00%
65	20.00%	65	20.00%
66	20.00%	66	20.00%
67	20.00%	67	20.00%
68	20.00%	68	20.00%
69	10.00%	69	10.00%
70	100.00%	70	100.00%

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Schedule SB, Part V: Summary of Actuarial Assumptions/Methods

Terminated vested participants are assumed to retire at age 65.

> **Rationale:** Based on Experience Study report dated August 26, 2022, the retirement rates have been revised to better reflect recent and anticipated Plan experience.

Marriage Assumption: 100% of participants are assumed to be married with females 3 years younger than males.

> **Rationale:** This assumption is fairly typical, reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Expense Provision: $190,000 per year plus expected PBGC premium paid at the beginning of the year. The 2025 administrative expenses are assumed to be $1,700,000.

> **Rationale:** The expense assumption most closely represents actual administrative expenses paid by the plan.

Form of payment: Life Annuity. However, 40% of employees who participated before April 1, 1993 and 50% of employees who participated after April 1, 1993 are assumed to take lump sum payments.

50% of terminated vested participants are assumed to elect a lump sum form of payment.

> **Rationale:** Based on Experience Study report dated August 26, 2022, this assumption was updated to better reflect recent and anticipated Plan experience.

Maimonides Medical Center Pension Plan
EIN/PN: 11-1635081/005
Attachment to 2025 Form 5500

Schedule SB, Part V: Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: Maimonides Medical Center Pension Plan.

Effective Date of Plan: July 1, 1970.

EIN/PN: 11-1635081/005.

Effective Date of Last Amendment/Restatement: December 31, 2020.

Plan Year: January 1 – December 31.

Eligibility: Prior to January 1, 2010, employees regularly scheduled to work at least half-time or who actually work at least 1,000 hours in a year will become participants upon completion of two consecutive months of employment.

Effective January 1, 2010, an employee hired on or after January 1, 2010, shall become eligible to participate in the Plan on the first date of the month upon completion of two Years of Service, if the employee is working in Covered Employment on that date.

Effective December 31, 2020, no employees shall become eligible to participate in the Plan.

Compensation: Base pay during the year.

Average Monthly Compensation: The average of the highest 60 consecutive calendar months of compensation during the 10-year period ending on the earliest of termination, early retirement or normal retirement dates, limited as required by IRC Section 401(a)(17).

No compensation shall be included after December 31, 2020.

Past Service Compensation Base: The annualized rate of compensation in effect on the participant's first contribution effective date.

Past Service Credit: A participant is credited with one month of past service credit for each month prior to his contribution effective date in which at least one day of service is completed.

Current Service Credit: A participant is credited with one month of current service credit for each month subsequent to his contribution effective date in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if his terminal pay ends prior to the sixteenth day of the month. No service shall be credited after December 31, 2020.

Contribution Effective Date: The date that the contributing employer's participation in the fund commenced (July 1, 1970).

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Schedule SB, Part V: Summary of Plan Provisions

Related Plan Service Credit: A participant who is eligible for service credit under a related plan will receive credit for such service under this plan but only for the purposes of determining eligibility for benefits and not for the purposes for determining the amount of the benefits.

Benefit Formulas and Eligibilities

There are no benefit accruals under the plan after the plan's freeze date of December 31, 2020.

Normal Retirement Eligibility: All participants on the later of age 65 or completion of 5 years of service credit including any related plan service credit.

Normal Retirement Benefit: The sum of (i) and (ii), less (iii):

(i) Current Service Benefit: 1.76% of average monthly compensation for years of current service credit after January 1, 1993 plus 1.6% of average monthly compensation multiplied by years of current service up to January 1, 1993, and; (ii) Past Service Benefit: 1.50% of past service compensation base multiplied by years of past service credit; (iii) Accrual Purchased Benefit: The accrued benefit purchased from an Insurance Company as a result of a plan termination on January 1, 1986.

Early Retirement Eligibility: On the first of the month on or next following attainment of age 55 and completion of 10 years of service credit including any related plan service credit. Years of service credit after December 31, 2020 will be included in determining eligibility for Early Retirement.

Early Retirement Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and average monthly compensation at retirement, reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday. The benefit is unreduced if the participant has 25 years of service at age 62.

Disability Benefit: Participant has at least 10 years of service credit including any related plan service credit and is totally disabled.

Disability Benefit Eligibility: The participant's benefit described in Normal Retirement Benefit above, based on service credit and average monthly compensation at disability. Payment of benefit commences immediately without reduction.

Vested Termination Eligibility: Effective January 1, 2010: Employees who participate prior to January 1, 2010, who terminate employment after completing 2 years of service credit including any related plan service credit. Prior to January 1, 2010, employees who terminate employment after completing 5 years of service credit including any related plan service credit.

Employees who become participants on or after January 1, 2010, shall be 100% vested in their pension benefit on becoming a participant.

Vested Termination Benefit: The participant's benefit described in Normal Retirement Benefit above, based on service credit and average monthly compensation at termination reduced by 0.5% for each month that commencement of payments precedes the participant's 65th birthday to age 55 and the Actuarial Equivalent thereafter to the date of benefit commencement.

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Schedule SB, Part V: Summary of Plan Provisions

Pre-Retirement Surviving Spouse Coverage: Spouses or designated beneficiaries of all vested participants who elected coverage and who die before payments have commenced.

Pre-Retirement Benefit: If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the beneficiary.

If not eligible for early retirement, the amount which would have been payable to the beneficiary had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the beneficiary.

Forms of Payment

Normal Form of Benefit: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

Optional Forms: Actuarially equivalent 50%, 75% or 100% joint and survivor, 5 or 10 years certain options. In addition, any participant may elect to take 25% or 50% of the benefit in a lump sum, with the remaining 75% or 50% of the benefit taken in one of the forms listed above. Employees who participated prior to April 1, 1993 are eligible to elect 100% of the benefit in a lump sum. Employees who participated subsequent to April 1, 1993 are eligible to elect 100% of the benefit in a lump sum if the benefit is less than $25,000.

The normal form of benefit is converted to an optional form of benefit based on the Plan's definition of Actuarial Equivalence.

For purposes of Actuarial Equivalence, the Plan uses the 1983 Group Mortality Table for Males setback 3 years and an interest rate of 7% for all options except lump sums.

For lump sums, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e) published during October of the preceding year are used.

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Attachment to Schedule SB, Line 26a: Schedule of Active Participant Data

Number of Participants by Age and Benefit Service Groups

	Years of Credited Service										
Age	**<1**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	5	8	-	-	-	-	-	-	-	13
30–34	-	5	21	3	-	-	-	-	-	-	29
35–39	-	6	30	12	3	-	-	-	-	-	51
40–44	-	21	33	14	13	2	-	-	-	-	83
45–49	1	22	27	18	12	12	1	-	-	-	93
50–54	-	13	23	28	23	11	1	1	-	-	100
55–59	-	27	14	15	14	11	11	6	2	-	100
60–64	-	12	18	18	10	9	7	3	2	-	79
65–69	-	2	11	5	8	5	7	3	2	-	43
70+	-	1	5	5	3	3	4	1	-	-	22
Total	1	114	190	118	86	53	31	14	6	-	613

Maimonides Medical Center Pension Plan
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Cash and Cash Equivalents			
*	Bank of America	Money Market Savings Account	$ 4,459,964	$ 4,459,964
*	BlackRock	Short-Term Investment Fund	64,122	64,122
	Total Cash Equivalents			4,524,086
	Common/Collective Trust Funds			
*	BlackRock	Long Government/Credit Bond Index Fun	32,519,687	54,836,023
*	BlackRock	U.S. Debt Index Fund	3,139,384	4,010,447
*	BlackRock	Intermediate Aggregate Bond Index Fund	13,458,712	16,238,040
*	BlackRock	EAFE Equity Index Fund	10,477,512	30,153,730
*	BlackRock	Russell 3000 Index Fund	6,981,595	59,088,499
	Total Common/Collective Trust Funds			164,326,739
	Total Assets Held for Investment Purposes at End of Year - Form 5500, Schedule H			$ 168,850,825

* Indicates party-in-interest to the Plan, as defined by ERISA.

Maimonides Medical Center Pension Plan
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Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - a Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets								
Bank of America	Temporary Overnight Deposit	$ -	$ 11,820,665	$ -	$ -	$ 11,820,665	$ 11,820,665	$ -
Bank of America	Temporary Overnight Deposit	11,820,665	-	-	-	11,820,665	-	-
Bank of America	Money Market Savings Account	-	10,828,268	-	-	10,828,268	10,828,268	-
Bank of America	Money Market Savings Account	11,773,174	-	-	-	11,773,174	-	-

There were no category (i), (ii), or (iv) reportable transactions.