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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BRONXCARE HEALTH SYSTEM

1276 FULTON AVENUE
BRONX, NY 10456

1276 FULTON AVENUE
BRONX, NY 10456

2b Employer Identification Number (EIN)
13-1974191

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

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.	10/15/2026	VICTOR DEMARCO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT PLAN COMMITTEE

1276 FULTON AVENUE
BRONX, NY 10456

3b Administrator's EIN
13-3273134

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1651
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)**	648
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	738
b	Retired or separated participants receiving benefits	**6b**	414
c	Other retired or separated participants entitled to future benefits	**6c**	574
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1726
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	28
f	Total. Add lines **6d** and **6e**.	**6f**	1754
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**	22
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 1H

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)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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

F Prior year plan size: [ ] 100 or fewer [ ] 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**	311024936
b Actuarial value	**2b**	311024936

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	417	124198763	124198763
b For terminated vested participants	586	43289164	43289164
c For active participants	707	99069815	100787955
d Total	1710	266557742	268275882

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	9932969
b Expected plan-related expenses	**6b**	349000
c Target normal cost	**6c**	10281969

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

03/10/2026
Date

MICHAEL MASSA
Type or print name of actuary

23-03123
Most recent enrollment number

MASSA & ASSOCIATES, INC.
Firm name

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

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

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8424774
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	8424774
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11436304
	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 5.25 %		600406
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		12036710
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8424774

Part III Funding Percentages

14	Funding target attainment percentage	14	112.79 %
15	Adjusted funding target attainment percentage	15	112.79 %
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	103.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/14/2025	1050000				
11/14/2025	1050000				
12/12/2025	1050000				
01/15/2026	1052457				
			Totals ► 18(b)	4202457	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	4007368

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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**	10281969
b Excess assets, if applicable, but not greater than line 31a	**31b**	10281969

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4007368
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	4007368
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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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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)

PRINCIPAL TRUST CO.

222 SOUTH 9TH STREET
MINNEAPOLIS, MN 55402

51-0099493

(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	CONSULTANT	404701	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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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: PRINCIPAL TRUST CO.

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST CO.

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)
51-0099493-001	C	81492531

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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	947500	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9352426	1052457
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16397	16383
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	2239877
(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)	31623868	36071761
(5) Partnership/joint venture interests	1c(5)	14307637	18707983
(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)	66248316	81492531
(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)	188704936	210509776
(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	311201080	350090768
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	52382
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	52382
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	311201080	350038386

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)	4202457	
(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)		4202457
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	390240	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4665050	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5055290
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	68444834	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	66564600	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1880234
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	12073650	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		12073650

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2090532
(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)		26791277
c Other income	2c		30877
d Total income. Add all **income** amounts in column (b) and enter total	2d		52124317
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12882310	
(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)		12882310
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)	404701	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		404701
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13287011
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38837306
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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**		X	
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 580194.

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
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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): 51-0099493

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

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: 58.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.2 %
High-Yield Debt: 0.0 % Real Assets: 4.7 % Cash or Cash Equivalents: 0.3 % Other: 21.6 %

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_____.

The Pension Plan and Trust for the Employees of BronxCare Health System

EIN 13-1974191 PN 003

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

December 31, 2025 and 2024

The Pension Plan and Trust for the Employees of BronxCare Health System
December 31, 2025 and 2024

Independent Auditor's Report **1**

Financial Statements

Statements of Net Assets Available for Benefits 5

Statements of Changes in Net Assets Available for Benefits 6

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Independent Auditor's Report

Plan Administrator
The Pension Plan and Trust for the Employees of BronxCare Health System
Bronx, New York

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

We have performed audits of the financial statements of The Pension Plan and Trust for the Employees of BronxCare Health System (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of 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.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Forvis Mazars, LLP

New York, New York
October 13, 2026

Federal Employer Identification Number: 44-0160260

The Pension Plan and Trust for the Employees of BronxCare Health System
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Noninterest-Bearing Cash	$ -	$ 947,500
Investments		
Cash equivalents	2,239,877	1,989,013
Mutual funds, at fair value	210,509,776	186,715,923
Commingled funds, at fair value	18,707,983	14,243,317
Limited partnerships, at fair value	81,492,531	66,312,636
Common stocks, at fair value	36,071,761	31,623,868
Total Investments	349,021,928	300,884,757
Receivables		
Contributions receivable from BronxCare Health System	1,052,457	9,352,426
Accrued interest	16,383	16,397
Total Receivables	1,068,840	9,368,823
Total Assets	350,090,768	311,201,080
LIABILITIES		
Payable for securities purchased	52,382	-
Total Liabilities	52,382	-
Net Assets Available for Benefits	$ 350,038,386	$ 311,201,080

The Pension Plan and Trust for the Employees of BronxCare Health System
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	$ 42,835,693	$ 30,343,389
Interest and dividend income	5,086,167	4,626,613
Net Investment Income	47,921,860	34,970,002
Contributions from BronxCare Health System	4,202,457	12,221,676
Total Additions	52,124,317	47,191,678
Deductions		
Benefits paid to participants	12,882,310	12,079,069
Administrative expense	404,701	348,802
Total Deductions	13,287,011	12,427,871
Net Increase	38,837,306	34,763,807
Net Assets Available for Benefits, Beginning of Year	311,201,080	276,437,273
Net Assets Available for Benefits, End of Year	$ 350,038,386	$ 311,201,080

Note 1. Description of the Plan

General

The following brief description of The Pension Plan and Trust for the Employees of BronxCare Health System (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

The BronxCare Health System (the Hospital Center) originally established The Pension Plan and Trust for the Employees of The Hospital Center and its affiliates under a common paymaster, The BronxCare Health System, effective July 1, 1966 (the Original Plan). Effective July 1, 1998, the BronxCare Health System spun off a new defined benefit pension plan named The Pension Plan and Trust for the Employees of The Hospital Center Represented by the New York State Nurses Association (the NYSNA Plan).

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of the Hospital Center and its affiliates who are members of the NYSNA Plan. An employee becomes a participant on the January 1 or July 1 following completion of one year of employment with 1,000 hours of service. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Principal Bank, N.A., is considered the custodian of the Plan.

Funding Policy

The Plan's funding policy is for the Hospital Center to contribute an amount which will meet or exceed the annual minimum funding requirements of ERISA. For the years ended December 31, 2025 and 2024, the Hospital Center made contributions to the Plan of $4,202,457 and $12,221,676, respectively. As of December 31, 2025 and 2024, $1,052,457 and $9,352,426, respectively, was outstanding. This was remitted to the Plan subsequent to year-end and, as such, this amount has been reflected as contribution receivable in the accompanying statements of net assets available for benefits.

Pension Benefits

Employees with five or more years of service are entitled to receive monthly benefits at normal retirement age (65) equal to 1% of their final average earnings prior to July 1, 2001 plus 1.75% of their final average earnings in excess of average Social Security covered earnings times credited service. Employees receive monthly benefits equal to 1.2% of their final average earnings before December 31, 2003 and 1.5% after December 31, 2003, plus 0.65% of their final average earnings in excess of average Social Security covered earnings times credited service.

The Plan permits early retirement to participants aged 60 to 64 who have completed 15 years of service. Married employees are paid in the form of a joint and survivor annuity, and non-married employees are paid in the form of a life annuity, unless optional forms of payment are elected. If a participant terminates employment with the employer on or after having attained normal retirement age, the participant is considered 100% vested. If employees terminate before rendering five years of service and before having attained normal retirement age, they forfeit the right to receive any retirement benefits.

Death and Disability Benefits

If a married, vested employee dies prior to the commencement of benefit payments, a monthly payment equal to 50% of the benefit due to the employee, assuming an early retirement date, will be paid to the employee's spouse. No death benefits are paid for nonmarried employees who die prior to the commencement of benefit payments. The Plan permits disability benefits for participants who have completed 15 years of service.

Vesting

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon completion of five years of vesting service.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's finance, audit, and investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance companies. See Note 3 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

All expenses of maintaining the Plan except for the investment advisory and custodian fees are paid by the Plan's sponsor. Expenses that are paid by the Plan's sponsor are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

a) Retired or terminated employees or their beneficiaries

b) Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation during their last 10 years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Revisions

Certain immaterial revisions have been made to the 2024 financial statements to report cash equivalents of $1,989,013 and noninterest-bearing cash of $947,500 separately from mutual funds on the statements of net assets available for benefits. Additionally, Note 3 has been revised to reflect these revisions. These revisions did not have a significant impact on the financial statement line items impacted.

Note 3. Disclosures About Fair Value of Plan Assets

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

- Common Stock are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.
- Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. These mutual funds have a readily determinable fair value.
- The Plan's investments in commingled funds and limited partnerships are valued based on NAV per share, without further adjustment. NAV is based upon the fair value of the underlying investments. The plan sponsor also collects and reviews the audited financial statements of the investees.

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

	2025			
		Fair Value Measurements Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	$ 36,071,761	$ 36,071,761	$ -	$ -
Mutual funds	210,509,776	210,509,776	-	-
Total assets in the fair value hierarchy	246,581,537	$ 246,581,537	$ -	$ -
Investments measured at net asset value (A)	100,200,514			
Cash equivalents	2,239,877			
Investments	$ 349,021,928			

	2024			
		Fair Value Measurements Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	$ 31,623,868	$ 31,623,868	$ -	$ -
Mutual funds	186,715,923	186,715,923	-	-
Total assets in the fair value hierarchy	218,339,791	$ 218,339,791	$ -	$ -
Investments measured at net asset value (A)	80,555,953			
Cash equivalents	1,989,013			
Investments	$ 300,884,757			

(A) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Investment	Fair Value 2025	Fair Value 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Partnerships (A)	$ 81,492,531	$ 66,312,636	$ -	Quarterly	30 days' notice
Commingled Funds (B)	18,707,983	14,243,317	-	Quarterly	15–95 days' notice

(A) This category includes investments in limited partnerships (L.P.). The L.P.'s investment is invested in short-term and derivative investments as well as master fund. The master fund is organized for the primary purpose of developing and actively managing an investment portfolio of non-traditional portfolio managers by investing substantially all of its assets through a "master feeder" structure. The funds are managed by the fund administration. Investments in limited partnerships, are valued at NAV and shares held at years ended December 31, 2025 and 2024.

(B) This category includes investments in a variety of funds. The fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of a custom index (the Index) over the long term. The fund attempts to achieve its investment objective by investing in other collective investment funds, each an underlying fund, managed by the custodian, which have characteristics consistent with the fund's overall investment objective. Investment in collective trusts are valued at NAV and shares held for the years ended December 31, 2025 and 2024.

Note 4. Actuarial Present Value of Accumulated Plan Benefits and Significant Actuarial Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary from Massa and Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations were (a) life expectancy of participants (mortality rates are based on the static mortality table applicable to the year), (b) retirement age assumptions (retirement will occur between ages 60 and 70 based on assumed rates of retirement), and (c) investment return.

The actuarial present value of accumulated plan benefits at December 31, 2025 and 2024 is as follows:

	2025	2024
Vested benefits		
Participants currently receiving payments	$ 122,744,400	$ 118,640,922
Other participants	140,735,361	131,639,335
	263,479,761	250,280,257
Nonvested benefits	2,221,639	1,510,718
	$ 265,701,400	$ 251,790,975

Changes in the present value of accumulated plan benefits were as follows:

	2025	2024
Actuarial present value of accumulated plan benefits, beginning of year	$ 251,790,975	$ 238,267,761
Increase during the year attributable to		
Benefits accumulated	11,008,926	9,080,416
Passage of time	15,783,809	16,521,867
Benefits paid	(12,882,310)	(12,079,069)
Net increase	13,910,425	13,523,214
Actuarial present value of accumulated plan benefits, end of year	$ 265,701,400	$ 251,790,975

The significant actuarial assumptions used in the December 31, 2025 and 2024 valuations were:

Mortality table	For 2024, Pri-2012 Mortality Table with Scale MP-2021 For 2025, Pri-2012 Mortality Table with Scale MP-2021
Retirement	Weighted average retirement age of 65
Discount rate used to determine benefit obligations	5.62% in 2025 and 5.64% in 2024
Discount rate used to determine benefit costs	5.64% in 2025 and 5.03% in 2024
Long-term rate of return on investments	5.90%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

Note 5. Risks and Uncertainties

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

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

Note 6. Plan Termination

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

a) Benefits attributable to employee contributions, taking into account those paid out before termination

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

c) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below

d) All other vested benefits (that is, vested benefits not insured by the PBGC)

e) All nonvested benefits

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

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

Note 7. Certification of Plan Custodian

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank, N.A., a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the statements of net assets available for benefits as of December 31, 2025 and 2024
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2025 and the accompanying schedule of reportable transactions for the year ended December 31, 2025

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

Note 8. Related-Party Transactions 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.

During 2025 and 2024, the Plan paid Principal Bank, N.A. $254,162 and $313,692, respectively, for investment advisory fees. For the years ended December 31, 2025 and 2024, the Plan also paid Principal Bank, N.A. $150,539 and $35,109, respectively, for administrative fees.

Certain plan investments are managed by Principal Bank, N.A. Principal Bank, N.A. is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

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

Note 9. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated March 9, 2012, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10. Subsequent Events

Subsequent events have been evaluated through October 13, 2026, which is the date the financial statements were available to be issued.

Supplementary Information

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Cash Equivalents				
*	Principal	Short-term Investment Fund S10	2,239,877	2,239,877	2,239,877
	Mutual Funds				
	Baird Funds	Baird Short Term Bond Fund	601,617	5,804,248	5,757,479
	Vanguard Group	Vanguard Developed Markets Index Class INST #137	1,438,893	23,693,690	28,907,362
	Harbor Funds	Harbor International Core	1,049,196	17,179,947	17,773,381
	Vanguard Group	Vanguard Institutional Index Fund	65,359	12,464,682	36,083,563
	Vanguard Group	Vanguard Russell 1000 Growth Index Fund Institutional Shares	35,894	18,531,266	33,616,897
	Loomis Sayles Funds	Loomis Sayles I Fixed Income	1,940,441	26,077,176	23,207,670
	Metropolitan West Funds	Metropolitan West Total Return Bond	937,495	8,806,371	8,596,829
	PGIM Investments	PGIM Total Return Bond Fund Class R6	728,594	9,007,224	8,874,273
	Victory Capital / Sycamore Funds	Victory Sycamore Small Company Opportunity Fund Class I	193,826	8,645,826	8,807,474
	William Bliar Funds	William Blair Small Cap Growth Fund	111,726	3,349,060	3,783,034
	Oberweis Funds	Oberweis Small-Cap Opportunities	205,351	3,948,103	6,150,269
	Goldman Sachs Asset Management	Goldman Sachs GQP Partners International Opportunities Fund Class R6	906,174	16,356,292	20,352,677
	Cohen & Steers Funds	Cohen & Steers Real Estate Securities Fund Class I	495,326	7,651,937	8,598,868
	Total Mutual Funds			161,515,822	210,509,776
	Commingled Funds				
	State Street Global Advisors (SSGA)	SSGA Real Asset Non-Lending Fund	367,604	4,460,566	7,953,473
	State Street Global Advisors (SSGA)	SSGA S&P Midcap 400 Index	20,295	5,401,594	10,754,510
	Total Commingled Funds			9,862,160	18,707,983

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Limited Partnerships				
	Davidson Kempner Capital Management	Davidson Kempner Institutional	6,400,000	$ 6,400,000	$ 8,260,560
	Brandywine Global Investment Management	Brandywine US Fixed Income	530,782	5,961,603	6,631,706
	HBK Capital Management	HBK Multi-Strategy Offshore	6,000,000	6,000,000	6,000,000
	Blackstone Inc.	Blackstone BPIF	7,978,274	7,978,274	16,078,819
	KLS Diversified Asset Management	KL Special Opportunities Fund	27,671	6,900,000	11,275,468
	Marshall Wace LLP	Marshall Wace Funds PLC	21,034	7,504,291	9,533,916
	Steadfast Capital Management	Steadfast International LTD	75,000	7,500,000	12,634,389
	Graham Capital Management	Graham Absolute Return LTD.	8,842	6,537,299	7,530,738
	Mak Capital One LLC	Mak Capital International Limited	3,125	3,125,000	3,546,935
	Total Limited Partnerships			57,906,467	81,492,531
	Common Stocks				
	Consumer Discretionary				
	Amazon.com, Inc.	Amazon.Com Inc.	11,981	1,028,388	2,765,454
	Charter Communications, Inc.	Charter Communications Inc.	911	278,150	190,171
	Comcast Corporation	Comcast Corp Class A	42,472	1,558,724	1,269,488
	Hilton Worldwide Holdings Inc.	Hilton Worldwide Holdings Inc.	1,812	122,701	520,497
	Liberty Broadband Corporation	Liberty Broadband Corp	3,809	445,691	185,117
	Lennar Corporation	Lennar Corporation Class A	11,260	1,341,525	1,157,528
	Total Consumer Discretionary			4,775,179	6,088,255
	Consumer Staples				
	Estée Lauder Companies Inc.	Estee Lauder Companies Inc.	8,889	642,314	930,856

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	Energy				
	ConocoPhillips	ConocoPhillips	20,638	$ 2,112,223	$ 1,931,923
	Total Energy			2,112,223	1,931,923
	Financials				
	Capital One Financial Corporation	Capital One Financial Corp.	6,758	614,011	1,637,869
	Total Financials			614,011	1,637,869
	Health Care				
	Danaher Corp.	Danaher Corp.	6,437	1,261,156	1,473,558
	Elevance Health Inc.	Elevance Health Inc.	1,531	585,749	536,692
	Humana Inc	Humana Inc	3,263	1,003,704	835,752
	United Health Group Inc.	United Health Group Inc.	5,961	1,810,784	1,967,786
	Total Health Care			4,661,393	4,813,788

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	American Depository Receipts				
	ASML Holding NV	ASML Holding NV	882	669,899	943,617
	AerCap Holdings NV	AerCap Holdings NV	10,506	628,702	1,510,343
	Aon PLC	Aon PLC	2,248	541,948	793,274
	Bayer AG	Bayer AG ADR	94,890	976,362	1,026,710
	London Stock Exchange Group PLC	London Stock Exchange Group PLC	82,846	2,675,415	2,532,602
	Shell PLC	Royal Dutch Shell PLC ADR	9,084	528,324	667,492
	SAP SE	SAP SE	4,486	757,725	1,089,694
	Taiwan Semiconductor Manufacturing Company Limited	Taiwan Semiconductor Manufacturing ADR	5,417	537,438	1,646,172
	Total American Depository Receipts			7,315,813	10,209,904
	Industrials				
	MercadoLibre Inc.	MercadoLibre Inc.	447	900,286	900,374
	Woodward Inc.	Woodward Inc.	4,439	549,741	1,341,998
	Total Industrials			1,450,027	2,242,372

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	Information Technology				
	Alphabet Inc.	Alphabet Inc. Class A	1,132	$ 32,308	354,316
	Alphabet Inc.	Alphabet Inc. Class C	4,398	161,648	1,380,092
	Intuit Com	Intuit Com	546	326,402	361,681
	Meta Platforms Inc.	Meta Platforms Inc.	1,190	220,051	785,507
	Microsoft Corporation	Microsoft Corp. Common Stock USD	3,873	481,547	1,873,060
	Workday INC	Workday INC	8,046	1,891,142	1,728,120
	PTC Inc.	PTC Inc.	2,495	398,760	434,654
	Total Information Technology			3,511,858	6,917,430
	Materials				
	Alcoa Corporation	Alcoa Corporation	16,470	612,662	875,216
	Martin Marietta Materials Inc.	Martin Marietta Materials Inc.	350	162,306	217,934
	Vulcan Materials Company	Vulcan Materials Company	723	162,955	206,214
	Total Materials			937,923	1,299,364
	Total Common Stocks			26,020,741	36,071,761
	Total Investments			$ 257,545,067	$ 349,021,928

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sale Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Number of Transactions							
Individual Transactions								
Short-Term Investment Fund S10	1	16,730,563	-	-	-	16,730,563	16,730,563	-
Short-Term Investment Fund S10	1	-	16,700,000	-	-	16,700,000	16,700,000	-
EuroPacific Growth Fund Class R6	1	-	16,730,563	-	-	13,437,648	16,730,563	3,292,915
Harbor International Core Fund Retirement	1	16,700,000	-	-	-	16,700,000	16,700,000	-
Series of Transactions								
Short-Term Investment Fund A S1	100	25,159,255	-	-	-	25,159,255	25,159,255	-
	75	-	27,148,262	-	-	27,148,262	27,148,262	-
Short-Term Investment Fund S10	86	27,281,529	-	-	-	27,281,529	27,281,529	-
	83	-	25,041,660	-	-	25,041,660	25,041,660	-
EuroPacific Growth Fund Class R6	1	422,362	-	-	-	422,362	422,362	-
	2	-	20,730,563	-	-	16,906,242	20,730,563	3,824,321
Harbor International Core Fund Retirement	2	479,948	-	-	-	479,948	479,948	-
	1	16,700,000	-	-	-	16,700,000	16,700,000	-

BRONXCARE HEALTH SYSTEM
PENSION PLAN FOR EMPLOYEES

EIN: 13-1974191, PN 003
SCHEDULE SB, LINE 26a - SCHEDULE OF ACTIVE PARTICIPANT DATA
AS OF JANUARY 1, 2025

Males and Females

	Years of Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	0	5	0	0	0	0	0	0	0	0	5
25 to 29	0	55	4	0	0	0	0	0	0	0	59
30 to 34	0	61	25	2	0	0	0	0	0	0	88
35 to 39	0	57	25	13	1	0	0	0	0	0	96
40 to 44	0	34	18	13	16	1	0	0	0	0	82
45 to 49	0	19	19	15	22	4	2	0	0	0	81
50 to 54	0	9	10	20	26	17	4	0	2	0	88
55 to 59	0	6	12	14	18	13	6	29	1	0	99
60 to 64	0	2	7	5	14	7	3	10	6	0	54
65 to 69	0	0	6	3	10	7	4	9	3	2	44
70 & up	0	0	0	0	4	0	2	3	0	2	11
Total	0	248	126	85	111	49	21	51	12	4	707

Average age 46.2 Average service 11.5

BRONXCARE HEALTH SYSTEM
PENSION PLAN
EIN: 13-1974191, PN 003

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

1. Unit Credit Cost Method

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

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

2. Actuarial Value of Assets

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

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

B. ACTUARIAL ASSUMPTIONS

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

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

2. Mortality rates are based on the Generational Mortality Table as defined in Regulations §1.430(h)(3)-1(d) using 2024 Adjusted Scale MP-2021 Rates as defined in Regulations §1.430(h)(3)-1(b)(1)(iv)(A).

3. The increase in earnings in the year following the valuation date is assumed to be 6%.

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

5. Retirement rates are shown in Part E.

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

7. The beneficiary is assumed to be the other sex. Males assumed to be 3 years older.

8. Expected plan expenses included in the target normal cost are $390,000.

C. BASIS FOR ACTUARIAL ASSUMPTIONS

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

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

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

D. REVISIONS TO ACTUARIAL ASSUMPTIONS

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

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

E. SAMPLE OF DECREMENT RATES

Annual Termination Rates

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

Annual Retirement Rates

Age	Rate for All Partic	Additional for Elig for Unred ER
60-61	5.0%	N/A
62	5.0%	15.0%
63	5.0%	5.0%
64	10.0%	5.0%
65	70.0%	N/A
66-68	40.0%	N/A
69	50.0%	N/A
70	100.0%	N/A

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sale Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Number of Transactions							
Individual Transactions								
Short-Term Investment Fund S10	1	16,730,563	-	-	-	16,730,563	16,730,563	-
Short-Term Investment Fund S10	1	-	16,700,000	-	-	16,700,000	16,700,000	-
EuroPacific Growth Fund Class R6	1	-	16,730,563	-	-	13,437,648	16,730,563	3,292,915
Harbor International Core Fund Retirement	1	16,700,000	-	-	-	16,700,000	16,700,000	-
Series of Transactions								
Short-Term Investment Fund A S1	100	25,159,255	-	-	-	25,159,255	25,159,255	-
	75	-	27,148,262	-	-	27,148,262	27,148,262	-
Short-Term Investment Fund S10	86	27,281,529	-	-	-	27,281,529	27,281,529	-
	83	-	25,041,660	-	-	25,041,660	25,041,660	-
EuroPacific Growth Fund Class R6	1	422,362	-	-	-	422,362	422,362	-
	2	-	20,730,563	-	-	16,906,242	20,730,563	3,824,321
Harbor International Core Fund Retirement	2	479,948	-	-	-	479,948	479,948	-
	1	16,700,000	-	-	-	16,700,000	16,700,000	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE PENSION PLAN AND TRUST FOR THE EMPLOYEES OF BRONXCARE HEALTH SYSTEM

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
13-1974191

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

F Prior year plan size: [ ] 100 or fewer [ ] 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**	311,024,936
b Actuarial value	**2b**	311,024,936

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	417	124,198,763	124,198,763
b For terminated vested participants	586	43,289,164	43,289,164
c For active participants	707	99,069,815	100,787,955
d Total	1,710	266,557,742	268,275,882

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**	5.37%

6 Target normal cost

a Present value of current plan year accruals	**6a**	9,932,969
b Expected plan-related expenses	**6b**	349,000
c Target normal cost	**6c**	10,281,969

Statement by Enrolled Actuary

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

SIGN HERE Michael Massa
Signature of actuary

03/10/2026
Date

MICHAEL MASSA
Type or print name of actuary

2303123
Most recent enrollment number

MASSA & ASSOCIATES, INC.
Firm name

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

100 NORTH CENTRE AVENUE, SUITE 400

ROCKVILLE CENTRE NY 11570
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	8,424,774
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	8,424,774
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11,436,304
	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 5.25%		600,406
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		12,036,710
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,424,774

Part III Funding Percentages

14	Funding target attainment percentage	14	112.79%
15	Adjusted funding target attainment percentage	15	112.79%
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	103.94%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/14/2025	1,050,000				
11/14/2025	1,050,000				
12/12/2025	1,050,000				
01/15/2026	1,052,457				
			Totals ► 18(b)	4,202,457	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	4,007,368

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 62

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**	10,281,969
b Excess assets, if applicable, but not greater than line 31a	**31b**	10,281,969

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,007,368

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

a Total (excess, if any, of line 37 over line 36)	**38a**	4,007,368
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

BRONX-LEBANON HOSPITAL CENTER

PENSION PLAN FOR EMPLOYEES

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

EIN: 13-1974191, PN 001

RETIREMENT RATES

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

METHOD USED TO DETERMINE THE WEIGHTED AVERAGE RETIREMENT AGE

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

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

BRONXCARE HEALTH SYSTEM PENSION PLAN FOR EMPLOYEES

EIN: 13-1974191, PN 003

SCHEDULE SB, LINE 26b - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

CASH FLOW BASED ON THE ACTUARIAL VALUATION AS OF JANUARY 1, 2025

Plan Year	Projected Benefit Payments			
	Active	Deferred	Retired	Total
2025	1,589,700	966,218	12,287,175	14,843,092
2026	2,335,429	1,084,295	12,006,754	15,426,478
2027	2,889,242	1,289,330	11,703,397	15,881,969
2028	3,428,341	1,374,985	11,378,242	16,181,568
2029	4,017,761	1,493,454	11,040,640	16,551,855
2030	4,494,018	1,676,239	10,668,486	16,838,742
2031	4,990,776	1,789,183	10,224,311	17,004,270
2032	5,613,583	1,958,715	9,822,091	17,394,389
2033	6,129,951	2,170,033	9,327,058	17,627,042
2034	6,583,730	2,392,551	8,888,673	17,864,953
2035	6,959,273	2,446,150	8,435,744	17,841,167
2036	7,307,806	2,549,404	7,984,294	17,841,504
2037	7,647,261	2,696,442	7,526,831	17,870,534
2038	7,963,964	2,844,052	7,066,025	17,874,041
2039	8,075,405	2,969,114	6,604,654	17,649,174
2040	8,227,282	3,038,324	6,145,423	17,411,029
2041	8,312,852	3,201,093	5,690,831	17,204,777
2042	8,357,147	3,275,520	5,243,201	16,875,868
2043	8,370,909	3,291,094	4,804,641	16,466,644
2044	8,315,564	3,414,981	4,377,087	16,107,632
2045	8,316,346	3,603,658	3,962,415	15,882,419
2046	8,241,418	3,749,781	3,562,425	15,553,623
2047	8,131,900	3,788,131	3,179,019	15,099,051
2048	8,057,221	3,764,848	2,814,264	14,636,332
2049	7,913,171	3,837,256	2,470,276	14,220,703
2050	7,753,555	3,869,416	2,149,136	13,772,107
2051	7,562,258	3,915,405	1,852,769	13,330,432
2052	7,335,128	3,925,727	1,582,710	12,843,565
2053	7,084,323	3,813,799	1,339,951	12,238,073
2054	6,808,708	3,696,318	1,124,837	11,629,862
2055	6,543,685	3,583,853	937,031	11,064,569
2056	6,262,148	3,479,398	775,567	10,517,114
2057	5,973,991	3,346,441	638,909	9,959,340
2058	5,675,001	3,214,833	525,079	9,414,912
2059	5,383,564	3,058,686	431,781	8,874,031
2060	5,091,153	2,914,131	356,521	8,361,804
2061	4,790,706	2,765,014	296,722	7,852,441
2062	4,485,121	2,603,166	249,851	7,338,138
2063	4,203,688	2,443,308	213,515	6,860,511
2064	3,896,455	2,286,025	185,525	6,368,005
2065	3,603,618	2,131,847	163,969	5,899,433
2066	3,319,538	1,981,203	147,232	5,447,973
2067	3,045,123	1,834,429	134,007	5,013,559
2068	2,789,165	1,691,799	123,278	4,604,241
2069	2,547,998	1,553,585	108,310	4,209,893
2070	2,323,182	1,420,063	78,820	3,822,064
2071	2,114,118	1,291,508	69,166	3,474,792
2072	1,920,099	1,168,199	58,856	3,147,154
2073	1,740,297	1,050,420	55,315	2,846,032
2074	1,573,828	938,460	33,764	2,546,052

BRONXCARE HEALTH SYSTEM
PENSION PLAN FOR EMPLOYEES

EIN: 13-1974191, PN 003
SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. Effective date

Plan effective date of July 1, 1998.

2. Definitions

(a) Employee

An individual employed by the Hospital whose employment is covered under a collective bargaining agreement with the New York State Nurses Association or a Nonunion Participant who elected to participate in the plan effective January 1, 2000.

(b) Basic Monthly Earnings

For the period prior to August 28, 1995, Basic Monthly Earnings are 1/12 of annual wages including bonuses, overtime and amounts contributed to 403(b) and cafeteria plans. For the period after August 27, 1995, Basic Monthly Earnings are 1/12 of annual wages excluding bonuses and overtime and including amounts contributed to 403(b) and cafeteria plans.

(c) Final Average Earnings

Average of Basic Monthly Earnings during the last 120 consecutive months of Credited Service.

(c) Final Five-Year Average Earnings

Average of Basic Monthly Earnings during the highest 60 months of Credited Service.

3. Plan Participation

Individuals classified as employees in 2(a) commence Participation on the January 1 or July 1 after completion of 1 year of Eligibility Service. Nonunion participants electing to participate in the plan commence Participation effective January 1, 2000.

4. Service for Eligibility and Benefit Accrual

(a) Eligibility Service

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

BronxCare Health System
Pension Plan for Employees
Schedule SB, Part V - Summary of Plan Provisions

(b) Vesting Service

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

(c) Credited Service

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

5. Normal Retirement Benefit payable at age 65 for Participants with Service in 2005 or Later

The benefit for employees who entered or re-entered the Plan on or after January 1, 2005, is determined as the sum of (a) through (d) below:

(a) An amount based on Final Five-Year Average Earnings and all Credited Service:

1% of Final Five-Year Average Earnings multiplied by Credited Service through June 30, 2001 plus 1.2% of Final Five-Year Average Earnings multiplied by Credited Service from July 1, 2001 to December 31, 2003 plus 1.5% of Final Five-Year Average Earnings multiplied by Credited Service after December 31, 2003.

(b) An amount based on excess Final Five-Year Average Earnings and Credited Service through June 30, 1972:

.75% of Final Five-Year Average Earnings in excess of Social Security Covered Compensation as of 1972 multiplied by Credited Service through June 30, 1972.

(c) An amount based on excess Final Five-Year Average Earnings and Credited Service from July 1, 1972 through December 31, 1988:

.75% of Final Five-Year Average Earnings in excess of Social Security Covered Compensation multiplied by Credited Service from July 1, 1972 through December 31, 1988.

(d) An amount based on excess Final Five-Year Average Earnings and Credited Service after December 31, 1988:

.65% of Final Five-Year Average Earnings in excess of Social Security Covered Compensation multiplied by Credited Service after December 31, 1988.

BronxCare Health System
Pension Plan for Employees
Schedule SB, Part V - Summary of Plan Provisions

6. Normal Retirement Benefit payable at age 65 for Participants with no Service after 2004

The benefit for employees who did not re-entered the Plan on or after January 1, 2005, is determined as the sum of (a) through (d) below:

(a) An amount based on Final Average Earnings and all of Credited Service:

1% of Final Average Earnings multiplied by Credited Service through June 30, 2001 plus 1.2% of Final Average Earnings multiplied by Credited Service from July 1, 2001 to December 31, 2003 plus 1.5% of Final Average Earnings multiplied by Credited Service after December 31, 2003.

(b) An amount based on excess Final Average Earnings and Credited Service through June 30, 1972:

.75% of Final Average Earnings in excess of Social Security Covered Compensation as of 1972 multiplied by Credited Service through June 30, 1972.

(c) An amount based on excess Final Average Earnings and Credited Service from July 1, 1972 through December 31, 1988:

.75% of Final Average Earnings in excess of Social Security Covered Compensation multiplied by Credited Service from July 1, 1972 through December 31, 1988.

(d) An amount based on excess Final Average Earnings and Credited Service after December 31, 1988:

.65% of Final Average Earnings in excess of Social Security Covered Compensation multiplied by Credited Service after December 31, 1988.

Credited Service for calculations in 6(b), 6(c), and 6(d) is limited to 35 years. The limitation is applied by reducing service in the most recent period for which service is credited under the Plan.

7. Early Retirement Benefit

(a) Eligibility

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

(b) Amount of Income

The amount of income determined in 5, 6 or 7 is reduced 1/180th for each month by which the early retirement date precedes the normal retirement date.

Effective January 1, 2005, there is no reduction for early retirement for nonunion participants who have attained age 62 and completed 20 years of Vesting Service with the New York State Nurses Association.

8. Vested Retirement Pension

(a) Eligibility

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

(b) Amount of Income

If the participant has at least 15 years of Vesting Service on termination of employment, the retirement benefit can start on the first day of any month after attainment of age 60. Otherwise, the retirement benefit starts on attainment of age 65. The amount of income is determined under 5, 6 or 7 and 8(b).

9. Pre-Retirement Death Benefit

(a) Eligibility

If a participant dies after becoming vested but before his pension commencement, his surviving spouse, if any, receives a survivor income. Effective January 1, 2005, if the participant is not married, his designated beneficiary receives the benefit.

(b) Benefit

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

10. Forms of Benefit Payments

(a) Normal Form of Benefit

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

(b) Optional Forms of Benefit

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

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

(c) Spouse Consent Requirement

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

(d) Lump Sum Cash-Out

If the actuarial value of a participant's vested benefit does not exceed $1,000, it may be paid as a lump sum at the option of the Plan Administrator. Lump sums are determined based on minimum present value segment rates. The segment rates used are the rates in effect for the 3rd full month prior to the beginning of the calendar quarter.

CHANGES IN PLAN PROVISIONS SINCE THE PRIOR YEAR

None.

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Cash Equivalents				
*	Principal	Short-term Investment Fund S10	2,239,877	2,239,877	2,239,877
	Mutual Funds				
	Baird Funds	Baird Short Term Bond Fund	601,617	5,804,248	5,757,479
	Vanguard Group	Vanguard Developed Markets Index Class INST #137	1,438,893	23,693,690	28,907,362
	Harbor Funds	Harbor International Core	1,049,196	17,179,947	17,773,381
	Vanguard Group	Vanguard Institutional Index Fund	65,359	12,464,682	36,083,563
	Vanguard Group	Vanguard Russell 1000 Growth Index Fund Institutional Shares	35,894	18,531,266	33,616,897
	Loomis Sayles Funds	Loomis Sayles I Fixed Income	1,940,441	26,077,176	23,207,670
	Metropolitan West Funds	Metropolitan West Total Return Bond	937,495	8,806,371	8,596,829
	PGIM Investments	PGIM Total Return Bond Fund Class R6	728,594	9,007,224	8,874,273
	Victory Capital / Sycamore Funds	Victory Sycamore Small Company Opportunity Fund Class I	193,826	8,645,826	8,807,474
	William Bliar Funds	William Blair Small Cap Growth Fund	111,726	3,349,060	3,783,034
	Oberweis Funds	Oberweis Small-Cap Opportunities	205,351	3,948,103	6,150,269
	Goldman Sachs Asset Management	Goldman Sachs GQP Partners International Opportunities Fund Class R6	906,174	16,356,292	20,352,677
	Cohen & Steers Funds	Cohen & Steers Real Estate Securities Fund Class I	495,326	7,651,937	8,598,868
	Total Mutual Funds			161,515,822	210,509,776
	Commingled Funds				
	State Street Global Advisors (SSGA)	SSGA Real Asset Non-Lending Fund	367,604	4,460,566	7,953,473
	State Street Global Advisors (SSGA)	SSGA S&P Midcap 400 Index	20,295	5,401,594	10,754,510
	Total Commingled Funds			9,862,160	18,707,983

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Limited Partnerships				
	Davidson Kempner Capital Management	Davidson Kempner Institutional	6,400,000	$ 6,400,000	$ 8,260,560
	Brandywine Global Investment Management	Brandywine US Fixed Income	530,782	5,961,603	6,631,706
	HBK Capital Management	HBK Multi-Strategy Offshore	6,000,000	6,000,000	6,000,000
	Blackstone Inc.	Blackstone BPIF	7,978,274	7,978,274	16,078,819
	KLS Diversified Asset Management	KL Special Opportunities Fund	27,671	6,900,000	11,275,468
	Marshall Wace LLP	Marshall Wace Funds PLC	21,034	7,504,291	9,533,916
	Steadfast Capital Management	Steadfast International LTD	75,000	7,500,000	12,634,389
	Graham Capital Management	Graham Absolute Return LTD.	8,842	6,537,299	7,530,738
	Mak Capital One LLC	Mak Capital International Limited	3,125	3,125,000	3,546,935
	Total Limited Partnerships			57,906,467	81,492,531
	Common Stocks				
	Consumer Discretionary				
	Amazon.com, Inc.	Amazon.Com Inc.	11,981	1,028,388	2,765,454
	Charter Communications, Inc.	Charter Communications Inc.	911	278,150	190,171
	Comcast Corporation	Comcast Corp Class A	42,472	1,558,724	1,269,488
	Hilton Worldwide Holdings Inc.	Hilton Worldwide Holdings Inc.	1,812	122,701	520,497
	Liberty Broadband Corporation	Liberty Broadband Corp	3,809	445,691	185,117
	Lennar Corporation	Lennar Corporation Class A	11,260	1,341,525	1,157,528
	Total Consumer Discretionary			4,775,179	6,088,255
	Consumer Staples				
	Estée Lauder Companies Inc.	Estee Lauder Companies Inc.	8,889	642,314	930,856

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	Energy				
	ConocoPhillips	ConocoPhillips	20,638	$ 2,112,223	$ 1,931,923
	Total Energy			2,112,223	1,931,923
	Financials				
	Capital One Financial Corporation	Capital One Financial Corp.	6,758	614,011	1,637,869
	Total Financials			614,011	1,637,869
	Health Care				
	Danaher Corp.	Danaher Corp.	6,437	1,261,156	1,473,558
	Elevance Health Inc.	Elevance Health Inc.	1,531	585,749	536,692
	Humana Inc	Humana Inc	3,263	1,003,704	835,752
	United Health Group Inc.	United Health Group Inc.	5,961	1,810,784	1,967,786
	Total Health Care			4,661,393	4,813,788

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	American Depository Receipts				
	ASML Holding NV	ASML Holding NV	882	669,899	943,617
	AerCap Holdings NV	AerCap Holdings NV	10,506	628,702	1,510,343
	Aon PLC	Aon PLC	2,248	541,948	793,274
	Bayer AG	Bayer AG ADR	94,890	976,362	1,026,710
	London Stock Exchange Group PLC	London Stock Exchange Group PLC	82,846	2,675,415	2,532,602
	Shell PLC	Royal Dutch Shell PLC ADR	9,084	528,324	667,492
	SAP SE	SAP SE	4,486	757,725	1,089,694
	Taiwan Semiconductor Manufacturing Company Limited	Taiwan Semiconductor Manufacturing ADR	5,417	537,438	1,646,172
	Total American Depository Receipts			7,315,813	10,209,904
	Industrials				
	MercadoLibre Inc.	MercadoLibre Inc.	447	900,286	900,374
	Woodward Inc.	Woodward Inc.	4,439	549,741	1,341,998
	Total Industrials			1,450,027	2,242,372

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Number of Shares	(d) Cost	(e) Current Value
	Common Stocks (continued)				
	Information Technology				
	Alphabet Inc.	Alphabet Inc. Class A	1,132	$ 32,308	354,316
	Alphabet Inc.	Alphabet Inc. Class C	4,398	161,648	1,380,092
	Intuit Com	Intuit Com	546	326,402	361,681
	Meta Platforms Inc.	Meta Platforms Inc.	1,190	220,051	785,507
	Microsoft Corporation	Microsoft Corp. Common Stock USD	3,873	481,547	1,873,060
	Workday INC	Workday INC	8,046	1,891,142	1,728,120
	PTC Inc.	PTC Inc.	2,495	398,760	434,654
	Total Information Technology			3,511,858	6,917,430
	Materials				
	Alcoa Corporation	Alcoa Corporation	16,470	612,662	875,216
	Martin Marietta Materials Inc.	Martin Marietta Materials Inc.	350	162,306	217,934
	Vulcan Materials Company	Vulcan Materials Company	723	162,955	206,214
	Total Materials			937,923	1,299,364
	Total Common Stocks			26,020,741	36,071,761
	Total Investments			$ 257,545,067	$ 349,021,928

The Pension Plan and Trust for the Employees of BronxCare Health System
EIN 13-1974191 PN 003
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Sale Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
	Number of Transactions							
Individual Transactions								
Short-Term Investment Fund S10	1	16,730,563	-	-	-	16,730,563	16,730,563	-
Short-Term Investment Fund S10	1	-	16,700,000	-	-	16,700,000	16,700,000	-
EuroPacific Growth Fund Class R6	1	-	16,730,563	-	-	13,437,648	16,730,563	3,292,915
Harbor International Core Fund Retirement	1	16,700,000	-	-	-	16,700,000	16,700,000	-
Series of Transactions								
Short-Term Investment Fund A S1	100	25,159,255	-	-	-	25,159,255	25,159,255	-
	75	-	27,148,262	-	-	27,148,262	27,148,262	-
Short-Term Investment Fund S10	86	27,281,529	-	-	-	27,281,529	27,281,529	-
	83	-	25,041,660	-	-	25,041,660	25,041,660	-
EuroPacific Growth Fund Class R6	1	422,362	-	-	-	422,362	422,362	-
	2	-	20,730,563	-	-	16,906,242	20,730,563	3,824,321
Harbor International Core Fund Retirement	2	479,948	-	-	-	479,948	479,948	-
	1	16,700,000	-	-	-	16,700,000	16,700,000	-