

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: HARBOR HEALTH SERVICES, INC. 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): HARBOR HEALTH SERVICES, INC.
2b Employer Identification Number (EIN): 23-7100550
2c Plan Sponsor's telephone number: 617-533-2300
2d Business code (see instructions): 621498

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	744
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	597
	6a(2)	607
	6b	6
	6c	140
	6d	753
	6e	2
	6f	755
	6g(1)	445
	6g(2)	465
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2L 2M 2F 2G 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HARBOR HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOR HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 23-7100550	

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

FID INV INSTL OPERATIONS CO., INC.

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

SENTINEL BENEFITS GROUP, INC.

04-3015875

(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?
15 50	N/A	61585	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SENTINEL PENSION ADVISORS, INC.

04-3422848

(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?
27 50	N/A	46506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FID INV INSTL OPERATIONS CO., INC.

04-2647786

(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?
50 64 65	RECORDKEEPER	1190	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HARBOR HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOR HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 23-7100550

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	5086
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	216400
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44935749
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	39372950	45157235
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		138199
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	138199
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39372950	45019036

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)	470268	
(B) Participants.....	2a(1)(B)	2668764	
(C) Others (including rollovers).....	2a(1)(C)	297470	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		3436502
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13384	
(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)		13384
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1441338	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1441338
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4791999
c Other income	2c		3388
d Total income. Add all income amounts in column (b) and enter total	2d		9686611

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3930043	
(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)		3930043
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)	63976	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	46506	
(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)		110482
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4040525

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5646086
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: AAFCPA'S INC.

(2) EIN: 04-2571780

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.)	X		5086
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HARBOR HEALTH SERVICES, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARBOR HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>23-7100550</u>	

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): 75-3169253 27-2037969

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	
---	--

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 01 / 02 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501066A.



HARBOR HEALTH SERVICES, INC. 403(B) PLAN

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Contents
December 31, 2024 and 2023

	<u>Pages</u>
Independent Auditor's Report	1 - 1B
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 8
Supplemental Schedules:	
Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions	9
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year	10 - 12

Independent Auditor's Report

To the Plan Administrator of
Harbor Health Services, Inc. 403(b) Plan:

We have performed audits of the financial statements of Harbor Health Services, Inc. 403(b) 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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Harbor Health Services, Inc. 403(b) 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 the qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 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 the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet 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 Harbor Health Services, Inc. 403(b) 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 Harbor Health Services, Inc. 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 Harbor Health Services, Inc. 403(b) 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 Harbor Health Services, Inc. 403(b) 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 certifications, 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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules, Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, and Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have 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 the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

AAFCPA, Inc.

Westborough, Massachusetts
June 17, 2025

HARBOR HEALTH SERVICES, INC. 403(B) PLANStatements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets	2024	2023
Investments, at fair value:		
Mutual funds	\$ 44,935,749	\$ 39,162,231
Money market funds	216,400	210,719
Total investments, at fair value	45,152,149	39,372,950
Participant contribution receivable	5,086	-
Total assets	45,157,235	39,372,950
Liabilities		
Due to broker for investments purchased	138,199	-
Net Assets Available for Benefits	\$ 45,019,036	\$ 39,372,950

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

Additions to Net Assets Attributed to:

Investment income:

Net appreciation of investments	\$ 4,791,999
Interest and dividends	<u>1,458,110</u>

Total investment income 6,250,109

Contributions:

Participant	2,668,764
Employer	470,268
Rollover	<u>297,470</u>

Total contributions 3,436,502

Total additions 9,686,611

Deductions from Net Assets Attributed to:

Benefits paid to participants	3,930,043
Administrative expenses	<u>110,482</u>

Total deductions 4,040,525

Net increase 5,646,086

Net Assets Available for Benefits:

Beginning of year 39,372,950

End of year \$ 45,019,036

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of Harbor Health Services, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

- a. **General** - The Plan, established in accordance with Section 403(b) of the Internal Revenue Code (IRC), is a defined contribution plan covering all eligible employees of Harbor Health Services, Inc. (the Agency) (the Plan Sponsor). The Plan Administrator is responsible for the oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Agency's Board of Directors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- b. **Eligibility** - All employees are eligible to participate in the Plan and make contributions upon hire. Employees will become eligible for the Agency's discretionary matching and discretionary non-elective contributions when they have completed one year of service (with at least 1,000 hours of services achieved within the year). Per diem employees are excluded from the Agency's discretionary matching and discretionary non-elective contributions.
- c. **Contributions** - Participants can contribute 100% of pre-tax annual compensation, subject to statutory limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan also allows for participants to make post-tax (Roth) contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan.

During 2024, the Agency elected to make a discretionary matching contribution of 2% of eligible participants' compensation totaling \$470,268. The Plan also provides for the Agency to make discretionary non-elective contributions. For the year ended December 31, 2024, the Agency elected not to make any discretionary non-elective contributions.

- d. **Participant Accounts** - Each participant's account is credited with the participant's contributions, the Agency's contributions, and an allocation of plan earnings, and is charged with an allocation of expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- e. **Vesting** - Participants are vested immediately in their contributions, all the Agency's contributions and earnings thereon.
- f. **Payment of Benefits** - The Plan provides for a retirement benefit to be paid to participants who have reached the age of 65, with no option for early retirement. There are also retirement benefits available upon disability or death. Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of their account balance or transfer the amount to another qualified plan. In addition, the Plan allows the Plan Administrator to automatically distribute to terminated participants their entire vested balance up to \$5,000. The Plan provides for the direct rollover to an individual retirement account (IRA) for terminated participants with balances up to \$5,000, unless directed otherwise by the participant. Effective April 1, 2024, the Plan Administrator adopted the optional SECURE Act 2.0 provision to increase the involuntary force-out distributions from \$5,000 to \$7,000.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

- f. **Payment of Benefits** (Continued) - The Plan allows in-service withdrawals upon attainment of age 59 ½. A participant may also request a withdrawal upon demonstration to the Plan Administrator that they are suffering a “hardship.” Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the IRC or standards established by the Secretary of the Treasury or their delegate.
- g. **Participant Loans** - The Plan does not allow for participant loans.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurement.

Purchases and sales of investments 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 of investments includes the Plan’s gains and losses on investments bought and sold, as well as held during the year.

Due to Broker for Investments Purchased

Amount relates to investments purchased by the qualified institution prior to the plan year-end, in advance of receiving the last contribution of the plan year-end. This is recorded as a liability in the accompanying financial statements as these were funded into the Plan subsequent to year-end. The Plan had investments that were purchased in advance of \$138,199 as of December 31, 2024, presented in the accompanying statements of net assets available for benefits.

Contributions

Contributions from plan participants and the discretionary matching contributions from the Agency are recorded in the year which the participant contributions are withheld from compensation. Discretionary non-elective contributions are recorded when such contributions are authorized by the Agency’s Board of Directors.

Payment of Benefits

Benefits are recorded when paid.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Agency and are excluded from these financial statements. Fees related to the processing of distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of investments.

Subsequent Events

Subsequent events have been evaluated through June 17, 2025, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTIONS

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, Ascensus, LLC, as an authorized representative of Ascensus Trust Company and Newport Trust Company, LLC, Matrix Trust Company, and Fidelity Management Trust Company, the qualified institutions, have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and the related investment transactions and investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs). The fair value hierarchy is as follows:

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

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodology used for assets measured at fair value:

Mutual funds and money market funds: Valued at the daily closing price as reported by the funds. Mutual funds and money market funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price and are valued using observable inputs. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

There has been no change in the methodology used as of December 31, 2024 and 2023.

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

The following tables present by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Description	2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 44,935,749	\$ -	\$ -	\$ 44,935,749
Money market funds	216,400	-	-	216,400
Total investments, at fair value	<u>\$ 45,152,149</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 45,152,149</u>

Description	2023			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 39,162,231	\$ -	\$ -	\$ 39,162,231
Money market funds	210,719	-	-	210,719
Total investments, at fair value	<u>\$ 39,372,950</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,372,950</u>

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2024 and 2023

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Agency has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all accrued benefits shall be paid to participants in accordance with the provisions of the Plan.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. The Plan has a service agreement with the Vanguard Group (Vanguard), who has retained Ascensus, LLC as a subcontractor to provide recordkeeping services for the Plan. Both Vanguard and Ascensus, LLC are considered parties-in-interest. Accordingly, transactions with investment funds managed and held by the qualified institutions are considered party-in-interest transactions. During 2024, the Plan paid transaction, recordkeeping, plan service fees, and third-party administrator investment advisor fees of \$110,482.

7. TAX STATUS

The Plan Sponsor has obtained an opinion letter dated January 2, 2018, in which the Internal Revenue Service stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

8. RISKS AND UNCERTAINTIES

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

9. DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2024, the Plan Sponsor failed to segregate and remit in a timely manner certain participant contributions (salary reduction amounts) from its assets within the required time period as specified by the United States DOL Reg. 2520.3012. Failure to segregate and remit contributions within the specified time period is a prohibited transaction. The Plan Sponsor computed the lost earnings on these 2024 deferrals and subsequently remitted the deferrals and made a contribution for lost earnings to the Plan in January 2025.

**HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)**

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2024

Year	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024	\$ 5,086 *	\$ 5,108 **	\$ -	\$ -	\$ -

* \$5,086 represents delinquent participant contributions that were submitted for the year ended December 31, 2024.

** Includes \$22 of lost earnings on the \$5,086 of delinquent participant contributions for the plan year ended December 31, 2024, that were corrected in January 2025.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Total Market Index	Mutual Fund	*	\$ 14,987,496
**	Fidelity Global US Index Institutional Premium	Mutual Fund	*	4,330,324
**	PIMCO Short Asset Investment Fund Institutional	Mutual Fund	*	2,130,617
**	Fidelity Total Bond Fund	Mutual Fund	*	2,014,798
**	Fidelity U.S. Bond Index Instl Premium	Mutual Fund	*	1,999,085
**	ALPS/Smith Total Return Bond	Mutual Fund	*	1,905,887
**	Fidelity 500 Index Institutional Premium	Mutual Fund	*	1,888,920
**	Guaranteed Income Fund	Mutual Fund	*	1,212,566
**	Fidelity Freedom 2030 Fund	Mutual Fund	*	999,944
**	BlackRock Systematic Multi-Strategic Instl	Mutual Fund	*	899,958
**	Fidelity Mid Cap Index Institutional Premium	Mutual Fund	*	865,516
**	Fidelity Blue Chip Growth Fund	Mutual Fund	*	809,051
**	Goldman Sachs GQG Partners Institutional Opps R6	Mutual Fund	*	784,741
**	Fidelity Select Semiconductors Fund	Mutual Fund	*	698,083
**	Vanguard 500 Index Fund Admiral	Mutual Fund	*	652,084
**	Vanguard STAR Fund	Mutual Fund	*	581,815
**	Fidelity Growth Company Fund	Mutual Fund	*	572,772
**	Fidelity Selected Software Fund	Mutual Fund	*	536,791
**	Principal Blue Chip R6	Mutual Fund	*	495,253
**	Fidelity Selected Hardware	Mutual Fund	*	410,769
**	Fidelity Contrafund	Mutual Fund	*	361,251
**	Vanguard Equity Income Fund Admiral Shares	Mutual Fund	*	346,330
**	Vanguard PRIMECAP Fund	Mutual Fund	*	314,314
**	Vanguard Total Stock Market Index Fund A	Mutual Fund	*	293,876
**	Fidelity Magellan Fund	Mutual Fund	*	241,591
**	Fidelity Selected Financial Fund	Mutual Fund	*	223,276
**	Fidelity Selected Healthcare Services Fund	Mutual Fund	*	216,372
**	Fidelity Selected Pharmaceutical Fund	Mutual Fund	*	181,667
**	Fidelity Freedom 2040 Fund	Mutual Fund	*	171,138
**	Fidelity Asset Manager 70% Fund	Mutual Fund	*	169,096
**	Fidelity Leveraged Company Stock Fund	Mutual Fund	*	157,325
**	Fidelity OTC Portfolio Fund	Mutual Fund	*	152,711
**	Vanguard Wellington Fund Investor	Mutual Fund	*	141,248
**	MFS Mid Cap Value Fund	Mutual Fund	*	132,726
**	Fidelity Equity Income Fund	Mutual Fund	*	127,971
**	Fidelity Investors Growth Bond Fund	Mutual Fund	*	122,560
**	Fidelity Emerging Markets Fund	Mutual Fund	*	121,895
**	Vanguard Growth Index Fund Admiral	Mutual Fund	*	116,257
**	American Funds Europacific Growth R6	Mutual Fund	*	112,986
**	Fidelity Selected Retailing Fund	Mutual Fund	*	104,019
**	Fidelity Selected Banking Fund	Mutual Fund	*	99,941
**	Vanguard FTSE Social Index Fund	Mutual Fund	*	99,368
**	Carillon Eagle Mid Cap Growth Fund Class R6	Mutual Fund	*	93,987
**	Fidelity Government Money Market Premium Fund	Money Market Fund	*	93,811
**	Fidelity Freedom 2020 Fund	Mutual Fund	*	92,892
**	Loomis Sayles Small Cap Growth Fund N	Mutual Fund	*	88,500
**	Fidelity Selected Biotechnology Fund	Mutual Fund	*	86,618

**HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Government Money Market Fund	Money Market Fund	*	83,989
**	Fidelity Puritan Fund	Mutual Fund	*	74,237
**	Fidelity International Index Institutional Premium	Mutual Fund	*	73,615
**	Fidelity Selected Wireless Fund	Mutual Fund	*	73,114
**	Vanguard U.S. Growth Fund Admiral	Mutual Fund	*	68,752
**	Fidelity Selected ENT Tech SVC Fund	Mutual Fund	*	66,992
**	Fidelity Balanced Fund	Mutual Fund	*	59,016
**	Vanguard Inflation-Protected Securities Inv	Mutual Fund	*	53,554
**	Allspring Special Small Cap Value Fund Administrator	Mutual Fund	*	53,457
**	Fidelity Small Cap Index Institutional Premium	Mutual Fund	*	51,180
**	Fidelity Freedom 2045 Fund	Mutual Fund	*	50,022
**	Blackrock Strategic Income Opps Instl	Mutual Fund	*	49,765
**	Fidelity Selected Telecommuting Fund	Mutual Fund	*	49,135
**	Fidelity Japan Small Company Fund	Mutual Fund	*	47,367
**	Fidelity Selected Energy Fund	Mutual Fund	*	46,938
**	Fidelity Small Cap Growth Fund	Mutual Fund	*	46,527
**	Fidelity Growth and Income Fund	Mutual Fund	*	45,961
**	Vanguard GNMA Fund	Mutual Fund	*	44,723
**	Vanguard U.S. Growth Fund Investor	Mutual Fund	*	43,785
**	Fidelity Stock Selected Small Cap Fund	Mutual Fund	*	41,389
**	Fidelity Selected Natural Reserves Fund	Mutual Fund	*	40,129
**	Fidelity Low Priced Stock Fund	Mutual Fund	*	39,265
**	Fidelity Freedom 2025 Fund	Mutual Fund	*	39,083
**	Fidelity Small Cap Value	Mutual Fund	*	33,666
**	Fidelity NASDAQ Composite Index Fund	Mutual Fund	*	33,059
**	Vanguard Federal Money Market Fund	Money Market Fund	*	31,153
**	Fidelity Europe Fund	Mutual Fund	*	29,685
**	Fidelity Selected Technology Fund	Mutual Fund	*	28,454
**	Vanguard Long-Term Treasury Fund	Mutual Fund	*	28,315
**	Fidelity Capital and Income Fund	Mutual Fund	*	27,487
**	Vanguard International Growth Fund Investor	Mutual Fund	*	25,697
**	Fidelity Blue Chip Value Fund	Mutual Fund	*	25,589
**	Fidelity Canada Fund	Mutual Fund	*	23,807
**	Fidelity 500 Index	Mutual Fund	*	22,954
**	Fidelity Real Estate Income Fund	Mutual Fund	*	22,582
**	Fidelity Value Fund	Mutual Fund	*	21,891
**	Fidelity International Small Cap Fund	Mutual Fund	*	21,160
**	Invesco International Small - Mid Company Fund Y	Mutual Fund	*	19,454
**	Fidelity Worldwide Fund	Mutual Fund	*	19,418
**	Fidelity Mid Cap Stock Fund	Mutual Fund	*	19,014
**	Vanguard Windsor Fund	Mutual Fund	*	17,419
**	Fidelity International Value Fund	Mutual Fund	*	16,903
**	Vanguard Target Retirement 2035 Fund	Mutual Fund	*	16,383
**	Vanguard Target Retirement 2045 Fund	Mutual Fund	*	16,018
**	Fidelity Emerging Asia Fund	Mutual Fund	*	14,718
**	Fidelity Diversified International Fund	Mutual Fund	*	14,114
**	Fidelity Small Cap Stock Fund	Mutual Fund	*	14,075

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Vanguard Mid-Cap Value Index Fund	Mutual Fund	*	12,025
**	Vanguard Windsor II Admiral Fund	Mutual Fund	*	11,637
**	Fidelity Multi Asset Index	Mutual Fund	*	11,423
**	Vanguard Life Strategy Growth Fund	Mutual Fund	*	9,322
**	Fidelity Freedom Income Fund	Mutual Fund	*	9,041
**	Fidelity Intermediate Government Income Fund	Mutual Fund	*	8,282
**	Vanguard International Growth Fund Admiral	Mutual Fund	*	7,167
**	Fidelity Asset Manager 50% Fund	Mutual Fund	*	6,846
**	Fidelity Freedom 2050 Fund	Mutual Fund	*	6,479
**	Fidelity Inflation Protected Bond Fund	Mutual Fund	*	6,295
**	Vanguard Wellington Fund Admiral	Mutual Fund	*	5,933
**	Fidelity LTD Term Government	Mutual Fund	*	5,375
**	Vanguard Life Strategy Moderate Growth Fund	Mutual Fund	*	5,221
**	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	*	4,772
**	Fidelity Government Cash Reserve Fund	Money Market Fund	*	3,968
**	Fidelity Emerging Markets Premium	Mutual Fund	*	3,090
**	Fidelity Strategic Income Fund	Mutual Fund	*	2,448
**	Fidelity Dividend Growth Fund	Mutual Fund	*	1,919
**	Fidelity Treasury Only Money Market Fund	Money Market Fund	*	1,454
**	Vanguard Cash Reserves Federal Money	Money Market Fund	*	1,163
**	Fidelity Selected Industrials	Mutual Fund	*	1,097
**	Reserve Cash Account	Money Market Fund	*	435
**	Vanguard Treasury Money Market Fund	Money Market Fund	*	427
**	Vanguard Growth and Income Fund Admiral	Mutual Fund	*	421
**	Vanguard Target Retirement Income Fund	Mutual Fund	*	386
**	Fidelity Selected Med Tech & DV	Mutual Fund	*	317
				\$ 45,152,149

* The cost of participant-directed investments is not required to be disclosed.

** Represents a Party-In-Interest to the Plan

**HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)**

Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2024

Year	Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2024	\$ 5,086 *	\$ 5,108 **	\$ -	\$ -	\$ -

* \$5,086 represents delinquent participant contributions that were submitted for the year ended December 31, 2024.

** Includes \$22 of lost earnings on the \$5,086 of delinquent participant contributions for the plan year ended December 31, 2024, that were corrected in January 2025.

**HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Total Market Index	Mutual Fund	*	\$ 14,987,496
**	Fidelity Global US Index Institutional Premium	Mutual Fund	*	4,330,324
**	PIMCO Short Asset Investment Fund Institutional	Mutual Fund	*	2,130,617
**	Fidelity Total Bond Fund	Mutual Fund	*	2,014,798
**	Fidelity U.S. Bond Index Instl Premium	Mutual Fund	*	1,999,085
**	ALPS/Smith Total Return Bond	Mutual Fund	*	1,905,887
**	Fidelity 500 Index Institutional Premium	Mutual Fund	*	1,888,920
**	Guaranteed Income Fund	Mutual Fund	*	1,212,566
**	Fidelity Freedom 2030 Fund	Mutual Fund	*	999,944
**	BlackRock Systematic Multi-Strategic Instl	Mutual Fund	*	899,958
**	Fidelity Mid Cap Index Institutional Premium	Mutual Fund	*	865,516
**	Fidelity Blue Chip Growth Fund	Mutual Fund	*	809,051
**	Goldman Sachs GQG Partners Institutional Opps R6	Mutual Fund	*	784,741
**	Fidelity Select Semiconductors Fund	Mutual Fund	*	698,083
**	Vanguard 500 Index Fund Admiral	Mutual Fund	*	652,084
**	Vanguard STAR Fund	Mutual Fund	*	581,815
**	Fidelity Growth Company Fund	Mutual Fund	*	572,772
**	Fidelity Selected Software Fund	Mutual Fund	*	536,791
**	Principal Blue Chip R6	Mutual Fund	*	495,253
**	Fidelity Selected Hardware	Mutual Fund	*	410,769
**	Fidelity Contrafund	Mutual Fund	*	361,251
**	Vanguard Equity Income Fund Admiral Shares	Mutual Fund	*	346,330
**	Vanguard PRIMECAP Fund	Mutual Fund	*	314,314
**	Vanguard Total Stock Market Index Fund A	Mutual Fund	*	293,876
**	Fidelity Magellan Fund	Mutual Fund	*	241,591
**	Fidelity Selected Financial Fund	Mutual Fund	*	223,276
**	Fidelity Selected Healthcare Services Fund	Mutual Fund	*	216,372
**	Fidelity Selected Pharmaceutical Fund	Mutual Fund	*	181,667
**	Fidelity Freedom 2040 Fund	Mutual Fund	*	171,138
**	Fidelity Asset Manager 70% Fund	Mutual Fund	*	169,096
**	Fidelity Leveraged Company Stock Fund	Mutual Fund	*	157,325
**	Fidelity OTC Portfolio Fund	Mutual Fund	*	152,711
**	Vanguard Wellington Fund Investor	Mutual Fund	*	141,248
**	MFS Mid Cap Value Fund	Mutual Fund	*	132,726
**	Fidelity Equity Income Fund	Mutual Fund	*	127,971
**	Fidelity Investors Growth Bond Fund	Mutual Fund	*	122,560
**	Fidelity Emerging Markets Fund	Mutual Fund	*	121,895
**	Vanguard Growth Index Fund Admiral	Mutual Fund	*	116,257
**	American Funds Europacific Growth R6	Mutual Fund	*	112,986
**	Fidelity Selected Retailing Fund	Mutual Fund	*	104,019
**	Fidelity Selected Banking Fund	Mutual Fund	*	99,941
**	Vanguard FTSE Social Index Fund	Mutual Fund	*	99,368
**	Carillon Eagle Mid Cap Growth Fund Class R6	Mutual Fund	*	93,987
**	Fidelity Government Money Market Premium Fund	Money Market Fund	*	93,811
**	Fidelity Freedom 2020 Fund	Mutual Fund	*	92,892
**	Loomis Sayles Small Cap Growth Fund N	Mutual Fund	*	88,500
**	Fidelity Selected Biotechnology Fund	Mutual Fund	*	86,618

**HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Government Money Market Fund	Money Market Fund	*	83,989
**	Fidelity Puritan Fund	Mutual Fund	*	74,237
**	Fidelity International Index Institutional Premium	Mutual Fund	*	73,615
**	Fidelity Selected Wireless Fund	Mutual Fund	*	73,114
**	Vanguard U.S. Growth Fund Admiral	Mutual Fund	*	68,752
**	Fidelity Selected ENT Tech SVC Fund	Mutual Fund	*	66,992
**	Fidelity Balanced Fund	Mutual Fund	*	59,016
**	Vanguard Inflation-Protected Securities Inv	Mutual Fund	*	53,554
**	Allspring Special Small Cap Value Fund Administrator	Mutual Fund	*	53,457
**	Fidelity Small Cap Index Institutional Premium	Mutual Fund	*	51,180
**	Fidelity Freedom 2045 Fund	Mutual Fund	*	50,022
**	Blackrock Strategic Income Opps Instl	Mutual Fund	*	49,765
**	Fidelity Selected Telecommuting Fund	Mutual Fund	*	49,135
**	Fidelity Japan Small Company Fund	Mutual Fund	*	47,367
**	Fidelity Selected Energy Fund	Mutual Fund	*	46,938
**	Fidelity Small Cap Growth Fund	Mutual Fund	*	46,527
**	Fidelity Growth and Income Fund	Mutual Fund	*	45,961
**	Vanguard GNMA Fund	Mutual Fund	*	44,723
**	Vanguard U.S. Growth Fund Investor	Mutual Fund	*	43,785
**	Fidelity Stock Selected Small Cap Fund	Mutual Fund	*	41,389
**	Fidelity Selected Natural Reserves Fund	Mutual Fund	*	40,129
**	Fidelity Low Priced Stock Fund	Mutual Fund	*	39,265
**	Fidelity Freedom 2025 Fund	Mutual Fund	*	39,083
**	Fidelity Small Cap Value	Mutual Fund	*	33,666
**	Fidelity NASDAQ Composite Index Fund	Mutual Fund	*	33,059
**	Vanguard Federal Money Market Fund	Money Market Fund	*	31,153
**	Fidelity Europe Fund	Mutual Fund	*	29,685
**	Fidelity Selected Technology Fund	Mutual Fund	*	28,454
**	Vanguard Long-Term Treasury Fund	Mutual Fund	*	28,315
**	Fidelity Capital and Income Fund	Mutual Fund	*	27,487
**	Vanguard International Growth Fund Investor	Mutual Fund	*	25,697
**	Fidelity Blue Chip Value Fund	Mutual Fund	*	25,589
**	Fidelity Canada Fund	Mutual Fund	*	23,807
**	Fidelity 500 Index	Mutual Fund	*	22,954
**	Fidelity Real Estate Income Fund	Mutual Fund	*	22,582
**	Fidelity Value Fund	Mutual Fund	*	21,891
**	Fidelity International Small Cap Fund	Mutual Fund	*	21,160
**	Invesco International Small - Mid Company Fund Y	Mutual Fund	*	19,454
**	Fidelity Worldwide Fund	Mutual Fund	*	19,418
**	Fidelity Mid Cap Stock Fund	Mutual Fund	*	19,014
**	Vanguard Windsor Fund	Mutual Fund	*	17,419
**	Fidelity International Value Fund	Mutual Fund	*	16,903
**	Vanguard Target Retirement 2035 Fund	Mutual Fund	*	16,383
**	Vanguard Target Retirement 2045 Fund	Mutual Fund	*	16,018
**	Fidelity Emerging Asia Fund	Mutual Fund	*	14,718
**	Fidelity Diversified International Fund	Mutual Fund	*	14,114
**	Fidelity Small Cap Stock Fund	Mutual Fund	*	14,075

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Vanguard Mid-Cap Value Index Fund	Mutual Fund	*	12,025
**	Vanguard Windsor II Admiral Fund	Mutual Fund	*	11,637
**	Fidelity Multi Asset Index	Mutual Fund	*	11,423
**	Vanguard Life Strategy Growth Fund	Mutual Fund	*	9,322
**	Fidelity Freedom Income Fund	Mutual Fund	*	9,041
**	Fidelity Intermediate Government Income Fund	Mutual Fund	*	8,282
**	Vanguard International Growth Fund Admiral	Mutual Fund	*	7,167
**	Fidelity Asset Manager 50% Fund	Mutual Fund	*	6,846
**	Fidelity Freedom 2050 Fund	Mutual Fund	*	6,479
**	Fidelity Inflation Protected Bond Fund	Mutual Fund	*	6,295
**	Vanguard Wellington Fund Admiral	Mutual Fund	*	5,933
**	Fidelity LTD Term Government	Mutual Fund	*	5,375
**	Vanguard Life Strategy Moderate Growth Fund	Mutual Fund	*	5,221
**	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	*	4,772
**	Fidelity Government Cash Reserve Fund	Money Market Fund	*	3,968
**	Fidelity Emerging Markets Premium	Mutual Fund	*	3,090
**	Fidelity Strategic Income Fund	Mutual Fund	*	2,448
**	Fidelity Dividend Growth Fund	Mutual Fund	*	1,919
**	Fidelity Treasury Only Money Market Fund	Money Market Fund	*	1,454
**	Vanguard Cash Reserves Federal Money	Money Market Fund	*	1,163
**	Fidelity Selected Industrials	Mutual Fund	*	1,097
**	Reserve Cash Account	Money Market Fund	*	435
**	Vanguard Treasury Money Market Fund	Money Market Fund	*	427
**	Vanguard Growth and Income Fund Admiral	Mutual Fund	*	421
**	Vanguard Target Retirement Income Fund	Mutual Fund	*	386
**	Fidelity Selected Med Tech & DV	Mutual Fund	*	317
				<u>\$ 45,152,149</u>

* The cost of participant-directed investments is not required to be disclosed.

** Represents a Party-In-Interest to the Plan