

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 08/01/1966
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH JOHN DOYLE 43 WHITING HILL RD BREWER, ME 04412
2b	Employer Identification Number (EIN) 01-0527066
2c	Plan Sponsor's telephone number 207-973-7868
2d	Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2025	JOHN DOYLE, NLH VP OF FINANCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 8602
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) 4838 6a(2) 4302 6b 678 6c 2218 6d 7198 6e 58 6f 7256 6g(1) 0 6g(2) 0 6h 172
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:

1A 1C 1F 2H 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH	D Employer Identification Number (EIN) 01-0527066	

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	895202 077	103	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 447380**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 549777**c** Additions: (1) Contributions deposited during the year **7c(1)** 16545
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 10791
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 27336**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 577113**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 129733(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 129733**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 447380

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ 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 NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH	D Employer Identification Number (EIN) 01-0527066
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	273377638	
b	Actuarial value	2b	285604955	
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	683	50299993	50299993
b	For terminated vested participants	3081	102346318	102346318
c	For active participants	4838	182404436	183531733
d	Total	8602	335050747	336178044
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	5.11 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	16960277	
b	Expected plan-related expenses	6b	5314594	
c	Target normal cost	6c	22274871	

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 BRENDAN HOU Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 NEW MILLENNIUM WAY BLDG 3 DURHAM, NC 27709 Address of the firm	07/21/2025 Date 23-08430 Most recent enrollment number 919-458-7029 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		16353
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)		16353
10 Interest on line 9 using prior year's actual return of 12.63 %		2065
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2304521
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22 %		120296
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		2424817
d Portion of (c) to be added to prefunding balance		2424817
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		2443235

Part III Funding Percentages

14 Funding target attainment percentage	14	84.22 %
15 Adjusted funding target attainment percentage	15	84.22 %
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	85.75 %
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
01/10/2025	6200000				
04/11/2025	10400000				
04/12/2024	6300000				
07/11/2025	6900000				
07/15/2024	6300000				
10/10/2024	3731782				
Totals ►			18(b)	39831782	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	37985020

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: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	22274871	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	53016324	5169650	
b Waiver amortization installment			
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	27444521	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		2443235	2443235
36 Additional cash requirement (line 34 minus line 35)	36	25001286	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	37985020	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12983734	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2443235	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		
40 Unpaid minimum required contributions for all years	40		

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH	D Employer Identification Number (EIN) 01-0527066

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

FIDELITY INVESTMENTS INST OPER CO

PO BOX 770002
CINCINNATI, OH 45277-0027

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?
64 65	RECORDKEEPER	69460	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

BERRY DUNN

2211 CONGRESS STREET
PORTLAND, ME 04102

01-0523282

(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?
10	AUDITOR	10535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

ONE SEAGATE
SUITE 1800
TOLEDO, OH 43604-1558

06-1053228

(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?
17	CONSULTANT	162219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

333 S WABASH AVE
WB-42
CHICAGO, IL 60604

36-1561860

(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?
25	TRUSTEE	380266	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

NEPC, LLC

255 STATE STREET
BOSTON, MA 02109

26-1429809

(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	INVESTMENT ADVISOR	232635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SNOWMAN GROUP

1 PRINTERS DRIVE
HERMON, ME 04401

01-0309583

(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?
49	DOCUMENT PRINTING	6063	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
FIDELITY INVESTMENTS INST OPER CO	60	
(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.	
FED MDT SMCAP GRTH I 04-0025081	2000 CROWN COLONY DRIVE QUINCY, MA 02169	.35% OF THE FUND'S TOTAL NET ASSETS
(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:	BERRY, DUNN, MCNEIL, & PARKER, LLC	b EIN:	01-0523282
c Position:	ACCOUNTANT		
d Address:	2211 CONGRESS STREET PORTLAND, ME 04102	e Telephone:	207-541-2200

Explanation: BERRYDUNN UNDERTOOK AN INTERNAL INITIATIVE TO RESTRUCTURE ITS BUSINESS UNDER AN ALTERNATIVE PRACTICE STRUCTURE, WHICH IS PERMITTED BY THE AICPA. AS OF JANUARY 1, 2025, BERRYDUNN WILL OPERATE WITH A NEWLY FORMED ENTITY, BDMP ASSURANCE, LLP, ALONGSIDE

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH		D Employer Identification Number (EIN) 01-0527066
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: WILLIAM BLAIR EMERGING MARKETS GROW		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 27-6331814-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10545411
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS GLOBAL EQUITY FUND CIT		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6251411-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12586678
a Name of MTIA, CCT, PSA, or 103-12 IE: LINDSELL TRAIN GLOBAL EQUITY LLC		
b Name of sponsor of entity listed in (a): LINDSELL TRAIN GLOBAL EQUITY LLC		
c EIN-PN 35-2496423-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15571569
a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND		
b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANGEMENT CAYMAN LTD		
c EIN-PN 76-6192146-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15914583
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US CREDIT CORP BO		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 45-6204345-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30717955
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE 100 HEDGED T		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 90-0337987-455	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10451491
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP COMPLET		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12438389
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 R FLAGSHIP NON-LENDING

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40194046
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 20 YEAR US TREASURY ST

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12820055
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EMERGING MARKETS

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-163	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4173785
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TREASURY INDEX NL C

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 85-1553502-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25728152
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 3-10 YEAR US CREDIT IN

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-480	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34477402
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT SHORT TERM

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5731283
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE SM CAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-164	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4086848
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a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US 1000 IDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 06-6556853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21594203
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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)
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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)
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH	D Employer Identification Number (EIN) 01-0527066

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17200000	23500000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	28526	23129
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2958326	3314356
(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)	243416515	257031850
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	14446314	14557007
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	549777	447380
(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	278599458	298873722
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	234056	216004
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	234056	216004
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	278365402	298657718

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)	39831782	
(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)		39831782
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)	12444	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		12444
(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)	765443	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		765443
(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)	356030	
(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)		24884435
(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)		181214
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		66031348

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39851185	
(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)		39851185
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)	69460	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	10535	
(5) Investment advisory and investment management fees	2i(5)	232635	
(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)	380266	
(11) Other expenses	2i(11)	5194951	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5887847
j Total expenses. Add all expense amounts in column (b) and enter total	2j		45739032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20292316
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: **BDMP ASSURANCE, LLP**

(2) EIN: **99-4708358**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		6000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550876.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH				D Employer Identification Number (EIN) 01-0527066	
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	
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): 36-1561860					
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	1442
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	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
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	0
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 55.2 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 39.0 %

High-Yield Debt: 1.2 % Real Assets: _____ % Cash or Cash Equivalents: 0.6 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



Northern Light Health Retirement Partnership Plan

FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULES

December 31, 2024 and 2023
With Independent Auditor's Report





BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Northern Light Health Retirement Partnership Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements

We have performed an audit of the financial statements of Northern Light Health Retirement Partnership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section:

- the amounts and disclosures in the 2024 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 U.S. generally accepted accounting principles (U.S. GAAP).
- the information in the 2024 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 on the 2024 Financial Statements

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 U.S. 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 U.S. 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.

Plan Administrator
Northern Light Health Retirement Partnership Plan

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

Our audit 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 2024 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 U.S. GAAP.

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 U.S. GAAP.

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

2024 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the DOL'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 audit 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 U.S. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plan Administrator
Northern Light Health Retirement Partnership Plan

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 DOL'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).

Auditor's Report on the 2023 Financial Statements

The financial statements of the Plan as of December 31, 2023 were audited by Berry, Dunn, McNeil & Parker, LLC. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 7, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the 2023 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agrees to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 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).

BDMF Assurance, LLP

Portland, Maine
September 15, 2025

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN**Statement of Net Assets Available for Benefits****December 31, 2024**

	Cash Balance <u>Fund</u>	Defined Contributions <u>Fund</u>	<u>Total</u>
Assets			
Investments – at fair value			
Common collective trusts	\$ 257,031,850	\$ -	\$ 257,031,850
Institutional mutual funds	-	3,983,369	3,983,369
Liability hedging asset funds	3,314,356	-	3,314,356
Multi-asset fund	<u>10,573,638</u>	<u>-</u>	<u>10,573,638</u>
Total investments – at fair value	270,919,844	3,983,369	274,903,213
Investments – at contract value			
Group annuity contract	<u>-</u>	<u>447,380</u>	<u>447,380</u>
Total investments	<u>270,919,844</u>	<u>4,430,749</u>	<u>275,350,593</u>
Employer contributions receivable	23,500,000	-	23,500,000
Other receivables	<u>23,129</u>	<u>-</u>	<u>23,129</u>
Total assets	294,442,973	4,430,749	298,873,722
Liabilities – accrued expenses	<u>216,004</u>	<u>-</u>	<u>216,004</u>
Net assets available for benefits	<u>\$ 294,226,969</u>	<u>\$ 4,430,749</u>	<u>\$ 298,657,718</u>

The accompanying notes are an integral part of these financial statements.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Net Assets Available for Benefits

December 31, 2023

	Cash Balance <u>Fund</u>	Defined Contributions <u>Fund</u>	<u>Total</u>
Assets			
Investments – at fair value			
Common collective trusts	\$ 243,416,515	\$ -	\$ 243,416,515
Institutional mutual funds	-	4,291,326	4,291,326
Liability hedging asset funds	2,958,326	-	2,958,326
Multi-asset fund	<u>10,154,988</u>	<u>-</u>	<u>10,154,988</u>
Total investments – at fair value	256,529,829	4,291,326	260,821,155
Investments – at contract value			
Group annuity contract	<u>-</u>	<u>549,777</u>	<u>549,777</u>
Total investments	<u>256,529,829</u>	<u>4,841,103</u>	<u>261,370,932</u>
Employer contributions receivable	17,200,000	-	17,200,000
Other receivables	<u>28,526</u>	<u>-</u>	<u>28,526</u>
Total assets	273,758,355	4,841,103	278,599,458
Liabilities – accrued expenses	<u>234,056</u>	<u>-</u>	<u>234,056</u>
Net assets available for benefits	<u>\$ 273,524,299</u>	<u>\$ 4,841,103</u>	<u>\$ 278,365,402</u>

The accompanying notes are an integral part of these financial statements.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN**Statement of Changes in Net Assets Available for Benefits****Year Ended December 31, 2024**

	Cash Balance <u>Fund</u>	Defined Contributions <u>Fund</u>	<u>Total</u>
Investment activity			
Net appreciation of investments	\$ 25,055,395	\$ 366,284	\$ 25,421,679
Interest and dividends	<u>603,720</u>	<u>174,167</u>	<u>777,887</u>
Total investment activity	<u>25,659,115</u>	<u>540,451</u>	<u>26,199,566</u>
Employer contributions	<u>39,831,782</u>	<u>-</u>	<u>39,831,782</u>
Deductions			
Benefits paid to participants	38,909,464	941,721	39,851,185
Trustee expenses	368,011	-	368,011
Pension Benefit Guaranty Corporation expense	5,025,547	-	5,025,547
Administrative expenses	<u>485,205</u>	<u>9,084</u>	<u>494,289</u>
Total deductions	<u>44,788,227</u>	<u>950,805</u>	<u>45,739,032</u>
Net increase (decrease)	20,702,670	(410,354)	20,292,316
Net assets available for benefits			
Beginning of year	<u>273,524,299</u>	<u>4,841,103</u>	<u>278,365,402</u>
End of year	<u>\$ 294,226,969</u>	<u>\$ 4,430,749</u>	<u>\$ 298,657,718</u>

The accompanying notes are an integral part of these financial statements.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

	Cash Balance <u>Fund</u>	Defined Contributions <u>Fund</u>	<u>Total</u>
Investment activity			
Net appreciation of investments	\$ 29,572,228	\$ 539,574	\$ 30,111,802
Interest and dividends	<u>371,860</u>	<u>130,669</u>	<u>502,529</u>
Total investment activity	<u>29,944,088</u>	<u>670,243</u>	<u>30,614,331</u>
Employer contributions	<u>33,700,000</u>	<u>-</u>	<u>33,700,000</u>
Deductions			
Benefits paid to participants	40,452,956	681,987	41,134,943
Trustee expenses	336,479	-	336,479
Pension Benefit Guaranty Corporation expense	6,230,092	-	6,230,092
Administrative expenses	<u>479,448</u>	<u>9,944</u>	<u>489,392</u>
Total deductions	<u>47,498,975</u>	<u>691,931</u>	<u>48,190,906</u>
Net increase (decrease)	16,145,113	(21,688)	16,123,425
Net assets available for benefits			
Beginning of year	<u>257,379,186</u>	<u>4,862,791</u>	<u>262,241,977</u>
End of year	\$ <u>273,524,299</u>	\$ <u>4,841,103</u>	\$ <u>278,365,402</u>

The accompanying notes are an integral part of these financial statements.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

The following description of the Northern Light Health Retirement Partnership Plan (the Plan) provides general information only. Participants should refer to the Plan document for more complete information.

The employees of Northern Light Health (NLH) and several affiliated organizations (collectively, the Employer) are eligible to participate in the Plan.

The Plan is an account-based plan with two components: (1) a Cash Balance Fund, and (2) an inactive defined contribution plan that no longer permits new contributions. The second component of the Plan is referred to as the "Defined Contributions Fund." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Cash Balance Fund is a defined benefit plan. At the close of every calendar year, participating employers credit the employee's cash balance account with a contribution amount based on eligible W-2 wages, age, and years of service. The employee must be at least 21 years of age and have worked 1,000 hours in any calendar year to receive an annual contribution. In addition, interest credits are made to employee accounts in amounts as outlined in the Plan document.

Effective July 1, 2025, the Plan was amended to close the Plan to employees whose entry date is on or after July 1, 2025. The Plan was further amended to include only active members who are either employees covered under certain collective bargaining agreements or who have attained the age of 55 and have at least 5 years of vesting service as of June 30, 2025.

The Employer contributions to the Cash Balance Fund are based upon actuarial valuations prepared by the Plan's actuary, Fidelity Investments Actuarial and Consulting Services. The recommended and actual contributions made for the Plan years ended December 31, 2024 and 2023 were \$39,831,782 and \$33,700,000, respectively. The Employer met the minimum funding requirements of ERISA.

Vesting – Participants are fully vested in the cash balance component of the Plan after three years of vesting service. Participants became fully vested in the Employer matching contributions in the Defined Contributions Fund after three years of vesting service.

Participant Accounts – Each participant's account in the Defined Contributions Fund is credited with any earnings based upon investment performance. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account in the Defined Contributions Fund.

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Investment Valuation and Income Recognition – Investments are reported at fair value with the exception of the Group Annuity Contract, which is reported at contract 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, trustees, and actuary. See Note 9 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.

Administrative Expenses – Administrative expenses of the Plan, including actuarial and accounting services and fees paid to Pension Benefit Guaranty Corporation (PBGC), are paid by the Plan as provided in the Plan document.

Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from these estimates.

Risks and Uncertainties – The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit risks and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

3. Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Information regarding the actuarial present value of accumulated plan benefits as of January 1, 2024 and 2023, the dates of the most recent actuarial valuations, is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 45,427,638	\$ 39,503,299
Other participants	<u>249,343,224</u>	<u>253,446,263</u>
Total vested benefits	<u>294,770,862</u>	<u>292,949,562</u>
Non-vested benefits	<u>890,011</u>	<u>906,988</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 295,660,873</u>	<u>\$ 293,856,550</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the period from January 1, 2023 through January 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits – January 1, 2023	\$ 293,856,550
Increase (decrease) during the year attributable to	
Decrease in discount period	20,524,568
Additional benefits earned	22,101,427
Assumption changes	313,271
Benefits paid	<u>(41,134,943)</u>
Actuarial present value of accumulated plan benefits – January 1, 2024	<u>\$ 295,660,873</u>

5. Actuarial Method and Assumptions

The actuarial present value of accumulated plan benefits is determined by an actuary 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.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

The significant assumptions underlying the actuarial computations for the years ended December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Cash balance accounts interest crediting rate	4.75% per year for funding 4.50% per year for accounting	4.50% per year for funding 4.75% per year for accounting
Expected return on assets	6.50%	7.50%
Discount rate	5.10%	6.10%
Mortality	Pri-2012 with MP-2021 Projection Scale-White Collar	Pri-2012 with MP-2021 Projection Scale-White Collar
Retirement	Participants are expected to retire at a rate ranging from 5% from ages 55-58 and increasing to 100% at age 71.	
Turnover	Participants are expected to terminate at a rate ranging from 9.7% at age 25, decreasing to a rate of 0% at age 55. Higher turnover rates during the first four years of employment are assumed.	

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

6. Information Certified by the Trustees

The Plan's financial statements and supplemental schedules were prepared by, or derived from, information prepared by Northern Trust Company, Russell Investments Trust Company and Fidelity Management Trust Company, the trustees of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the trustees that such information, included in the following, is complete and accurate:

Statements of Net Assets Available for Benefits
Investments – at fair value
Investments – at contract value

Statements of Changes in Net Assets Available for Benefits
Net appreciation in fair value of investments
Interest and dividends

Note 3 in the Notes to Financial Statements

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

All information included in
Supplemental Schedules
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Schedule H, Line 4j – Schedule of Reportable Transactions

7. Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability, and survivor's pensions. However, 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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and PBGC guaranty while other benefits may not be provided for at all.

8. Tax Status of the Plan

The Plan obtained its latest determination letter, dated June 3, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Employer and the plan administrator believe that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

9. Fair Value Measurement

The Financial Accounting Standards Board issued guidance which established a framework for measuring fair value in accordance with U.S. GAAP and expanded disclosures about fair value measurements. The guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. It also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following tables set forth by level within the fair value hierarchy, the Plan's assets at fair value as of:

<u>Fair Value Measurements at December 31, 2024</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
			<u>Total</u>
Institutional mutual funds	\$ <u>3,983,369</u>	\$ <u> -</u>	\$ <u> -</u>
Common collective trusts*			257,031,850
Liability hedging asset funds*			3,314,356
Multi-asset fund*			<u>10,573,638</u>
Total investments – at fair value			<u>\$274,903,213</u>

<u>Fair Value Measurements at December 31, 2023</u>			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
			<u>Total</u>
Institutional mutual funds	\$ <u>4,291,326</u>	\$ <u> -</u>	\$ <u> -</u>
Common collective trusts*			243,416,515
Liability hedging asset funds*			2,958,326
Multi-asset fund*			<u>10,154,988</u>
Total investments – at fair value			<u>\$260,821,155</u>

* Certain investments that are measured at fair value using the net asset value (NAV) per share practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

Common Collective Trusts – The fair values of the common collective trusts are valued using the market approach based on the NAV of the units held by the Plan at year-end, representing the fair value of the underlying investments which are generally securities which are traded on an active market. The NAV is provided by the trustees of the common collective trusts and is used as a practical expedient to estimate fair value.

Institutional Mutual Funds – Valued based on quoted market prices of shares held by the Plan at year-end.

Liability Hedging Asset Funds – The fair value of the liability hedging asset funds are based on the NAV of the funds. The NAV is provided by the investment manager and is the estimate of the net realizable value or the value of underlying assets.

Multi-Asset Fund – The fair value of the multi-asset fund is based on the NAV of the fund. The NAV is provided by the investment manager and is the estimate of the net realizable value or the value of underlying assets.

Investments at Net Asset Value – In accordance with U.S. GAAP, the Plan expanded its disclosures for assets whose fair value is estimated using the NAV per share as of December 31, 2024 and 2023. The following tables set forth a summary of the Plan's investments with a reported NAV:

Fair Value Estimated Using Net Asset Value per Share					
December 31, 2024					
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trusts*	\$ 225,545,698	None	Daily	None	1-5 business days
Common collective trusts*	15,914,583	None	Weekly	None	4 business days
Common collective trusts*	15,571,569	None	Monthly	None	14 business days
Liability hedging asset fund*	3,314,356	None	Monthly	None	5 business days
Multi-asset fund*	<u>10,573,638</u>	None	Daily	None	Same business day
Total	<u>\$ 270,919,844</u>				

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Fair Value Estimated Using Net Asset Value per Share

December 31, 2023

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trusts*	\$ 211,156,600	None	Daily	None	1-5 business days
Common collective trusts*	19,399,870	None	Weekly	None	4 business days
Common collective trusts*	12,860,045	None	Monthly	None	14 business days
Liability hedging asset fund*	2,958,326	None	Monthly	None	5 business days
Multi-asset fund*	<u>10,154,988</u>	None	Daily	None	Same business day
Total	<u>\$256,529,829</u>				

* Full redemption pays 95% with remaining 5% after completion of the fund's annual audit. Redemption fee for redemption within 12 months of subscription date. Redemptions limited to 20% of NAV on dealing day.

Common Collective Trusts – Seeks to provide high quality, mostly corporate bond-based exposure to fixed income securities which closely match those found in discount curves used to value U.S. pension liabilities.

Liability Hedging Asset Funds – Seeks to provide a high quality, diversified mix of fixed income managers/mandates who may invest across multiple asset types such as: U.S governmental bonds, investment grade and high yield corporate bonds, mortgage related bonds, non-U.S./emerging market bonds, etc.

Multi-Asset Fund – Seeks favorable returns and offers a convenient way to diversify a portfolio by combining funds and separate accounts investing in U.S. and non-U.S. stocks, bonds, global commodities, listed real estate, and infrastructure into one fund.

10. Related-Party and Party-in-Interest Transactions

ERISA defines a party-in-interest to include any party who provides services to the Plan. Certain plan investments are shares of investment funds managed by the trustees of the Plan, and trustee expenses are reported on the Statements of Changes in Net Assets Available for Benefits. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Notes to Financial Statements

December 31, 2024 and 2023

11. Subsequent Events

Management has considered transactions or events occurring through September 15, 2025, which is the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

SUPPLEMENTAL SCHEDULES

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: #01-0527066 Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, <u>Par, or Maturity Value</u>)	(d) <u>Cost</u>	(e) Current <u>Value</u>
	William Blair Emer Mkts Grth Collective Inv Fund	Common Collective Trust	\$ 9,340,460	\$ 10,545,411
	Partners Global Equity CIT Fund	Common Collective Trust	9,484,671	12,586,678
	Lindsell Train Global Equity LLC	Common Collective Trust	14,838,439	15,571,569
	NCS Group Trust – Global Fund	Common Collective Trust	16,618,705	15,914,583
	SSGA FTSE RAFI US 1000 Idx NL CTF	Common Collective Trust	18,449,354	21,594,203
	SSGA Long U.S. Credit Corp Bond Idx NL Fund	Common Collective Trust	31,177,227	30,717,955
	SSGA EAFE 100% Hedged to USD Idx NL Fund	Common Collective Trust	9,388,839	10,451,491
	SSGA Russell Sm Cap Completeness Idx NL Fund	Common Collective Trust	10,617,176	12,438,389
	SSGA S&P 500 Flagship NL Fund	Common Collective Trust	35,100,853	40,194,046
	SSGA 20+ Year U.S. Treasury Strips Idx NL Fund	Common Collective Trust	13,829,620	12,820,055
	State Street EAFE Small Cap Index NLFund	Common Collective Trust	4,010,158	4,086,848
	State Street Emerg Mkts Sm Cap Idx NL Fund	Common Collective Trust	4,007,955	4,173,785
	State Street U.S. Treasury Idx NL Strategy	Common Collective Trust	25,553,940	25,728,152
	State Street 3-10 Year U.S. Credit Idx NL Fund	Common Collective Trust	33,218,037	34,477,402
	NTGI COLTV STIF Registered	Common Collective Trust	5,731,283	5,731,283
	PIMCO Fds Pac Invnt Mgmt Ser All Ast Fd Instl CL	Multi-Asset Fund	10,758,708	10,573,638
	Arena Short Duration High Yield Fund LP	Liability Hedging Asset Fund	2,958,326	3,314,356
*	Fidelity Puritan	Institutional Mutual Fund	618,666	719,478
*	Fidelity Diversified International K6	Institutional Mutual Fund	60,226	73,393
*	Fidelity International Index	Institutional Mutual Fund	68,295	74,211
*	Fidelity U.S. Bond Index	Institutional Mutual Fund	10,551	10,245
*	Fidelity 500 Index	Institutional Mutual Fund	381,506	577,287
*	Fidelity Sm Cap Value Index	Institutional Mutual Fund	4,203	4,609
*	Fidelity Large Cap Value Index	Institutional Mutual Fund	43,367	53,896
*	Fidelity Infl Pr Bd Index	Institutional Mutual Fund	171,711	152,360
*	Fidelity FDM Index Inc IPR	Institutional Mutual Fund	44,115	46,789
*	Fidelity FDM Index 2020 IPR	Institutional Mutual Fund	125,245	139,096
*	Fidelity FDM Index 2025 IPR	Institutional Mutual Fund	255,528	295,823
*	Fidelity FDM Index 2030 IPR	Institutional Mutual Fund	618,331	743,336
*	Fidelity FDM Index 2035 IPR	Institutional Mutual Fund	219,182	275,041
*	Fidelity FDM Index 2040 IPR	Institutional Mutual Fund	95,103	124,732
*	Fidelity FDM Index 2050 IPR	Institutional Mutual Fund	9,492	9,981
	JPM Core Plus Bond R6	Institutional Mutual Fund	264,006	244,014
	FH MDT SMCAP GRTH I	Institutional Mutual Fund	26,418	29,504
	Lincoln Stable Value	Group Annuity Contract	447,380	447,380
	Vanguard S&P MC400 IS	Institutional Mutual Fund	88,367	174,680
	Vanguard SM CAP IDX INST	Institutional Mutual Fund	5,816	9,155
	Vanguard GRTH INDEX INST	Institutional Mutual Fund	<u>82,837</u>	<u>225,739</u>
	Total investments		<u>\$ 258,724,096</u>	<u>\$ 275,350,593</u>

* Party-in-interest

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: #01-0527066 Plan #001

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SSGA S&P 500 Flagship NL Fund Collective Govt Short Term Inv Fund	Common Collective Trust	\$ 14,500,000	\$ 3,001,076	\$ -	\$ -	\$ 2,312,964	\$ 3,001,076	\$ 688,112
	Common Collective Trust	97,044,516	96,576,582	-	-	96,576,582	96,576,582	-

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: #01-0527066 Plan #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, <u>Par, or Maturity Value</u>)	(d) <u>Cost</u>	(e) Current <u>Value</u>
	William Blair Emer Mkts Grth Collective Inv Fund	Common Collective Trust	\$ 9,340,460	\$ 10,545,411
	Partners Global Equity CIT Fund	Common Collective Trust	9,484,671	12,586,678
	Lindsell Train Global Equity LLC	Common Collective Trust	14,838,439	15,571,569
	NCS Group Trust – Global Fund	Common Collective Trust	16,618,705	15,914,583
	SSGA FTSE RAFI US 1000 Idx NL CTF	Common Collective Trust	18,449,354	21,594,203
	SSGA Long U.S. Credit Corp Bond Idx NL Fund	Common Collective Trust	31,177,227	30,717,955
	SSGA EAFE 100% Hedged to USD Idx NL Fund	Common Collective Trust	9,388,839	10,451,491
	SSGA Russell Sm Cap Completeness Idx NL Fund	Common Collective Trust	10,617,176	12,438,389
	SSGA S&P 500 Flagship NL Fund	Common Collective Trust	35,100,853	40,194,046
	SSGA 20+ Year U.S. Treasury Strips Idx NL Fund	Common Collective Trust	13,829,620	12,820,055
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	State Street U.S. Treasury Idx NL Strategy	Common Collective Trust	25,553,940	25,728,152
	State Street 3-10 Year U.S. Credit Idx NL Fund	Common Collective Trust	33,218,037	34,477,402
	NTGI COLTV STIF Registered	Common Collective Trust	5,731,283	5,731,283
	PIMCO Fds Pac Invnt Mgmt Ser All Ast Fd Instl CL	Multi-Asset Fund	10,758,708	10,573,638
	Arena Short Duration High Yield Fund LP	Liability Hedging Asset Fund	2,958,326	3,314,356
*	Fidelity Puritan	Institutional Mutual Fund	618,666	719,478
*	Fidelity Diversified International K6	Institutional Mutual Fund	60,226	73,393
*	Fidelity International Index	Institutional Mutual Fund	68,295	74,211
*	Fidelity U.S. Bond Index	Institutional Mutual Fund	10,551	10,245
*	Fidelity 500 Index	Institutional Mutual Fund	381,506	577,287
*	Fidelity Sm Cap Value Index	Institutional Mutual Fund	4,203	4,609
*	Fidelity Large Cap Value Index	Institutional Mutual Fund	43,367	53,896
*	Fidelity Infl Pr Bd Index	Institutional Mutual Fund	171,711	152,360
*	Fidelity FDM Index Inc IPR	Institutional Mutual Fund	44,115	46,789
*	Fidelity FDM Index 2020 IPR	Institutional Mutual Fund	125,245	139,096
*	Fidelity FDM Index 2025 IPR	Institutional Mutual Fund	255,528	295,823
*	Fidelity FDM Index 2030 IPR	Institutional Mutual Fund	618,331	743,336
*	Fidelity FDM Index 2035 IPR	Institutional Mutual Fund	219,182	275,041
*	Fidelity FDM Index 2040 IPR	Institutional Mutual Fund	95,103	124,732
*	Fidelity FDM Index 2050 IPR	Institutional Mutual Fund	9,492	9,981
	JPM Core Plus Bond R6	Institutional Mutual Fund	264,006	244,014
	FH MDT SMCAP GRTH I	Institutional Mutual Fund	26,418	29,504
	Lincoln Stable Value	Group Annuity Contract	447,380	447,380
	Vanguard S&P MC400 IS	Institutional Mutual Fund	88,367	174,680
	Vanguard SM CAP IDX INST	Institutional Mutual Fund	5,816	9,155
	Vanguard GRTH INDEX INST	Institutional Mutual Fund	<u>82,837</u>	<u>225,739</u>
	Total investments		<u>\$ 258,724,096</u>	<u>\$ 275,350,593</u>

* Party-in-interest

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: #01-0527066 Plan #001

December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SSGA S&P 500 Flagship NL Fund Collective Govt Short Term Inv Fund	Common Collective Trust	\$ 14,500,000	\$ 3,001,076	\$ -	\$ -	\$ 2,312,964	\$ 3,001,076	\$ 688,112
	Common Collective Trust	97,044,516	96,576,582	-	-	96,576,582	96,576,582	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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 NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH		D Employer Identification Number (EIN) 01-0527066	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value		2a	273,377,638
b Actuarial value		2b	285,604,955
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.....	683	50,299,993	50,299,993
b For terminated vested participants	3,081	102,346,318	102,346,318
c For active participants.....	4,838	182,404,436	183,531,733
d Total	8,602	335,050,747	336,178,044
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	5.11%
6 Target normal cost			
a Present value of current plan year accruals		6a	16,960,277
b Expected plan-related expenses		6b	5,314,594
c Target normal cost		6c	22,274,871

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 BRENDAN HOU BH Signature of actuary BRENDAN HOU Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 NEW MILLENNIUM WAY, BLDG 3 DURHAM NC 27709 Address of the firm	7/21/2025 Date 2308430 Most recent enrollment number 919-458-7029 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,353
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	16,353
10 Interest on line 9 using prior year's actual return of <u>12.63</u> %	0	2,065
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,304,521
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.22</u> %		120,296
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2,424,817
d Portion of (c) to be added to prefunding balance		2,424,817
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	2,443,235

Part III Funding Percentages

14 Funding target attainment percentage	14	84.22 %
15 Adjusted funding target attainment percentage	15	84.22 %
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	85.75 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	6,300,000	0			
07/15/2024	6,300,000	0			
10/10/2024	3,731,782	0			
01/10/2025	6,200,000	0			
04/11/2025	10,400,000	0			
07/11/2025	6,900,000	0			
Totals ►			18(b)	39,831,782	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	37,985,020

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	22,274,871	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	53,016,324		5,169,650
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	27,444,521	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	2,443,235	2,443,235
36 Additional cash requirement (line 34 minus line 35).....	36	25,001,286	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	37,985,020	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12,983,734	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	2,443,235	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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Attachment to 2024 Form 5500
Schedule SB, line 26a - Schedule of Active Participant Data

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Attained Age	Completed Years of Credited Service on January 1, 2024										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25											
Number	2	254	11	0	0	0	0	0	0	0	267
Average Pay	0	46,618	0	0	0	0	0	0	0	0	46,607
Average Balance	0	1,046	0	0	0	0	0	0	0	0	1,203
25-29											
Number	7	320	153	6	0	0	0	0	0	0	486
Average Pay	0	58,378	66,079	0	0	0	0	0	0	0	60,241
Average Balance	0	2,452	8,729	0	0	0	0	0	0	0	4,514
30-34											
Number	6	298	232	78	1	0	0	0	0	0	615
Average Pay	0	84,967	70,978	72,713	0	0	0	0	0	0	77,536
Average Balance	0	3,324	10,883	20,913	0	0	0	0	0	0	8,403
35-39											
Number	4	230	186	108	43	3	0	0	0	0	574
Average Pay	0	113,376	97,596	85,223	88,774	0	0	0	0	0	100,204
Average Balance	0	5,032	16,240	28,386	46,811	0	0	0	0	0	16,356
40-44											
Number	2	160	155	89	95	35	0	0	0	0	536
Average Pay	0	88,588	111,642	95,379	90,860	105,462	0	0	0	0	97,658
Average Balance	0	4,893	22,063	35,387	54,979	77,570	0	0	0	0	28,526
45-49											
Number	6	162	115	88	61	60	28	0	0	0	520
Average Pay	0	89,019	91,506	118,577	108,924	95,522	93,017	0	0	0	97,112
Average Balance	0	5,515	23,116	54,900	70,808	91,283	103,546	0	0	0	40,585
50-54											
Number	4	138	118	83	74	68	55	20	1	0	561
Average Pay	0	89,434	93,652	109,636	118,720	99,188	101,736	97,338	0	0	99,622
Average Balance	0	7,123	27,208	60,542	84,167	101,829	127,275	140,182	0	0	57,614
55-59											
Number	2	105	107	83	66	40	43	44	19	4	513
Average Pay	0	78,807	84,482	100,145	122,865	100,205	98,389	95,380	0	0	94,695
Average Balance	0	6,296	25,534	58,231	105,774	112,316	127,862	172,295	0	0	73,478
60-64											
Number	4	82	103	80	70	57	39	24	24	30	513
Average Pay	0	77,469	86,570	86,605	91,215	104,741	115,251	89,581	75,536	87,215	89,068
Average Balance	0	8,525	30,845	53,954	95,156	141,950	187,528	191,754	170,940	249,101	90,518
65-69											
Number	0	20	43	22	24	21	15	10	10	12	177
Average Pay	0	71,026	100,896	100,361	84,684	68,192	0	0	0	0	86,707
Average Balance	0	9,496	43,632	68,579	91,301	102,895	0	0	0	0	88,206
Over 69											
Number	1	14	13	15	9	7	4	5	5	3	76
Average Pay	0	0	0	0	0	0	0	0	0	0	80,402
Average Balance	0	0	0	0	0	0	0	0	0	0	114,269
Total											
Number	38	1,783	1,236	652	443	291	184	103	59	49	4,838
Average Pay	27,782	78,269	87,131	95,167	102,531	97,055	102,335	92,966	84,352	81,288	87,098
Average Balance	4,675	4,202	20,028	45,616	78,781	106,442	139,461	165,303	188,026	252,923	40,143

Attachment to 2024 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	36,318,032	29,387,325	5,047,692	72,097,009
2025	15,001,360	3,254,221	4,701,984	23,240,345
2026	14,781,815	3,291,965	4,391,348	22,568,809
2027	15,414,709	3,492,677	4,008,723	23,566,015
2028	15,267,442	2,140,152	3,758,181	21,490,182
2029	16,015,612	2,519,543	3,590,872	22,360,838
2030	13,296,675	1,902,539	3,345,328	18,848,657
2031	14,995,490	3,233,590	3,002,053	21,776,398
2032	14,436,308	2,923,158	2,690,280	20,108,675
2033	12,948,650	2,132,504	2,399,541	17,998,064
2034	12,807,122	2,463,047	2,273,177	17,689,707
2035	13,061,503	1,744,516	2,144,821	17,256,575
2036	11,273,605	2,184,066	2,015,004	15,653,935
2037	11,185,030	2,633,508	1,884,602	15,764,803
2038	11,134,481	2,774,343	1,753,343	16,390,620
2039	11,166,392	2,896,903	1,622,737	15,787,743
2040	10,104,135	1,984,217	1,493,095	13,921,467
2041	9,287,907	2,533,060	1,365,062	13,303,554
2042	9,052,409	2,539,197	1,239,312	12,885,462
2043	8,359,633	2,411,068	1,116,566	12,082,765

Attachment to 2024 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

2044	7,977,520	1,521,529	997,602	10,599,178
2045	8,461,561	2,555,995	883,255	12,226,926
2046	7,714,875	2,072,588	774,405	10,838,053
2047	7,683,916	2,536,030	671,935	11,227,084
2048	7,461,784	2,266,645	576,649	10,354,671
2049	6,474,900	1,736,074	489,200	8,788,149
2050	5,616,389	2,186,860	410,048	8,506,906
2051	6,272,439	1,611,906	339,440	8,519,162
2052	5,515,647	1,681,281	277,395	7,602,645
2053	5,454,165	1,733,574	223,711	7,561,244
2054	4,883,571	2,044,820	177,993	7,209,714
2055	4,334,017	1,592,729	139,684	6,261,101
2056	3,903,251	1,446,028	108,118	5,564,672
2057	3,949,639	1,014,678	82,546	5,199,176
2058	3,309,997	1,203,460	62,181	4,622,510
2059	3,179,344	757,339	46,237	4,082,057
2060	2,803,048	793,367	33,962	3,681,228
2061	2,422,779	388,301	24,665	2,884,480
2062	1,941,306	225,161	17,735	2,239,083
2063	1,738,139	303,688	12,646	2,088,133
2064	1,429,540	117,712	8,958	1,585,892
2065	1,170,418	52,571	6,319	1,262,981
2066	1,052,721	13,048	4,447	1,103,301
2067	740,224	10,741	3,131	784,140
2068	623,413	8,283	2,209	648,318

Attachment to 2024 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

2069	550,006	7,834	1,564	567,604
2070	479,780	5,983	1,111	494,367
2071	421,121	5,130	792	434,010
2072	371,840	4,458	565	383,141
2073	322,948	3,787	403	332,596
2074	283,574	3,261	286	291,353
2075	248,899	2,809	202	255,569
2076	217,609	2,421	141	223,437
2077	189,467	2,086	97	194,558
2078	164,243	1,797	65	168,686
2079	141,718	1,546	43	145,592
2080	121,681	1,328	28	125,055
2081	103,928	1,138	18	106,863
2082	88,266	972	11	90,815
2083	74,515	825	7	76,722
2084	62,504	697	4	64,409
2085	52,070	584	2	53,709
2086	43,061	486	1	44,465

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		2023 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First five years	4.75%	3.62%	4.75%	1.41%
Next 15 years	4.87%	4.46%	5.00%	3.09%
Over 20 years	5.59%	4.52%	5.74%	3.58%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Interest Rate for Lump Sum Payments: PPA Funding Target interest rates (per above) applied for funding purposes as required by IRC Section 430.

Salary Scale: 3.00% per year for funding. The assumption for funding purposes is a short-term assumption.

Cash Balance Interest Credits: 4.75% for funding and ASC 960. 4.50% is the interest crediting floor specified in the Plan.

Administrative Expenses included in Target Normal Cost: Estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years plus estimated PBGC premiums for the current year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Healthy Mortality: IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants (previously IRS 2023 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act. This plan does not have a large enough population to vary from the standard tables.

Disabled Mortality: Per Revenue Ruling 96-7. This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age based on a study of experience under this plan conducted in 2012:

Age	Rate
55 – 58	5.0%
59 – 61	8.0
62 – 64	10.0
65 – 66	25.0
67 – 70	10.0
Over 70	100.0

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Termination: Rates varying by age and service based on a study of experience under this plan conducted in 2012. Sample rates are shown below:

Age	Rate
25	9.7%
30	8.4
35	7.3
40	6.4
45	5.5
50	4.8
55	0.0

If service is less than 4 years, the rates are as follows:

Years of Employment	Rate
0	30.0%
1-3	15.0
Over 3	14.0

Disability: Rates varying by age. Sample rates are shown below:

Age	Rate
25	0.01%
35	0.02
45	0.05
55	1.50

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males, based on a study of experience under this plan conducted several years ago and checked for reasonability each year.

There has not been a systematic pattern of gains or losses associated with the above demographic assumptions.

Maximum Benefit: \$275,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$345,000 for 2024. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the payment forms as noted below. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

- It has been assumed that death and non-grandfathered disability benefits will be paid as an immediate lump sum.
- Grandfathered disability and retirement benefits are assumed to be paid as an annuity.
- 40% of vested terminations within 1 year of termination are assumed to elect an immediate lump sum and 60% are assumed to elect a deferred lump sum at age 65. 100% of vested terminations beyond 1 year of termination are assumed to elect a deferred lump sum at age 65.
- 65% of actives who terminate retirement eligible are assumed to elect an immediate lump sum, 15% are assumed to elect an immediate annuity and 20% are assumed to elect a deferred lump sum at age 65.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

- 70% of actives who terminate and are not retirement eligible are assumed to elect an immediate lump sum, and 30% are assumed to elect a deferred lump sum at age 65.

The rates used to calculate an actuarially equivalent annuity are as follows:

Consistent with the September 2023 ARPA segment rates.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions

Name of Plan: Northern Light Health Retirement Partnership Plan

Employer Identification Number / Plan Number: 01-00527066/001

Effective Date: August 1, 1966. Restated effective October 1, 2015, most recently amended April 4, 2023.

Eligibility Year: The 12 month period commencing on the date of employment or, if 1,000 or more hours are not completed in such period, the first calendar year commencing after the date of employment in which 1,000 or more hours are completed.

Participation Date: January 1 or July 1 next following the attainment of age 21 and the completion of an eligibility year.

Definitions:

Benefit eligibility: 3 Years of vesting service. Prior to 1/1/2008, 5 years of vesting service were required.

Vesting service: One year of vesting service for each calendar year during which 1,000 or more hours were completed.

Credited service: Years of vesting service completed with an employer participating in the Retirement Partnership Plan.

Cash Balance Benefit: The vested core account balance can be payable immediately in the form of a lump sum, with a minimum value of \$1,100, or as an actuarially equivalent annuity, regardless of age at termination. New retirees who have attained age 55 with at least 15 years of vesting service are eligible for an "enhanced" annuity. The plan's normal annuity conversion basis is calculated using the segment rates for November of the plan year prior to distribution. The "enhanced" basis uses an interest rate equal to the greater of (a), (b):

- (a) lesser of the November rate for the prior plan year + 1.00%, or 6.00%.
- (b) the November rate for the prior plan year.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions (continued)

Optional Forms of Payment: For participants who terminate with a vested account balance (including terminations due to disability), the actuarially equivalent immediate annuity options available include single life annuity (the normal form for unmarried participants), 50% joint and survivor annuity (the normal form for married participants), 75% joint and survivor annuity, 10 year certain and continuous annuity, 5 or 10 year certain annuity.

Compensation: W-2 compensation, *exclusive* of severance pay, excess life insurance premiums, reimbursements and other compensation that is not for service and *inclusive* of bonuses, cash out of PEP time, sales commissions, shift differentials and 401(k), 403(b), Section 125 or 457 deferrals.

Cash Balance Benefit ("Core Account"): On October 1, 1999 core accounts were established for all active members with an opening balance equal to the present value of their accrued benefit as of September 30, 1999 under the prior plan.

Core Contribution Credits: The core account for each active member, who works 1,000 hours in the calendar year, will be credited as of December 31 with a contribution credit equal to the members' compensation for the calendar year times the members' cash balance contribution percentage for the year as follows:

Sum of Whole Years of Age and Complete Years of Credited Service as of December 31	Cash Balance Contribution Percentage
<41	3.0%
41 – 50	4.0%
51 – 60	5.0%
61 – 70	6.0%
71 – 80	7.0%
>80	8.0%

Interest Credits: Interest credit will be allocated to the member's cash balance account on a daily basis. Interest credit will continue to be allocated until the member's payment commencement date. Interest credit rate for each calendar year will be the greater of 4.5% and the average of the yield to maturity on 1-year Treasury Bills on the last business day of

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
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Plan Provisions (continued)

September of the preceding calendar year. Interest credit for December 31 will be allocated prior to the allocation of the contribution credit for that date.

Pre-Retirement Death Benefit: Vested account balance is payable to the spouse or other designated beneficiary.

Grandfathered Annuity Benefit: A member is entitled to a grandfathered annuity benefit if he/she was an employee on October 1, 1999, was a member in the prior plan, and if he/she was either:

- (1) age 60 and had completed 5 years of vesting service by December 31, 1999, or
- (2) age 50 by December 31, 1999 and subsequently becomes disabled at a time when his total years of age and benefit service under the terms of the prior plan equal or exceeds 70.

For those grandfathered participants, the annuity benefit payable under the cash balance plan may not be less than the annuity provided under the prior plan.

Prior Plan: The Eastern Maine Medical Center Pension Plan in effect on September 30, 1999.

Retirement Plus ("Rplus"): Effective March 1, 1994 for all new hires and those current employees who elected to participate, employees received a 50% match on employee contributions into a 414(k) account in addition to a reduced pension.

Prior Plan Benefit Service: A member's benefit service earned in each calendar year in which the member works at least 1,000 hours equals the number of hours worked divided by 2,000, not to exceed 1. No benefit service is earned for years in which less than 1,000 hours are worked, except in the year of termination.

Prior Plan Benefit:

Normal retirement eligibility: Age 65. For those employees covered by Retirement Plus, normal retirement age is Social Security normal retirement age.

Early retirement eligibility: Age 55 and 15 years of vesting service.

Formula:

For employees who did not elect Retirement Plus: 0.75 percent of final 5-year average pay up to \$6,600 plus 1.5 percent of final 5-year average pay over \$6,600 multiplied by benefit service up to 35 years.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
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Plan Provisions (continued)

Prior Plan Benefit: (continued)

For employees covered by Retirement Plus: 0.75 percent of final 5-year average pay up to \$6,600 plus 1.5 percent of final 5-year average pay over \$6,600 multiplied by benefit service up to March 1, 1994 up to 35 years.

Plus

0.75 percent of final 5-year average pay multiplied by benefit service after March 1, 1994

Notes:

- (1) the 35 year maximum does not apply to individuals who completed 35 years by January 1, 1989.
- (2) in the formula for employees covered by Retirement Plus, March 1, 1994 should be replaced by January 1, 1995 for physicians and residents.

Pensionable pay: December 31 rate of pay times 2,080.

Early retirement benefit: Same as normal retirement benefit, but reduced by 6.6 percent for each of the first 5 years that retirement precedes age 65 and 3.6 percent for each of the next 5 years.

No reduction applies for non-Retirement Plus retirement benefits on or after age 62 for participants whose age plus benefit service is 95 or more.

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Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
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Plan Provisions (continued)

For employees covered by Retirement Plus, the portion of their benefit for service after March 1, 1994 is reduced from Social Security normal retirement age using the following schedule:

Years Early	Factor
1	90%
2	82
3	74
4	67
5	60
6	55
7	50
8	45
9	40
10	35
11	30
12	25

Prior Plan Optional Forms of Payment: Prior plan participants that terminate with a vested benefit but have not satisfied the retirements for early or normal retirement are eligible for a deferred annuity payable at their normal retirement date. Participants eligible for normal or early retirement may elect an immediate annuity including a single life annuity, joint and survivor annuity including 50%, 75% and 100% options and 10 year certain and continuous options. In addition, participants are age 62 or older and are eligible for early or normal retirement may elect to receive a lump sum distribution of up to 50% of the participant's accrued benefit and the remainder payable under one of the above annuity options. The entire balance of any Retirement Plus Account may be taken as a lump sum or as a separate annuity.

Prior Plan Disability Benefits: Participants who were at least age 50 on 12/31/1999 and whose age plus years of service equals or exceeds 70 shall receive his or her accrued benefit, without reduction, payable for life or until recovery from disability.

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Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
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Plan Provisions (continued)

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes since Last Valuation: The Plan was amended and restated in 2015 to clarify certain definitions but it had no impact on the liability calculations.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Attachment to 2024 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Weighted Average Retirement Age

Age	Rate	Probability	Weighted Age
55	5%	0.0500	2.750
56	5%	0.0475	2.660
57	5%	0.0451	2.572
58	5%	0.0429	2.486
59	8%	0.0652	3.844
60	8%	0.0599	3.597
61	8%	0.0552	3.364
62	10%	0.0634	3.932
63	10%	0.0571	3.596
64	10%	0.0514	3.288
65	25%	0.1156	7.513
66	25%	0.0867	5.722
67	10%	0.0260	1.743
68	10%	0.0234	1.592
69	10%	0.0211	1.454
70	10%	0.0190	1.327
71	100%	<u>0.1706</u>	<u>12.115</u>
		1.0000	63.555

Attachment to 2024 Form 5500
Schedule SB, Line 32 - Schedule of Amortization Bases

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Schedule of Amortization Bases

<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Present Value of Any Remaining Installments</u>	<u>Amortization Installment</u>
January 1, 2024	15	\$ 8,115,915	\$ 738,389
January 1, 2023	14	\$ 43,213,726	\$ 4,124,438
January 1, 2022	13	\$ (8,963,201)	\$ (901,862)
January 1, 2021	12	\$ 582,255	\$ 62,118
January 1, 2020	11	\$ 10,067,629	\$ 1,146,567
		\$ 53,016,324	\$ 5,169,650

Attachment to 2024 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Cash Balance Interest Crediting Rate:

The interest crediting rate assumption changed from 4.50% in 2023 to 4.75% in 2024.