

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

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.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan MAINE MEDICAL CENTER PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 06/01/1962
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) MAINEHEALTH 110 FREE STREET PORTLAND, ME 04102
2b Employer Identification Number (EIN) 01-0238552
2c Plan Sponsor's telephone number 207-661-4000
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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor MAINEHEALTH RETIREMENT PLAN COMMITTEE 110 FREE STREET PORTLAND, ME 04102		3b Administrator's EIN 01-0238552	
		3c Administrator's telephone number 207-661-7001	
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	6516	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	2484	
6a(2) Total number of active participants at the end of the plan year	6a(2)	2332	
b Retired or separated participants receiving benefits.....	6b	1890	
c Other retired or separated participants entitled to future benefits	6c	1633	
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	5855	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	141	
f Total. Add lines 6d and 6e	6f	5996	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1	
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 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)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>MAINE MEDICAL CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAINEHEALTH</u>	D Employer Identification Number (EIN) <u>01-0238552</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>759936116</u>
	b Actuarial value	2b	<u>797652472</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1985</u>	<u>235429002</u>
	b For terminated vested participants	<u>2060</u>	<u>124519415</u>
	c For active participants	<u>2484</u>	<u>439795436</u>
	d Total	<u>6529</u>	<u>799743853</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	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	<u>5.07 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>25804501</u>
	b Expected plan-related expenses	6b	<u>6100000</u>
	c Target normal cost	6c	<u>31904501</u>

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	<u>09/26/2025</u> Date
<u>HEATHER L HOUGH</u> Type or print name of actuary	<u>23-08454</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>901-930-0024</u> Telephone number (including area code)
<u>3340 PLAYERS CLUB PARKWAY SUITE 200 MEMPHIS, TN 38125</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	67960664
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2102607
9	Amount remaining (line 7 minus line 8)	0	65858057
10	Interest on line 9 using prior year's actual return of <u>12.89</u> %	0	8489104
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.20</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	74347161

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.29 %
15	Adjusted funding target attainment percentage	15	90.29 %
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	88.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
10/28/2024	1500000	0	04/11/2025	5000000	0		
11/27/2024	3000000	0	04/30/2025	3500000	0		
12/20/2024	3000000	0	05/29/2025	3000000	0		
01/10/2025	3000000	0	06/27/2025	3000000	0		
03/04/2025	3000000	0	07/29/2025	3000000	0		
03/28/2025	4000000	0	09/02/2025	5000000	0		
			Totals ▶	18(b)	40000000	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	37546563

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 31904501
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	77730540		7448888	
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 39353389
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	26563539	26563539	
36 Additional cash requirement (line 34 minus line 35)				36 12789850
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 37546563
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 24756713
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 24756713
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 MAINE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MAINEHEALTH	D Employer Identification Number (EIN) 01-0238552	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1264489	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(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?
18 19 28 50 52 59 99	NONE	384739	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

INCOME RESEARCH MANAGEMENT

04-2955404

(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?
28 51	NONE	140157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ARROWSTREET CAPITAL

04-3472863

(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?
28 51	NONE	120673	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARATHON ASSET MANAGEMENT LLP

98-1669899

(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?
28 21 50 51	NONE	118873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

1607 CAPITAL PARTNERS

26-0529973

(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?
28 51 68	NONE	105118	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
18 19 51	NONE	77983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BURGUNDY ASSET MANAGEMENT

98-0407588

(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?
28 51	NONE	57021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAKER NEWMAN NOYES LLC

01-0494526

(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 50	NONE	29100	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 <u>MAINE MEDICAL CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MAINEHEALTH</u>	D Employer Identification Number (EIN) <u>01-0238552</u>	

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: <u>SSGA REAL ASSET NL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS</u>		
c EIN-PN <u>34-7175869-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>37809314</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE US GOVT STIF 15</u>		
b Name of sponsor of entity listed in (a): <u>BNY MELLON</u>		
c EIN-PN <u>13-5160382-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10181794</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GENESIS GTEBP SIDE POCKET 2</u>		
b Name of sponsor of entity listed in (a): <u>GENESIS EMERGING MARKETS, LP</u>		
c EIN-PN <u>22-3163872-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 MAINE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAINEHEALTH	D Employer Identification Number (EIN) 01-0238552

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	22500000	32500000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1431790	5089161
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1319500	72093
(2) U.S. Government securities	1c(2)	37308628	51458868
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	34602780	42643541
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	394531	242402
(B) Common	1c(4)(B)	42113270	23428558
(5) Partnership/joint venture interests	1c(5)	187854698	179657748
(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)	61167856	47991108
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	185319	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	370631473	408942145
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4343578	2995497

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	763853423	795021121
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	19553197	2841462
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	19553197	2841462
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	744300226	792179659

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)	40000000	
(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)		40000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1743	
(B) U.S. Government securities.....	2b(1)(B)	1716167	
(C) Corporate debt instruments.....	2b(1)(C)	2018257	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	118895	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3855062
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	5959	
(B) Common stock.....	2b(2)(B)	897867	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	11394904	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		12298730
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	116203389	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	109711092	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6492297
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	34490472	
(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)	3582348
(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)	-21
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	23695994
c Other income	2c	60970
d Total income. Add all income amounts in column (b) and enter total	2d	124475852

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	69164204
(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)	69164204
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	29100
(5) Investment advisory and investment management fees	2i(5)	542798
(6) Bank or trust company trustee/custodial fees	2i(6)	462722
(7) Actuarial fees	2i(7)	1264489
(8) Legal fees	2i(8)	1300
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	5131806
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	7432215
j Total expenses. Add all expense amounts in column (b) and enter total	2j	76596419

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	47879433
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: **BAKER NEWMAN & NOYES LLC**

(2) EIN: **01-0494526**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 551216.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 <u>MAINE MEDICAL CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAINEHEALTH</u>	D Employer Identification Number (EIN) <u>01-0238552</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-5160382

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	454
--	---	-----

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 31.0 % Private Equity: 23.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 44.0 %
 High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 1.0 %

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

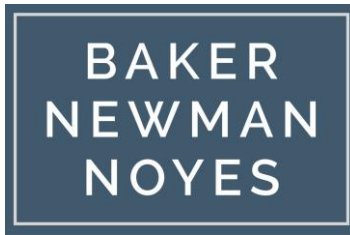
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day 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 _____.



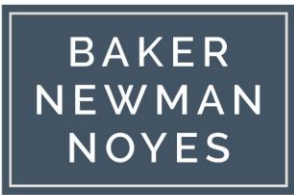
Maine Medical Center Pension Plan

Financial Statements
and Supplemental Schedules

*Years Ended December 31, 2024 and 2023
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com





INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants
Maine Medical Center Pension Plan

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

We have performed audits of the financial statements of Maine Medical Center Pension 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate to the best of their knowledge and belief.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 within one year after the date that the financial statements are issued or 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Plan Administrator and Participants
Maine Medical Center Pension 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 - Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 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 and Participants
Maine Medical Center Pension 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).

Baker Newman + Noyes LLC

Portland, Maine
October 8, 2025

MAINE MEDICAL CENTER PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments at fair value:		
Cash and cash equivalents	\$ 72,093	\$ 1,319,499
Collective trust funds	47,991,108	61,353,175
Debt instruments	95,773,953	74,067,078
Hedge funds	45,335,692	51,549,790
Limited partnerships/joint ventures	134,322,056	136,304,908
Mutual funds and closed-end funds	432,390,331	411,035,697
Exchange traded funds	<u>1,546,727</u>	<u>4,291,486</u>
Total investments	757,431,960	739,921,633
Amounts due from brokers	3,540,428	282,991
Contribution receivable	32,500,000	22,500,000
Accrued investment income	<u>1,548,733</u>	<u>1,148,799</u>
Total assets	795,021,121	763,853,423
Liabilities:		
Amounts due to brokers	<u>2,841,462</u>	<u>19,553,197</u>
Net assets available for benefits	<u>\$792,179,659</u>	<u>\$744,300,226</u>

See accompanying notes.

MAINE MEDICAL CENTER PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to:		
Investment income:		
Net appreciation in fair value of investments	\$ 67,533,277	\$ 60,076,390
Interest income	4,633,168	3,204,605
Dividend income	<u>12,309,405</u>	<u>9,676,028</u>
Total investment income	84,475,850	72,957,023
Contributions:		
Employer contributions	<u>40,000,000</u>	<u>40,000,000</u>
Total additions	124,475,850	112,957,023
Deductions from net assets attributable to:		
Benefit payments	69,164,204	57,933,616
Administrative expenses	<u>7,432,213</u>	<u>7,286,881</u>
Total deductions	<u>76,596,417</u>	<u>65,220,497</u>
Net increase	47,879,433	47,736,526
Net assets available for benefits, beginning of year	<u>744,300,226</u>	<u>696,563,700</u>
Net assets available for benefits, end of year	\$ <u>792,179,659</u>	\$ <u>744,300,226</u>

See accompanying notes.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Description of the Plan

The following description of the Maine Medical Center Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan sponsored by MaineHealth for eligible employees as defined in the Plan. The Plan excludes all employees hired on or after January 1, 2014. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE 2.0 Act) was signed into law. It includes mandatory and optional provisions impacting defined contribution plans. Applicable provisions outlined in the SECURE 2.0 Act will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

A participant's accrued benefit is determined by adding: the participant's final average pay accrued benefit, generally determined under the terms in effect on December 31, 2010, but with the annual compensation indexed through December 31, 2020, and the participant's cash balance benefit on or after January 1, 2011.

A participant's opening balance credit was calculated by the Plan's actuary as the lump-sum value of a participant's accrued benefit determined as of December 31, 2010. A participant's cash balance account is increased by an annual cash balance contribution for participants with 750 hours of service, and interest credits in accordance with the terms of the amended Plan document. The annual cash balance contribution is determined by applying a rate based on age and years of service to the participant's annual compensation. Interest credits are equal to a percentage of the participant's cash balance account on the first day of the Plan year and are credited on the last day of the Plan year prior to payment of the annual cash balance contribution. Except for certain instances, the rate of interest used to determine the interest credit for a Plan year is 5%.

Retiring or terminating employees have the option to receive a lump-sum payment or annuity, or transfer to another qualified plan in accordance with the terms of the amended Plan document.

An additional benefit is available for a small subset of pension plan participants who were participating in the former Maine Medical Center 403(b) Retirement Plan from 2000 through 2008. This 403(b) Plan allows eligible employees to make salary deferrals and to receive a discretionary 50% employer matching contribution of the first 4% of compensation that the participant contributes. Prior to a change in federal regulations effective January 1, 2009, the 403(b) Plan employer matching contribution was record kept in a notional account established for each participant. The matching funds continue to be invested as assets of the Plan. Amounts in the participants' notional accounts were credited at an interest rate determined by Plan management through December 31, 2018. Effective January 1, 2009, MaineHealth was required to fund 403(b) Plan employer matching contributions into investments as directed by each participant along with each participant's salary deferral. As of December 31, 2024 and 2023, the amount of the 403(b) Plan participants' notional accounts that continue to be an obligation of the Plan totaled approximately \$386,000 and \$536,000, respectively.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Description of the Plan (Continued)

Eligibility

An employee is eligible for participation in the Plan on the first day of the month following the completion of 750 hours of service in the first year of employment (or any Plan year thereafter) and attainment of his or her 21st birthday. The normal retirement date is at age 65, however, employees may elect to retire before age 65 if they are at least age 55 and have completed at least three years of service. A participant may also begin an in-service distribution at age 65 if otherwise eligible.

Monthly benefit payments for all eligible participants equaled one-twelfth of the sum of 1% of average annual earnings up to covered compensation, plus 0.65% of average annual earnings in excess of covered compensation multiplied by years of benefit service up to a maximum of 35 years. If early retirement is chosen by the participant, the base and excess benefits will be reduced in accordance with the Plan documents.

Contributions

Contributions from MaineHealth for each fiscal year of the Plan are made, at a minimum, based on the amounts required to be funded under provisions of ERISA. Contributions generally do not exceed the maximum annual contribution allowed under ERISA. MaineHealth met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Vesting

Participants with three or more years of vesting service are 100% vested. When vested participants reach retirement age, they will be entitled to benefits even if they had previously terminated their employment. Death and early retirement benefits are also provided. Upon retirement, Plan participants may elect other optional forms of receiving their retirement benefits in accordance with the Plan documents.

Plan Termination

Although it has not expressed any intention to do so, MaineHealth 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 the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. Description of the Plan (Continued)

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 the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document and consist primarily of PBGC premiums and fees paid to the trustee, actuary, legal counsel, investment managers, and independent accountants. The Plan Sponsor provides accounting and other administrative services to the Plan at no charge.

Management fees, incentive fees, and operating expenses charged to the Plan for investments in the mutual funds, limited partnerships, and hedge funds are deducted from income earned on a daily basis and are not separately reflected in the financial statements. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and highly liquid short-term investments with purchased maturities of three months or less.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from these estimates.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

2. **Summary of Significant Accounting Policies (Continued)**

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to benefit accrual methods, interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan provides for various investment options in any combination of bonds, fixed income securities, mutual funds, hedge funds, partnerships, and other investment securities. These investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the financial statements.

Benefits

Benefits are recorded when paid.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

3. **Information Certified by Trustee**

The Plan's investments, investment income, including dividends and interest, and net appreciation in investments and investment transactions as of and for the years ended December 31, 2024 and 2023 were certified by The Bank of New York Mellon/BNY Mellon, N.A. as complete and accurate to the best of their knowledge and belief. The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules. The Plan Administrator has determined that the trustee meets the requirements of a qualified institution as defined by the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.

MAINE MEDICAL CENTER PENSION 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 as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent 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 probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of the Plan's accumulated plan benefits is as follows as of January 1, 2024:

Vested benefits:	
Active employees	\$ 386,735,986
Participants with deferred benefits	107,317,946
Participants receiving benefits	<u>213,209,803</u>
Total vested accumulated benefits	707,263,735
Nonvested benefits	<u>5,708,635</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 712,972,370</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows for the year ended January 1, 2024:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 674,774,508
Increase (decrease) due to:	
Benefits accumulated	22,422,572
Actuarial losses	(1,112,237)
Benefits paid	(57,933,616)
Assumption changes	28,045,024
Interest due to decrease in discount period	<u>46,776,119</u>
Net increase	<u>38,197,862</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 712,972,370</u>

The change in actuarial assumptions for the year ended December 31, 2024 is primarily due to the change in the discount from 7.00% to 6.50% and the compensation rate from 4.50% to 5.00%. Additionally, termination rates, retirement rates, form and time of payment and spouse's age assumptions were updated based on an experience study conducted in 2024.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

4. Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the January 1, 2024 valuation were as follows:

Discount rate	A rate of 6.50% was used to compute the Plan's present value of accumulated plan benefits
Assumed retirement age	Average assumed retirement age is 70
Mortality	Pri-2012 Mortality Tables/MP-2021 mortality improvement
Return on Plan assets	6.50%
Compensation increase rate	5.00%

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. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

5. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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

Level 2 – Inputs to the valuation method include:

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

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

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Exchange traded funds: Valued at the last sale price or official closing price on the exchange or system on which they are principally traded.

Mutual funds and closed-end funds: Valued at their net asset value (NAV) at year end. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash equivalents: Recorded at cost, plus accrued interest, which approximates fair value.

U.S. Treasury bonds and notes and federal agency bonds: Valued at the closing price reported in the active market in which the security is traded. Level 2 investments are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Collective trusts: Valued based on the NAV of the fund, representing the fair value of the underlying investments, which are generally securities traded on an active market. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value.

Limited partnerships/joint ventures and hedge funds: Estimated fair values of limited partnerships and hedge funds, for which no quoted market prices are readily available, are determined based upon information provided by the fund managers. Such information is generally based on NAV of the fund which is used as a practical expedient to fair value. The limited partnerships and hedge funds invest primarily in readily marketable securities. The limited partnerships and hedge funds allocate gains, losses, and expenses to the partners based on the ownership percentage as described in the respective partnership or hedge fund agreements.

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

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy at December 31, 2024 and 2023, the Plan's assets at fair value:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2024</u>				
Cash and cash equivalents	\$ 72,093	\$ –	\$ –	\$ 72,093
Debt instruments:				
U.S. Treasury bonds and notes	51,344,300	–	–	51,344,300
Federal agency bonds	–	458,635	–	458,635
Corporate bonds	–	<u>43,971,018</u>	–	<u>43,971,018</u>
Total debt instruments	51,344,300	44,429,653	–	95,773,953
Mutual funds and closed-end funds	432,390,331	–	–	432,390,331
Exchange traded funds	<u>1,546,727</u>	–	–	<u>1,546,727</u>
	<u>\$ 485,353,451</u>	<u>\$ 44,429,653</u>	<u>\$ –</u>	529,783,104
Total investments at NAV:				
Collective trust funds				47,991,108
Hedge funds				45,335,692
Limited partnerships/joint ventures				<u>134,322,056</u>
				<u>227,648,856</u>
Total investments at fair value				<u>\$ 757,431,960</u>
<u>2023</u>				
Cash and cash equivalents	\$ 1,319,499	\$ –	\$ –	\$ 1,319,499
Debt instruments:				
U.S. Treasury bonds and notes	37,187,367	–	–	37,187,367
Federal agency bonds	–	484,381	–	484,381
Corporate bonds	–	<u>36,395,330</u>	–	<u>36,395,330</u>
Total debt instruments	37,187,367	36,879,711	–	74,067,078
Mutual funds and closed-end funds	411,035,697	–	–	411,035,697
Exchange traded funds	<u>4,291,486</u>	–	–	<u>4,291,486</u>
	<u>\$ 453,834,049</u>	<u>\$ 36,879,711</u>	<u>\$ –</u>	490,713,760
Total investments at NAV:				
Collective trust funds				61,353,175
Hedge funds				51,549,790
Limited partnerships/joint ventures				<u>136,304,908</u>
				<u>249,207,873</u>
Total investments at fair value				<u>\$ 739,921,633</u>

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. **Fair Value Measurements (Continued)**

The following tables set forth a summary of the Plan's investments with a reported NAV at December 31, 2024 and 2023:

<u>Investment</u>	<u>Fair Value*</u>	<u>Unfunded Commit- ment</u>	<u>Redemption Frequency</u>	<u>Other Redemption Restrictions</u>	<u>Redemption Notice Period</u>
2024					
Arrowstreet International Equity Fund	\$ 41,736,798	\$ —	Monthly	None	14 days
Collective U.S. Gov STIF	10,181,794	—	Monthly	None	5 days
Weatherlow Offshore Fund II Ltd.	45,335,692	—	Quarterly	None	65 days
State Street Real Asset NL Fund	37,809,314	—	Daily	None	None
HBK Multi Strategy Offshore	20,942,020	—	Quarterly	None	90 days
King Street Capital Ltd	19,484,300	—	Quarterly	None	65 days
400 Capital Credit	17,449,129	—	Quarterly	None	60 days
Senator Global Opp Offshore	18,578,247	—	Quarterly	None	60 days
Egerton Long-Short Fund	5,552,662	—	Monthly	None	30 days
Arkkan Opportunities Feed	<u>10,578,900</u>	<u>—</u>	Quarterly	None	90 days
Total	<u>\$227,648,856</u>	<u>\$ —</u>			
2023					
Arrowstreet International Equity Fund	\$ 38,725,103	\$ —	Monthly	None	14 days
Collective U.S. Gov STIF	27,394,327	—	Monthly	None	5 days
Weatherlow Offshore Fund II Ltd.	45,692,247	—	Quarterly	None	65 days
Genesis	185,319	—	Monthly	Up to 60-day settlement period	60-120 days
Abdiel Qualified Offshore	5,857,543	—	Monthly	Up to 45-day settlement period	60 days
Portolan Equity Offshore Fund	11,173,508	—	Quarterly	Up to 30-day settlement period	30 days
State Street Real Asset NL Fund	33,773,529	—	Daily	None	None
HBK Multi Strategy Offshore	19,245,456	—	Quarterly	None	90 days
King Street Capital Ltd	17,943,952	—	Quarterly	None	65 days
400 Capital Credit	15,894,677	—	Quarterly	None	60 days
Senator Global Opp Offshore	15,976,752	—	Quarterly	None	60 days
Egerton Long-Short Fund	<u>17,345,460</u>	<u>—</u>	Monthly	None	30 days
Total	<u>\$249,207,873</u>	<u>\$ —</u>			

* The fair value of the investments has been estimated using the net asset value of the investment.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. Fair Value Measurements (Continued)

Weatherlow Offshore Fund II Ltd.: Under a master-feeder structure, the fund seeks to achieve its objective by investing all or substantially all of its assets in the Weatherlow Fund I L.P. The Weatherlow Fund I L.P. invests predominately in limited partnerships and similar investment vehicles.

Genesis: The objective of the fund is to provide participants with a broadly diversified means of investing in developing countries and immature stock markets, and thus to provide access to superior returns offered by high rates of economic and corporate growth, whilst limiting individual country risk.

Collective U.S. Gov STIF: The Government Short-Term Investment Fund (STIF) seeks to provide a reasonable rate of return by investing in securities that are either issued or guaranteed by the U.S. Treasury and/or U.S. Government Agencies.

Portolan Equity Offshore Fund: The fund seeks to achieve long-term capital appreciation from a portfolio of primarily equity investments.

Abdiel Qualified Offshore: The fund's objective is to seek over a three to five year time horizon, an attractive absolute return and to outperform the U.S. markets while minimizing the likelihood of permanent impairment of the fund's capital. Its preferred method for doing so will be to invest capital for the long term in a concentrated portfolio of high quality businesses. The fund also expects to commit capital to other types of investment opportunities.

State Street Real Asset NL Fund: The investment objective of the fund is to approximate as closely as practicable, before expenses, the performance of a custom index over the long term. The index the fund seeks to approximate is comprised of 15% Dow Jones U.S. Select REIT Index(sm), 25% Bloomberg Roll Select Commodity Index(sm), 30% S&P Global LargeMidCap Commodity and Resources Index, and 30% Barclays US Treasury Inflation Protected Securities (TIPS) Index.

Arrowstreet International Equity Fund: The fund's objective is to provide returns in excess of the equity market through investment inequity securities that are publicly traded on stock exchanges and/or regulated markets worldwide.

HBK Multi Strategy Offshore: The fund's primary investment objective is to generate attractive absolute rates of return with relatively low volatility and with relatively low correlation to most major market indices for non-U.S. investors and tax-exempt U.S. investors.

King Street Capital Ltd.: The fund's investment strategy is broadly defined as global long/short credit and event-drive. The fund's principal investment objective is to produce attractive risk-adjusted returns in all types of market environments by capitalizing on mid-price investment opportunities.

400 Capital Credit: The fund's investment strategy seeks to achieve high absolute returns with low volatility and low correlation to traditional fixed income and equity markets by investing in credit investments across credit sectors and throughout an issuer's capital structure with a primary focus on structured credit, which includes secured and structured commercial, consumer and corporate assets.

Senator Global Opp Offshore: The fund's investment strategy is to deliver superior absolute returns to investors by employing a global and opportunistic long/short term strategy for investing in distressed debt, value equities and event equities. In pursuing this objective, the Investment Manager emphasizes capital preservation and seeks to mitigate risk through various hedging strategies at the position and portfolio levels.

MAINE MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

5. **Fair Value Measurements (Continued)**

Egerton Long-Short Fund: The fund's investment objective is to provide shareholders with medium to long term capital appreciation.

Arkkan Opportunities Feeder Fund I Ltd.: The investment objective of the fund, through its investment in Arkkan Opportunities Fund Ltd. (the Master Fund), is to produce absolute returns with limited downside risks across market cycles. The Master Fund focuses on investing in performing and distressed credit, special situation equity opportunities and private placements, with a focus on investments in and relating to Asia and the Middle East.

6. **Income Tax Status**

The Plan has received a determination letter from the IRS dated March 18, 2021, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan has subsequently been amended. The Plan Administrator believes the Plan continues to be operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions.

7. **Party-in-Interest Transactions**

Certain Plan investments are shares of mutual funds, cash management funds, and collective trust funds managed by The Bank of New York Mellon/BNY Mellon, N.A. The Bank of New York Mellon/BNY Mellon, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to The Bank of New York Mellon/BNY Mellon, N.A. for trustee services and fees paid to various advisors to the Plan totaled \$2,304,121 and \$2,282,761 for the years ended December 31, 2024 and 2023, respectively, and are included in administrative expenses.

MAINE MEDICAL CENTER PENSION PLAN

EIN 01-0238552
Plan No. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including			(d)	(e)	
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>	<u>Shares or Par Value</u>	<u>Cost</u>	<u>Fair Value</u>
		Interest bearing cash:					
*	BNY Mellon, N.A.				22,243	\$ 13,853	\$ 13,772
*	BNY Mellon, N.A.				28,903	36,454	36,199
*	BNY Mellon, N.A.				21,364	<u>22,222</u>	<u>22,122</u>
						72,529	72,093
		Total interest bearing cash					
		Collective trusts:					
*	BNY Mellon, N.A.				10,181,794	10,181,794	10,181,794
	SSGA				2,098,586	<u>24,937,348</u>	<u>37,809,314</u>
						35,119,142	47,991,108
		Total collective trusts					
		Debt instruments:					
		Federal agency:					
		FHLMC Multiclass Mtg 4910LZ:					
		3.000%	09/25/49	08/01/19	195,937	129,275	116,784
		FHLMC Multiclass Mtg 4938CB:					
		3.000%	12/25/49	11/01/19	199,000	159,371	154,780
		2.500%	08/25/42	07/01/12	213,593	<u>186,206</u>	<u>187,071</u>
						474,852	458,635
		Total Federal agency					
		U.S. Treasury bonds and notes:					
		American Muni Pwr-Ohio Inc					
		6.053%	02/15/43	10/15/09	170,000	183,309	172,713
		Texas Natural Gas Securitiztn					
		5.169%	04/01/41	09/01/23	174,000	179,810	171,353
		U.S. Treasury Bond Prin Strip					
		0.000%	02/15/38	02/15/08	605,000	355,026	332,708
		U.S. Treasury Bond Prin Strip					
		0.000%	08/15/43	08/15/13	993,000	436,543	405,343
		U.S. Treasury Bond Prin Strip					
		0.000%	08/15/54	08/15/24	1,092,000	303,729	280,284
		U.S. Treasury Bond					
		1.125%	08/15/40	08/15/20	7,301,000	4,679,795	4,358,624
		U.S. Treasury Bond					
		1.375%	08/15/50	08/15/20	4,226,000	2,349,666	2,064,655
		U.S. Treasury Bond					
		1.875%	02/15/41	02/15/21	3,149,000	2,273,074	2,112,034
		U.S. Treasury Bond					
		1.875%	02/15/51	02/15/21	998,000	636,225	555,996
		U.S. Treasury Bond					
		2.000%	08/15/51	08/15/21	2,761,000	1,812,541	1,580,562
		U.S. Treasury Bond					
		2.250%	08/15/46	08/15/16	4,092,000	2,654,046	2,645,110
		U.S. Treasury Bond					
		3.000%	08/15/52	08/15/22	2,895,000	2,379,227	2,080,665
		U.S. Treasury Bond					
		3.375%	08/15/42	08/15/22	986,000	882,509	814,801
		U.S. Treasury Bond					
		3.875%	05/15/43	05/15/23	2,030,000	1,942,466	1,788,552
		U.S. Treasury Bond					
		4.125%	08/15/53	08/15/23	5,325,000	5,331,593	4,750,699
		U.S. Treasury Bond					
		4.250%	02/15/54	02/15/24	10,304,000	9,904,582	9,416,104
		U.S. Treasury Bond					
		4.375%	08/15/43	08/15/23	4,304,000	4,372,445	4,053,981
		U.S. Treasury Bond					
		4.500%	02/15/44	02/15/24	12,628,000	12,482,905	12,065,675
		U.S. Treasury Bond					
		4.625%	05/15/44	05/15/24	1,746,000	<u>1,813,054</u>	<u>1,694,441</u>
						54,972,545	51,344,300
		Total U.S. Treasury bonds and notes					

MAINE MEDICAL CENTER PENSION PLAN

EIN 01-0238552
Plan No. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including				(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>	<u>Shares or Par Value</u>		
Debt instruments (Continued):							
Corporate bonds:							
	Abbvie, Inc.	4.250%	11/21/49	05/21/20	443,000	\$ 389,817	\$ 360,717
	Abbvie, Inc.	4.875%	11/14/48	09/18/18	55,000	53,805	49,457
	Abbvie, Inc.	5.400%	03/15/54	02/26/24	100,000	99,657	96,289
	Advocate Health & Hospitals Co.	4.272%	08/15/48	08/16/18	169,000	153,352	140,740
	Alabama Power Co.	3.700%	12/01/47	11/08/17	38,000	30,118	28,388
	Alabama Power Co.	3.850%	12/01/42	12/05/12	385,000	320,670	306,271
	Amazon Com Inc.	2.875%	05/12/41	05/12/21	419,000	325,210	307,877
	Amazon Com Inc.	3.950%	04/13/52	04/13/22	142,000	124,815	112,160
	Amgen Inc.	5.650%	03/02/53	03/02/23	604,000	623,651	582,637
	Amphenol Corp.	5.375%	11/15/54	10/31/24	203,000	199,207	193,358
	Anglo American Capital PL 144A	4.750%	03/16/52	03/16/22	200,000	171,958	167,070
	Anheuser-Busch Cos LLC / 144A	4.900%	02/01/46	02/01/19	813,000	788,348	739,944
	Aon Corp / Aon Global Holdings	3.900%	02/28/52	02/28/22	194,000	154,810	142,617
	Apple Inc.	4.650%	02/23/46	02/23/16	178,000	176,135	163,144
	APTIV Swiss Holdings LTD	3.100%	12/01/51	11/23/21	422,000	272,995	247,250
	Arthur J Gallagher & Co	5.550%	02/15/55	12/19/24	256,000	254,403	247,091
	Astrazeneca PLC	6.450%	09/15/37	09/12/07	38,000	44,526	41,696
	AT&T Inc. 144A	3.500%	09/15/53	03/15/21	156,000	113,722	105,100
	AT&T Inc. 144A	3.550%	09/15/55	03/15/21	997,000	710,402	672,686
	AT&T Inc. 144A	3.650%	09/15/59	03/15/21	144,000	103,650	95,633
	AT&T Inc. 144A	3.800%	12/01/57	06/01/21	156,000	116,484	107,849
	BAE Systems Holdings, Inc. 144A	4.750%	10/07/44	10/07/14	234,000	213,249	208,613
	Bank of America Corp.	Var.Rate	04/24/38	04/24/17	270,000	244,423	240,354
	Bank of America Corp.	Var.Rate	06/19/41	06/19/20	405,000	295,251	281,609
	Bank of America Corp.	Var.Rate	04/22/42	04/22/21	875,000	685,742	654,946
	Berkshire Hathaway Energy Co.	3.800%	07/15/48	01/05/18	143,000	112,891	106,210
	Berkshire Hathaway Energy Co.	4.250%	10/15/50	10/15/20	90,000	76,644	71,160
	Berkshire Hathaway Energy Co.	6.125%	04/01/36	10/01/06	414,000	449,443	435,756
	BHP Billiton Finance USA LTD	5.000%	09/30/43	09/30/13	273,000	266,882	255,304
	Blackstone Holdings Finan 144A	3.500%	09/10/49	09/10/19	266,000	192,225	184,910
	Blackstone Holdings Finan 144A	5.000%	06/15/44	04/07/14	127,000	117,065	115,388
	Boeing Co., The	5.805%	05/01/50	05/04/20	254,000	248,472	235,776
	BP Capital Markets America Inc	3.379%	02/08/61	02/08/21	227,000	160,246	143,977
	Bristol-Myers Squibb Co 144A	5.550%	02/22/54	02/22/24	214,000	214,998	207,661
	Broadcom Inc 144A	3.500%	02/15/41	01/19/21	294,000	231,353	229,690
	Broadcom Inc 144A	3.750%	02/15/51	01/19/21	353,000	278,739	263,183
	Burlington Northern Santa FE L	2.875%	06/15/52	12/08/21	41,000	28,793	25,560
	Burlington Northern Santa FE L	4.150%	04/01/45	03/09/15	275,000	245,069	226,344
	Burlington Northern Santa FE L	4.450%	01/15/53	06/07/22	294,000	269,710	246,613
	Burlington Northern Santa FE L	5.500%	03/25/55	06/07/24	184,000	183,025	181,312
	California St	7.500%	04/01/34	04/28/09	430,000	521,809	490,570
	Canadian National Railway Co.	4.400%	08/05/52	08/05/22	103,000	97,063	86,296
	Canadian Natural Resources LTD	4.950%	06/01/47	05/30/17	200,000	181,302	171,668
	Canadian Pacific Railway Co.	3.100%	12/02/51	12/02/21	99,000	71,850	64,473
	Canadian Pacific Railway Co.	4.200%	11/15/69	04/19/23	357,000	283,897	262,466
	Canadian Pacific Railway Co.	6.125%	09/15/2115	09/11/15	153,000	171,369	153,344
	Carlyle Finance LLC 144A	5.650%	09/15/48	09/14/18	81,000	75,614	76,943
	Carlyle Holdings II Finan 144A	5.625%	03/30/43	03/28/13	36,000	35,131	34,698
	Caterpillar Inc	3.803%	08/15/42	08/15/12	210,000	175,169	170,789
	Charter Communications Operating	5.375%	05/01/47	11/01/17	637,000	532,489	523,404
	Charter Communications Operating	6.484%	10/23/45	10/23/16	261,000	257,338	246,841
	Chevron Corp	3.078%	05/11/50	05/11/20	254,000	184,920	168,369
	Chubb Corp., The	6.500%	05/15/38	05/06/08	85,000	98,667	93,791
	Chubb INA Holdings Inc.	3.050%	12/15/61	11/18/21	130,000	93,544	79,115
	Cigna Group, The	4.800%	07/15/46	01/15/20	227,000	212,038	194,144
	Cisco Systems, Inc.	5.300%	02/26/54	02/25/24	42,000	41,831	40,856
	Cisco Systems, Inc.	5.900%	02/15/39	02/17/09	137,000	152,369	144,843

MAINE MEDICAL CENTER PENSION PLAN

EIN 01-0238552
Plan No. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including				(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>	<u>Shares or Par Value</u>		
	Debt instruments (Continued):						
	Corporate bonds (Continued):						
	Citigroup, Inc.	4.650%	07/30/45	07/30/15	226,000	\$ 206,187	\$ 197,456
	Citigroup, Inc.	8.125%	07/15/39	07/23/09	53,000	68,447	65,456
	Citigroup, Inc.	Var.Rate	04/24/48	04/25/17	360,000	312,317	294,095
	Cleveland Clinic Foundation/The	4.858%	01/01/2114	09/18/14	91,000	85,907	75,779
	Comcast Corp.	2.987%	11/01/63	05/01/22	387,000	242,861	218,779
	Comcast Corp.	3.400%	07/15/46	07/19/16	156,000	121,338	109,665
	Comcast Corp.	3.750%	04/01/40	03/27/20	358,000	308,771	288,208
	Comcast Corp.	4.049%	11/01/52	10/19/17	449,000	363,191	338,142
	Commonwealth Edison Co	3.700%	03/01/45	03/02/15	333,000	269,440	254,382
	Conocophillips Co	4.025%	03/15/62	09/15/22	355,000	289,648	256,835
	Consolidated Edison Co of New York	5.700%	05/15/54	05/09/24	180,000	182,349	179,330
	Consumers Energy Co	3.100%	08/15/50	09/03/19	131,000	96,817	88,608
	Consumers Energy Co	3.500%	08/01/51	03/26/20	171,000	134,639	124,635
	Cox Communications Inc. 144A	4.500%	06/30/43	05/01/13	306,000	259,632	245,023
	Cox Communications Inc. 144A	4.700%	12/15/42	11/29/12	26,000	22,589	20,877
	CSL Finance PLC 144A	4.750%	04/27/52	04/27/22	190,000	181,606	164,118
	CSX Corp	4.900%	03/15/55	09/18/24	106,000	105,868	94,993
	Cummins Inc	5.450%	02/20/54	02/20/24	180,000	179,615	175,435
	CVS Health Corp.	4.780%	03/25/38	03/09/18	268,000	254,565	231,769
	CVS Health Corp.	5.050%	03/25/48	03/09/18	243,000	222,991	200,405
	CVS Pass-Through Trust 144A	5.926%	01/10/34	12/21/11	108,418	110,065	107,460
	CVS Pass-Through Trust SE 144A	8.353%	07/10/31	06/26/09	103,097	111,392	110,991
	Deere & Co	3.750%	04/15/50	03/30/20	210,000	177,029	161,589
	Deere & Co	3.900%	06/09/42	06/08/12	140,000	119,864	117,281
	Diamondback Energy Inc.	5.750%	04/18/54	04/18/24	182,000	181,922	171,127
	Dominion Energy, Inc	4.900%	08/01/41	08/05/11	612,000	566,962	548,248
	Duke Energy Carolinas LLC	5.300%	02/15/40	11/19/09	554,000	560,714	542,366
	Duke Energy Corp	5.000%	08/15/52	08/11/22	584,000	535,469	510,451
	Elevance Health Inc	4.375%	12/01/47	11/21/17	378,000	331,337	305,330
	Elevance Health Inc	5.650%	06/15/54	05/30/24	265,000	263,927	254,321
	Eli Lilly & Co.	5.100%	02/09/64	02/09/24	315,000	312,547	288,427
	Emerson Electric Co.	2.800%	12/21/51	12/21/21	340,000	228,686	210,484
	Energy Transfer Partners LP	5.000%	05/15/202	01/22/20	86,000	75,119	73,061
	Energy Transfer Partners LP	5.300%	04/01/44	04/03/14	135,000	124,612	120,860
	Energy Transfer Partners LP	6.125%	12/15/45	06/23/15	266,000	268,647	262,835
	Entergy Corp	3.750%	06/15/50	05/19/20	121,000	91,578	85,895
	Enterprise Products Operating	4.800%	02/01/49	10/11/18	86,000	81,520	74,117
	Enterprise Products Operating	4.900%	05/15/46	05/07/15	368,000	347,678	328,388
	Enterprise Products Operating	5.700%	02/15/42	08/24/11	76,000	80,200	75,995
	Exelon Corp	5.100%	06/15/45	12/15/15	320,000	301,587	290,006
	Exxon Mobil Corp	4.114%	03/01/46	03/03/16	188,000	168,190	152,652
	Exxon Mobil Corp	4.327%	03/19/50	03/19/20	235,000	205,960	193,520
	Florida Power & Light Co.	4.050%	10/01/44	09/10/14	357,000	313,100	291,305
	Florida Power & Light Co.	5.600%	06/15/54	06/30/24	134,000	133,707	133,977
	Glencore Finance Canada L 144A	6.000%	11/15/41	11/10/11	290,000	293,117	287,422
	Goldman Sachs Group, Inc., The	4.800%	07/08/44	07/08/14	79,000	74,866	69,894
	Goldman Sachs Group, Inc., The	5.150%	05/22/45	05/22/15	234,000	226,968	215,865
	Goldman Sachs Group, Inc., The	6.250%	02/01/41	01/28/11	130,000	145,213	136,926
	Goldman Sachs Group, Inc., The	Var.Rate	04/22/42	04/22/21	39,000	29,964	28,456
	Goldman Sachs Group, Inc., The	Var.Rate	07/21/42	07/21/21	340,000	243,871	236,480
	Goldman Sachs Group, Inc., The	Var.Rate	10/31/38	10/31/17	101,000	88,367	85,557
	GS Mortgage Securities GC45 A5	2.911%	02/13/53	01/01/20	181,000	160,552	162,357
	HCA Inc.	5.950%	09/15/54	08/12/24	209,000	213,919	199,095
	Health Care Service Corp 144A	3.200%	06/01/50	06/01/20	210,000	149,342	134,526
	Health Care Service Corp 144A	5.875%	06/15/54	06/10/24	157,000	161,459	152,227
	Home Depot, Inc., The	3.350%	04/15/50	03/30/20	100,000	78,054	69,832
	Home Depot, Inc., The	3.625%	04/15/52	03/28/22	74,000	60,223	53,701
	Home Depot, Inc., The	3.900%	06/15/47	06/05/17	306,000	254,570	239,564

MAINE MEDICAL CENTER PENSION PLAN

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SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including			(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>		
	Debt instruments (Continued):					
	Corporate bonds (Continued):					
	Honeywell International Inc.	5.250%	03/01/54	03/01/24	\$ 404,000	\$ 379,005
	HSBC Holdings PLC	Var.Rate	03/09/44	03/09/23	200,000	211,310
	Intel Corp	4.900%	08/05/52	08/05/22	278,000	219,823
	Intercontinental Exchange, Inc.	4.250%	09/21/48	08/13/18	180,000	145,092
	JP Morgan Chase & Co.	5.600%	07/15/41	07/21/11	106,000	107,021
	JP Morgan Chase & Co.	6.400%	05/15/38	05/22/08	11,000	12,010
	JP Morgan Chase & Co.	Var.Rate	07/24/38	07/24/17	895,000	764,205
	JP Morgan Chase & Co.	Var.Rate	11/15/48	11/10/17	67,000	52,430
	JP Morgan Chase & Co.	Var.Rate	01/23/49	01/23/18	110,000	84,680
	Keyspan Gas East Corp. 144A	5.819%	04/01/41	03/31/11	255,000	246,055
	Kinder Morgan Energy Partners	6.375%	03/01/41	03/04/11	483,000	493,887
	KKR Group Finance Co III 144A	5.125%	06/01/44	05/29/14	317,000	289,862
	KLA Corp	3.300%	03/01/50	02/28/20	68,000	47,045
	KLA Corp	4.950%	07/15/52	06/23/22	54,000	49,153
	KLA Corp	5.000%	03/15/49	03/20/19	88,000	80,913
	Kroger Co., The	4.650%	01/15/48	07/24/17	158,000	132,327
	L3Harris Technologies Inc.	5.500%	08/15/24	08/02/24	200,000	192,410
	Lockheed Martin Corp.	4.700%	05/15/46	11/23/15	305,000	273,006
	Lowe's Cos., Inc.	3.700%	04/15/46	04/20/16	95,000	70,389
	Lowe's Cos., Inc.	4.050%	05/03/47	05/03/17	64,000	49,732
	Lowe's Cos., Inc.	5.800%	09/15/62	09/08/22	436,000	422,140
	Marathon Petroleum Corp.	6.500%	03/01/41	09/01/11	95,000	98,490
	Markel Group Inc.	6.000%	05/16/54	05/16/24	226,000	224,495
	Marsh & McLennan Cos Inc	4.750%	03/15/39	01/15/19	304,000	281,534
	Martin Marietta Materials Inc.	5.500%	12/01/54	11/04/24	262,000	247,530
	Massachusetts Mutual Life 144A	3.375%	04/15/50	04/16/20	174,000	116,338
	McDonald's Corp.	4.450%	03/01/47	03/09/17	285,000	239,457
	METLife Inc.	5.000%	07/15/52	07/11/22	196,000	177,668
	METLife Inc.	Var.Rate	12/15/44	09/15/14	162,000	143,168
	Michigan St Univ Revenues	4.165%	08/15/22	03/09/22	75,000	55,247
	Microsoft Corp.	2.921%	03/17/52	03/17/21	440,000	291,676
	MidAmerican Energy Co	5.300%	02/01/55	01/24/24	154,000	145,710
	Moody's Corp.	4.875%	12/17/48	12/17/18	238,000	211,887
	Morgan Stanley	4.300%	01/27/45	01/27/15	257,000	212,022
	Morgan Stanley	Var.Rate	04/22/42	04/22/21	230,000	170,412
	Morgan Stanley	Var.Rate	11/19/55	11/20/24	115,000	111,072
	MPLX LP	5.500%	02/15/49	11/15/18	249,000	228,931
	Muni Elec Auth of Georgia	6.637%	04/01/57	03/11/10	211,000	225,133
	Nationwide Mutual Insurance 144A	4.350%	04/30/50	04/30/20	100,000	74,886
	New York Life Insurance Co 144A	3.750%	05/15/50	04/14/20	157,000	114,318
	New York St Urban Dev Corp Rev	5.770%	03/15/39	12/01/09	145,000	146,431
	Norfolk Southern Corp.	4.050%	08/15/52	02/15/18	228,000	175,227
	Norfolk Southern Corp.	4.100%	05/15/21	05/12/21	52,000	36,068
	Norfolk Southern Corp.	4.450%	06/15/45	06/02/15	82,000	69,432
	Norfolk Southern Corp.	5.100%	08/01/2118	08/02/18	121,000	102,961
	Northern States Power Co/Mn	3.600%	05/15/46	05/31/16	262,000	195,727
	Northern States Power Co/Mn	6.200%	07/01/37	06/26/07	336,000	359,755
	Northrop Grumman Corp	3.850%	04/15/45	02/06/15	238,000	186,245
	Northrop Grumman Corp	4.950%	03/15/53	02/08/23	313,000	279,803
	NSTAR Electric	4.950%	09/15/52	09/15/22	170,000	152,573
	Occidental Petroleum Corp	0.000%	10/10/36	09/18/19	702,000	391,365
	Occidental Petroleum Corp	6.050%	10/01/54	07/26/24	138,000	130,933
	Oncor Electric Delivery Co LLC	4.950%	09/15/52	09/08/22	190,000	169,995
	Oracle Corp.	3.950%	03/25/51	03/24/21	406,000	300,972
	Oracle Corp.	4.000%	07/15/46	07/07/16	170,000	130,968
	Oracle Corp.	4.000%	11/15/47	11/09/17	410,000	312,789

MAINE MEDICAL CENTER PENSION PLAN

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SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including			(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>		
Debt instruments (Continued):						
Corporate bonds (Continued):						
	Pacificorp	3.300%	03/15/51	04/08/20	57,000	\$ 37,147
	PG&E Wildfire Recovery Funding	4.722%	06/01/39	07/20/22	369,000	\$ 352,580
	Phillips 66 CO	4.680%	02/15/45	02/15/23	379,000	317,064
	Piedmont Natural Gas Co Inc	3.350%	06/01/50	05/21/20	159,000	105,099
	Planet Fitness MA 1A A211 144A	6.237%	06/05/54	06/12/24	239,400	238,289
	PPL Electric Utilities Corp	4.125%	06/15/44	06/15/14	233,000	193,938
	Prudential Financial, Inc.	5.700%	12/14/36	12/14/06	296,000	303,962
	PSNH Funding LLC 3 1 A	3.814%	02/01/35	05/08/18	271,000	255,014
	Public Service electric and GA	4.150%	11/01/45	11/06/15	124,000	100,476
	Rio Tinto Finance USA LTD	5.200%	11/02/40	11/02/10	83,000	80,104
	Riverside Cnty CA Pensn Oblg	3.818%	02/15/38	05/06/20	145,000	129,436
	Rogers Communication, Inc.	4.550%	03/15/52	03/15/23	344,000	275,599
	Rogers Communication, Inc.	5.000%	03/15/44	03/10/14	258,000	228,709
	RTX Corp.	4.625%	11/16/48	08/16/18	546,000	464,542
	Rutgers NJ St Univ	3.915%	05/01/2119	09/16/19	165,000	111,948
	San Diego Gas & Electric Co	3.320%	04/15/50	04/07/20	117,000	79,133
	Sempra Energy	4.000%	02/01/48	01/12/18	340,000	257,434
	Shell Finance US Inc.	3.750%	09/12/46	09/12/24	373,000	280,537
	Shell International Finance BV	6.375%	12/15/38	12/11/08	88,000	95,810
	Simon Property Group LP	4.250%	11/30/46	11/23/16	250,000	204,153
	Simon Property Group LP	5.850%	03/08/53	03/08/23	286,000	288,591
	Simon Property Group LP	6.750%	02/01/40	01/25/10	62,000	68,705
	Snap-On, Inc.	3.100%	05/01/50	04/30/20	230,000	152,456
	Subway Funding LLC 3A A23 144A	5.914%	07/30/54	09/13/24	370,000	361,316
	Texas Instruments Inc	5.050%	05/18/63	05/18/23	147,000	132,695
	T-Mobile USA Inc	5.650%	01/15/53	09/15/22	213,000	206,619
	T-Mobile USA Inc	5.750%	01/15/54	05/11/23	235,000	230,103
	Transcontinental Gas Pipe Line	4.600%	03/15/48	09/15/18	281,000	233,792
	TTX Co 144A	4.600%	02/01/49	01/18/19	250,000	216,798
	Uber Technologies Inc.	5.350%	09/15/54	09/09/24	219,000	203,650
	Union Pacific Corp	3.250%	02/05/50	01/31/20	379,000	259,137
	Union Pacific Corp	3.550%	08/15/39	08/05/19	124,000	100,677
	UnitedHealth Group Inc.	4.750%	05/15/52	05/20/22	197,000	169,083
	UnitedHealth Group Inc.	5.875%	02/15/53	10/28/22	25,000	25,103
	United Parcel Service Inc.	3.625%	10/01/42	09/27/12	198,000	154,268
	University of California CA Revenues	4.858%	05/15/2112	03/01/12	203,000	168,713
	Verisk Analytics Inc	3.625%	05/15/50	05/13/20	112,000	78,645
	Verizon Communications, Inc.	3.400%	03/22/41	03/22/21	425,000	321,776
	Verizon Communications, Inc.	3.700%	03/22/61	03/22/21	417,000	283,222
	Verizon Communications, Inc.	4.000%	03/22/50	03/20/20	393,000	298,743
	Virginia Electric and Power Co	5.350%	01/15/54	01/08/24	123,000	116,201
	VISA Inc	4.150%	12/14/35	12/14/15	196,000	181,139
	Walt Disney Co/The	4.700%	03/23/50	03/23/20	179,000	159,038
	WarnerMedia Holdings Inc	5.050%	03/15/42	03/15/23	186,000	149,819
	WarnerMedia Holdings Inc	5.391%	03/15/62	03/15/23	411,000	303,466
	Wells Fargo & Co.	Var.Rate	04/04/51	03/30/20	613,000	544,908
	Wendy's Funding L 1A A211 14A	2.775%	06/15/51	06/22/21	140,889	119,866
	Wendy's Funding L 1A A211 14A	4.080%	06/15/49	06/26/19	176,209	166,274
	Total corporate bonds				<u>46,482,247</u>	<u>43,971,018</u>
	Total debt instruments				101,929,644	95,773,953
Hedge funds:						
	Weatherlow		Offshore FD II		12,204	45,335,692
Limited partnerships/joint ventures:						
Limited partnerships:						
	Arrowstreet Investment Trust		Equity Fund		152,304	41,736,798

MAINE MEDICAL CENTER PENSION PLAN

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SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including			(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>		
Joint ventures:						
	Arkkan Opportunities Feed				10,000	\$ 10,578,900
	400 Capital Credit		Opportunities Fund LTD		11,500	\$ 17,449,129
	Edgerton Long Short Fund		USD, B Series 1		15,723	5,552,662
	HBK Multi Strategy Offshore Fund		Series Lead		12,051	20,942,020
	King Street Capital LTD				137,132	19,484,300
	Senator Global Opp Offshore Fund		Class H1 Series 1		12,014	15,549,146
	Total joint ventures					<u>82,647,362</u>
	Total limited partnerships/joint ventures					<u>117,054,456</u>
Mutual funds and closed-end funds:						
Mutual funds:						
	PIMCO Long Duration Total Rtrn-Inst				14,234,357	132,143,120
	Vanguard L/T Bnd Indx-Inst				9,410,992	117,188,541
	Total mutual funds					<u>249,331,661</u>
Closed-end funds:						
	Aberdeen Asia Focus PLC				38,125	129,118
	Aberdeen Asian Income Fund L				93,840	248,825
	Aberdeen Australia Equity Fd				24,231	107,339
	Aberdeen Emerging Market Eqty Inc				18,215	132,482
	Aberdeen Japan Equity Fund I				35,860	243,540
	Aberdeen New India Investment				10,995	92,789
	Aberdeen UK Smaller Cos Growth				48,877	285,140
	Aker ASA				4,030	261,834
	Alarm.Com Holdings Inc				482	29,885
	Allison Transmission Holdings				716	41,805
	American Homes 4 Rent				2,934	105,539
	Argo Investments LTD				124,890	738,741
	Armstrong World Industries Inc				894	88,133
	Arthur J. Gallagher & Co				449	101,953
	Asia Dragon Trust Plc				70,033	334,171
	Aurora Investment Trust Plc				65,162	205,381
	Australian Foundation Inv Co				145,300	705,134
	Australian United Investment				30,710	209,000
	AVI Japan Opportunity Trust				52,860	86,069
	Baillie Gifford European Gro				393,070	466,671
	Baillie Gifford Japan Trust				86,068	778,665
	Baillie Gifford Shin Nippon				324,466	541,876
	Baillie Gifford UK Growth Tr				163,300	346,000
	Bankers Investment Trust				348,470	462,235
	Blackrock Enhanced Global Di				15,054	188,555
	Blackrock Enhanced Intl Dvd Tr				17,266	96,505
	Blackrock Frontiers Invest				90,625	165,340
	Blackrock Greater Europe Inv				45,250	328,187
	Blackrock Health Sci Trm Tr				6,378	119,413
	Brickworks Investm NPV				300	324
	Cable One Inc				226	112,163
	Caledonia Investments Plc				13,958	632,565
	Canadian General Investments				2,875	75,723
	CBIZ Inc				1,766	110,815
	CC Japan Income & Growth Tru				135,045	306,361
	Champion Homes Inc				538	40,018
	Corp Financiera Alba SA				4,456	236,271
	Crystal Amber Fund LTD				67,490	66,248
	Diversified United Investmnt				50,494	172,695
	Djerriwarth Investments LTD				63,794	132,289
	Doubleverify Holdings Inc				3,524	66,063
	Dunedin Income Growth Inv Tr				63,080	226,635

MAINE MEDICAL CENTER PENSION PLAN

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SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including				(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>	<u>Shares or Par Value</u>		
Mutual funds and closed-end funds (Continued):							
Closed-end funds (Continued):							
	Eaton Vance T/A GI Dvd Incm				1,950	\$ 32,815	\$ 35,549
	Eaton Vance Tax-Managed Glob				17,980	139,950	146,897
	Emcor Group Inc				357	77,701	162,042
	Equity Commonwealth				2,724	113	4,821
	Euronet Worldwide Inc				801	81,363	82,375
	European Assets Trust Plc				230,500	259,579	233,252
	European Equity Fund Inc/The				23,697	187,802	192,917
	European Opportunities Trust				76,697	855,049	754,995
	Everi Holdings Inc				551	4,487	7,444
	Exor NV				10,455	1,044,570	958,656
	Fidelity China Special Situa				13,211	32,549	36,896
	Fidelity European Trust PLC				15,400	71,550	67,890
	Fidelity Japan Trust Plc				90,860	202,231	198,569
	Fidelity Special values Plc				86,635	320,047	339,610
	Finsbury GR&INC Trust-ORD				73,610	797,335	825,093
	Future Generation Australia				192,621	145,236	150,269
	Future Generation Global Inv				72,395	58,785	63,649
	Generac Holdings Inc				328	42,487	50,856
	Gentex Corp				4,085	131,199	117,362
	Global Opportunities Trust P				31,920	120,544	114,333
	Globus Medical Inc				1,918	103,469	158,638
	Graco Inc				691	59,966	58,244
	Grand Canyon Education Inc				633	83,716	103,685
	Groupe Bruxelles Lambert NV				18,010	1,413,622	1,231,790
	Hansa Investment Co LTD-A O				67,485	164,912	193,547
	Henderson Alternative Strate				180,891	1,809	2,265
	Henderson European Focus Tru PLC				303,785	759,456	658,196
	Henderson High Income TR-ORD				61,512	124,079	125,186
	Hillman Solutions Corp				6,373	58,772	62,073
	Houlihan Lokey Inc				942	114,120	163,588
	Impax Environmental Markets				49,715	250,530	239,713
	Invesco Global Equ In TR PLC				14,613	50,227	55,087
	Invesco Perp UK Smaller Cos				30,730	166,699	148,172
	Japan Smaller Capitalization				54,429	478,449	417,470
	John Wiley & Sons Inc				722	22,988	31,559
	JP Morgan Betabuilders Japan				6,240	333,665	342,514
	JPMorgan European Growth & Inc				126,380	158,637	156,379
	JPMorgan Global Emerging Mkt				163,222	262,955	270,855
	JPMorgan Japanese Invest Tr				29,442	208,100	207,596
	Kennametal Inc				3,443	88,795	82,701
	Kindercare Learning Cos Inc				363	6,302	6,461
	Korea Fund Inc				1,800	63,225	33,197
	Light & Wonder Inc				1,160	96,521	100,201
	Lowland Investment Company				228,640	361,367	352,209
	Main Street Capital Corp				1,047	46,245	61,333
	MarketAxess Holdings Inc				181	49,398	40,913
	Marwyn Value Investors LTD				29,600	30,376	34,198
	Mobius Investment Trust PLC				76,836	135,296	138,089
	Montanaro European Smaller Companies Trust PLC				143,661	248,853	252,789
	Morgan Stanley China A Share				5,547	130,134	69,116
	Murry Income Trust PLC				17,010	188,658	174,048
	Murry International TR-O				57,040	184,581	183,950
	National Vision Holdings Inc				3,589	38,156	37,397
	New Germany Fund				15,700	173,764	122,460
	New York Times Co/The				909	44,102	47,313
	North Atlantic Smaller Comp				2,605	128,764	119,734

MAINE MEDICAL CENTER PENSION PLAN

EIN 01-0238552
Plan No. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

December 31, 2024

(a)	(b) <u>Identity of Issue</u>	(c) Description of Investment Including				(d) <u>Cost</u>	(e) <u>Fair Value</u>
		<u>Rate of Interest</u>	<u>Maturity Date</u>	<u>Issue Date</u>	<u>Shares or Par Value</u>		
Mutual funds and closed-end funds (Continued):							
Closed-end funds (Continued):							
	Openlane Inc				6,883	\$ 102,184	\$ 136,559
	Ophir High Conviction Fd-Lit				53,900	90,332	99,449
	Pacific Assets Trust PLC				44,945	208,064	208,270
	Penske Automotive Group Inc				617	99,051	94,055
	Platinum Capital LTD				106,500	93,381	92,645
	Polar Capital Global Financi				247,380	471,104	592,993
	Polar Capital Global Healthc				65,800	279,623	286,780
	Primerica Inc				962	198,601	261,106
	Rit Capital Partners Plc				15,110	362,128	375,826
	Ruffer Investment Company Ld				72,220	251,467	242,402
	Schroder British Opportuniti				47,090	46,303	42,167
	Schroder Income Growth Fund				32,830	122,534	112,247
	Schroder Japan Trust PLC				201,297	601,033	642,866
	Schroder Oriental Income				75,110	248,358	256,805
	Scottish American Inv Comp				58,540	382,720	365,478
	Simpson Manufacturing Co Inc				473	93,613	78,438
	Sixth Street Specialty Lending				1,499	32,378	31,929
	Smithson Investment Trust				18,825	339,573	349,874
	SS&C Technologies Holdings Inc				2,620	160,609	198,544
	Strategic Education Inc				931	86,290	86,974
	Strategic Equity Capital PLC				64,405	263,932	266,987
	Swiss Helvetia Fund				3,920	33,913	29,361
	Taiwan Fund Inc				262	4,072	10,126
	TD Synnex Corp				105	11,464	12,314
	Templeton Emerging Mkts Fnd				6,250	87,872	74,688
	Utilico Emerging Markets Tru				96,800	279,520	258,225
	Vanguard FTSE Developed ETF				711,277	31,793,456	34,013,266
	Vanguard FTSE Emerging Marke				367,089	15,108,663	16,166,600
	Vanguard TTL Stk Mkt-Inst PL				596,286	77,115,294	157,765,432
	Vietnam Enterprise Inv LTD-C				35,260	257,767	270,257
	Voya Emrg Mrkts Hi Inc DVD				6,100	43,930	30,561
	Wendel SE				3,605	321,170	346,980
	Whitefield Industrials LTD				30,100	109,443	103,898
	Worldwide Healthcare Trust PLC/Fund				94,020	373,353	370,915
	Wyndham Hotels & Resorts Inc				1,672	130,185	168,521
	Total closed-end funds					<u>151,457,975</u>	<u>235,254,315</u>
	Total mutual funds and closed-end funds					400,789,636	432,390,331
Exchange traded funds:							
	Ishares MSCI Eurozone ETF				6,020	254,634	284,144
	Ishares MSCI Japan ETF				12,830	690,602	860,893
	Ishares MSCI Switzerland ETF				8,740	352,136	401,690
	Total exchange traded funds					<u>1,297,372</u>	<u>1,546,727</u>
	Total investments at fair value					\$ <u>694,322,888</u>	\$ <u>757,431,960</u>

* Party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee, as complete and accurate to the best of their knowledge and belief.

MAINE MEDICAL CENTER PENSION PLAN

EIN 01-0238552
Plan No. 001

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of Loan)	No. of Trans- actions	(c) Purchase Price	(d) Sales Price	(e) Expense Incurred With Trans- action	(f) Cost of Asset	(g) Current Value of Asset on Transac- tion Date	(h) Net Gain or (Loss)
<u>Category (i) – Single transaction in excess of 5% of plan assets</u>								
* BNY Mellon, N.A.	Vanguard L/T Bnd Indx-Inst	1	\$ –	\$ 13,500,000	\$ –	\$ 14,792,017	\$ 13,500,000	\$(1,292,017)
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>								
* BNY Mellon, N.A.	Vanguard L/T Bnd Indx-Inst	17	41,377,708	–	–	41,377,708	41,377,708	–
* BNY Mellon, N.A.	Collective U.S. Gov't STIF 15 BPS	515	273,951,159	–	–	273,951,159	273,951,159	–
* BNY Mellon, N.A.	Collective U.S. Gov't STIF 15 BPS	251	–	291,163,692	–	291,163,692	291,163,692	–

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

* Party-in-interest

The above information has been certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee, as complete and accurate to the best of their knowledge and belief.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	4	0	0	0	0	0	0	0	4
	0	0	0	0	0	0	0	0	0	0	0	0
30-34	1	0	3	60	4	0	0	0	0	0	0	68
	-	0	-	85,558	-	0	0	0	0	0	0	81,015
35-39	3	1	3	125	72	3	0	0	0	0	0	207
	-	-	-	89,931	87,712	-	0	0	0	0	0	88,557
40-44	1	2	13	128	102	55	2	0	0	0	0	303
	-	-	-	118,910	108,067	110,850	-	0	0	0	0	109,786
45-49	1	2	3	101	107	80	15	2	0	0	0	311
	-	-	-	129,709	137,529	130,763	-	-	0	0	0	128,985
50-54	3	1	2	111	107	111	54	29	3	0	0	421
	-	-	-	130,298	120,877	129,381	113,248	95,140	-	0	0	122,151
55-59	0	1	5	100	84	91	64	55	37	3	0	440
	0	-	-	136,467	119,262	119,161	121,627	109,071	97,086	-	0	118,766
60-64	2	1	0	109	87	83	63	51	48	28	0	472
	-	-	0	114,064	104,190	108,692	114,038	109,144	109,797	94,359	0	108,730
65-69	4	0	2	47	29	34	22	19	17	18	0	192
	-	0	-	119,526	92,405	103,116	106,642	-	-	-	0	108,566
70 & over	0	0	3	15	14	10	7	5	5	7	0	66
	0	0	-	-	-	-	-	-	-	-	-	97,513
Total	15	8	34	800	606	467	227	161	110	56	0	2,484
	-	-	51,664	115,384	112,683	118,661	113,120	107,604	104,968	97,694	0	112,620

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
 Plan Sponsor: MaineHealth
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	4	0	0	0	0	0	0	0	4
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	1	0	3	60	4	0	0	0	0	0	0	68
	-	-	-	27,404	-	-	-	-	-	-	-	26,706
35-39	3	1	3	125	72	3	0	0	0	0	0	207
	-	-	-	38,723	48,203	-	-	-	-	-	-	42,191
40-44	1	2	13	128	102	55	2	0	0	0	0	303
	-	-	-	60,500	74,872	85,547	-	-	-	-	-	67,766
45-49	1	2	3	101	107	80	15	2	0	0	0	311
	-	-	-	86,979	117,207	128,393	-	-	-	-	-	106,925
50-54	3	1	2	111	107	111	54	29	3	0	0	421
	-	-	-	95,895	113,734	141,480	147,237	129,613	-	-	-	120,635
55-59	0	0	5	100	84	91	64	55	37	3	3	439
	-	-	-	111,367	132,009	163,902	185,730	184,057	168,452	-	-	150,110
60-64	2	1	0	109	87	83	63	51	48	28	28	472
	-	-	-	102,314	128,458	165,524	193,902	204,672	220,714	179,125	-	158,350
65-69	4	0	2	47	29	34	20	17	17	18	18	188
	-	-	-	121,275	119,739	145,639	184,646	-	-	-	-	149,203
70 & over	0	0	3	14	13	10	7	5	5	7	7	64
	-	-	-	-	-	-	-	-	-	-	-	126,492
Total	15	7	34	799	605	467	225	159	110	56	56	2,477
	-	-	47,823	78,683	104,718	139,577	169,073	184,796	182,742	170,730	-	117,874

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
 Plan Sponsor: MaineHealth
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
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Annual rates of increase

- Compensation 5.00% in years 2024-2026, 4.00% thereafter
- Social Security wage base 3.00%
- Statutory limits on compensation/benefits Not applicable.
- Assumed cost of living adjustments None.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality For Funding, Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Lump Sum and Cash Balance Annuity Conversion For Funding, 2024 PPA unisex optional combined table.

Termination Representative termination rates not due to disability, retirement, or mortality

Age	Rate of Withdrawal
25	12.50%
30	11.25
35	10.00
40	8.75
45	7.50
50	5.00
55	0.00

Additional probabilities of withdrawal in the first four years of employment are assumed as follows:

20%, 17.5%, 15%, and 12.5%.

Disability None assumed.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement	Age	Rate of Retirement
55	1%	63	18%
56	2	64	23
57	3	65	38
58	4	66	18
59	5	67	18
60	8	68	18
61	13	69	18
62	18	70	100

Form and timing of payment

For valuation purposes, 100% of active participants elect immediate lump sum distribution for cash balance benefits upon retirement or termination; 25% of active participants elect immediate lump sum distribution for final average pay benefits, with remaining 75% elect the normal form of annuity (immediate upon retirement and deferred to NRD upon termination). 100% of deferred vested participants elect lump sum distribution at NRD for cash balance benefits and normal form of annuity at NRD for final average pay benefits.

Percent married

85% for male and 55% for female active and terminated vested participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Compensation assumed paid in the current year beginning on the valuation date is the compensation paid in the prior year times the salary increase assumption.

Pension match

Prior to 2009, employees received a 50% match based on their current level of contribution percentage to the Hospital sponsored TSA up to a maximum of 2% of pay.

Effective January 1, 2011, this amount established the opening balance for the Cash Balance plan accounts for all active participants. For these active participants, the investment return assumption is 5.00%.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

For inactive participants as of December 31, 2010, their actual match account balance as of the valuation date is added to the liability.

Plan-related expenses Plan-related expenses are assumed to be \$1,000,000 plus the anticipated PBGC premium for the plan year. The amount included this year for plan-related expenses is \$6,100,000.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with MaineHealth and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for true asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. The analysis was completed by Cambridge Associates.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using an interest credit rate of 5.00% based on the fixed-rate plan provision currently in place.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative expense	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy and Disabled Mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p> <p>The valuation reflects the updated mortality tables provided in final regulations under IRC §430 issued in October 2018.</p>
Termination	<p>Assumed termination rates differ by age because of expected differences in termination rates by age.</p>
Disability	<p>None explicitly assumed; disability rates are implicitly included within rate of termination.</p>
Retirement	<p>Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.</p>
Benefit commencement date for deferred benefits:	
<ul style="list-style-type: none">• Preretirement death benefit	<p>Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.</p>
<ul style="list-style-type: none">• Deferred vested benefit	<p>Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.</p>
Form of payment	<p>The percentage of retiring participants assumed to take lump sums is based on observed experience.</p>

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Marital Assumptions:

- Percent married The assumed percentage married is based on the percentage married in the active population.
- Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in here, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
- The lump sum and cash balance annuity conversion mortality was updated to the 2024 PPA unisex optional combined table for Funding valuation.
- The compensation increase assumption was updated from 4.50% in years 2023-2024, 3.50% thereafter to 5.00% in years 2024-2026, 4.00% thereafter.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

Plan Name	MAINE MEDICAL CENTER PENSION PLAN
Plan Sponsor EIN	01-0382830
ERISA Plan #	001
Plan Year Ending	2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

**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

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 MAINE MEDICAL CENTER PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MAINEHEALTH		D Employer Identification Number (EIN) 01-0238552	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	759,936,116	
b Actuarial value	2b	797,652,472	
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	1,985	235,429,002	235,429,002
b For terminated vested participants	2,060	124,519,415	124,519,415
c For active participants	2,484	439,795,436	441,087,434
d Total	6,529	799,743,853	801,035,851
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.07%	
6 Target normal cost			
a Present value of current plan year accruals	6a	25,804,501	
b Expected plan-related expenses	6b	6,100,000	
c Target normal cost	6c	31,904,501	

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	Heather L Hough 	9/26/2025
	Signature of actuary	Date
Heather L Hough	Type or print name of actuary	2308454
		Most recent enrollment number
Willis Towers Watson US LLC	Firm name	901-930-0024
		Telephone number (including area code)
3340 Players Club Parkway Suite 200 Memphis TN 38125	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

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	67,960,664
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,102,607
9	Amount remaining (line 7 minus line 8)	0	65,858,057
10	Interest on line 9 using prior year's actual return of <u>12.89%</u>	0	8,489,104
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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>5.20%</u>		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	74,347,161

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.29%
15	Adjusted funding target attainment percentage	15	90.29%
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	88.83%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/28/2024	1,500,000	0				
11/27/2024	3,000,000	0				
12/20/2024	3,000,000	0				
01/10/2025	3,000,000	0				
03/04/2025	3,000,000	0				
03/28/2025	4,000,000	0				
04/11/2025	5,000,000	0				
04/30/2025	3,500,000	0				
05/29/2025	3,000,000	0				
06/27/2025	3,000,000	0				
07/29/2025	3,000,000	0				
09/02/2025	5,000,000	0				
Totals ▶			18(b)	40,000,000	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	37,546,563

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	31,904,501	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	77,730,540	7,448,888	
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	39,353,389	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	26,563,539	26,563,539
36 Additional cash requirement (line 34 minus line 35).....	36	12,789,850	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	37,546,563	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	24,756,713	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	24,756,713	
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021	

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	MaineHealth
EIN/PN	01-0238552/001
Plan Name	Maine Medical Center Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Heather Hough
Enrollment Number	23-08454

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

If populate Line 22 based on average retirement age per Quantify decrement table (valuation results/active decrement)

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.01	1,000,000	1.000000	0.010000	0.550000
56	0.02	990,000	0.990000	0.019800	1.108800
57	0.03	970,200	0.970200	0.029106	1.659042
58	0.04	941,094	0.941094	0.037644	2.183338
59	0.05	903,450	0.903450	0.045173	2.665178
60	0.08	858,278	0.858278	0.068662	4.119733
61	0.13	789,616	0.789616	0.102650	6.261651
62	0.18	686,965	0.686965	0.123654	7.666535
63	0.18	563,312	0.563312	0.101396	6.387955
64	0.23	461,916	0.461916	0.106241	6.799398
65	0.38	355,675	0.355675	0.135157	6.785173
66	0.18	220,519	0.220519	0.039693	2.619760
67	0.18	180,825	0.180825	0.032549	2.180752
68	0.18	148,277	0.148277	0.026690	1.814906
69	0.18	121,587	0.121587	0.021886	1.510109
70	1	99,701	0.099701	0.099701	6.979085

Average age at retirement 63.291414

Rounded for Schedule SB item 22 63

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
 Plan Sponsor: MaineHealth
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
------------------------	-----------------------------	---------------------------------

Annual rates of increase

- Compensation 5.00% in years 2024-2026, 4.00% thereafter
- Social Security wage base 3.00%
- Statutory limits on compensation/benefits Not applicable.
- Assumed cost of living adjustments None.

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

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Mortality For Funding, Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Lump Sum and Cash Balance Annuity Conversion For Funding, 2024 PPA unisex optional combined table.

Termination Representative termination rates not due to disability, retirement, or mortality

Age	Rate of Withdrawal
25	12.50%
30	11.25
35	10.00
40	8.75
45	7.50
50	5.00
55	0.00

Additional probabilities of withdrawal in the first four years of employment are assumed as follows:
20%, 17.5%, 15%, and 12.5%.

Disability None assumed.

Plan Name: Maine Medical Center Pension Plan
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Valuation Date: January 1, 2024

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Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Rate of Retirement	Age	Rate of Retirement
55	1%	63	18%
56	2	64	23
57	3	65	38
58	4	66	18
59	5	67	18
60	8	68	18
61	13	69	18
62	18	70	100

Form and timing of payment

For valuation purposes, 100% of active participants elect immediate lump sum distribution for cash balance benefits upon retirement or termination; 25% of active participants elect immediate lump sum distribution for final average pay benefits, with remaining 75% elect the normal form of annuity (immediate upon retirement and deferred to NRD upon termination). 100% of deferred vested participants elect lump sum distribution at NRD for cash balance benefits and normal form of annuity at NRD for final average pay benefits.

Percent married

85% for male and 55% for female active and terminated vested participants are assumed to be married.

Spouse age

Male spouses are assumed to be 3 years older than female spouses.

Plan compensation

Compensation assumed paid in the current year beginning on the valuation date is the compensation paid in the prior year times the salary increase assumption.

Pension match

Prior to 2009, employees received a 50% match based on their current level of contribution percentage to the Hospital sponsored TSA up to a maximum of 2% of pay.

Effective January 1, 2011, this amount established the opening balance for the Cash Balance plan accounts for all active participants. For these active participants, the investment return assumption is 5.00%.

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
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For inactive participants as of December 31, 2010, their actual match account balance as of the valuation date is added to the liability.

Plan-related expenses	Plan-related expenses are assumed to be \$1,000,000 plus the anticipated PBGC premium for the plan year. The amount included this year for plan-related expenses is \$6,100,000.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with MaineHealth and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

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Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for true asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. The analysis was completed by Cambridge Associates.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using an interest credit rate of 5.00% based on the fixed-rate plan provision currently in place.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Administrative expense	Administrative expenses are estimated by determining the expected actual expenses for the coming year, reflecting items like expected PBGC premiums and the actual expenses paid from the trust the preceding year.

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Assumptions Rationale - Significant Demographic Assumptions

Healthy and Disabled Mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p> <p>The valuation reflects the updated mortality tables provided in final regulations under IRC §430 issued in October 2018.</p>
Termination	<p>Assumed termination rates differ by age because of expected differences in termination rates by age.</p>
Disability	<p>None explicitly assumed; disability rates are implicitly included within rate of termination.</p>
Retirement	<p>Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.</p>
Benefit commencement date for deferred benefits:	
<ul style="list-style-type: none">Preretirement death benefit	<p>Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.</p>
<ul style="list-style-type: none">Deferred vested benefit	<p>Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.</p>
Form of payment	<p>The percentage of retiring participants assumed to take lump sums is based on observed experience.</p>

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Marital Assumptions:

- Percent married The assumed percentage married is based on the percentage married in the active population.
- Spouse age The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods The methods used for funding purposes as described in here, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

- Change in assumptions and methods since prior valuation**
- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
 - The mortality table used to calculate the funding target and target normal cost was updated to reflect the latest mortality improvement scale, as required by guidance issued by IRS under IRC §430, and the base mortality table was updated to Pri-2012, as required.
 - The lump sum and cash balance annuity conversion mortality was updated to the 2024 PPA unisex optional combined table for Funding valuation.
 - The compensation increase assumption was updated from 4.50% in years 2023-2024, 3.50% thereafter to 5.00% in years 2024-2026, 4.00% thereafter.

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Valuation Date: January 1, 2024

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Schedule SB, Line 24 Change in Actuarial Assumptions

The compensation increase assumption was updated from 4.50% in years 2023-2024, 3.50% thereafter to 5.00% in years 2024-2026, 4.00% thereafter.

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Schedule SB, Part V Summary of Plan Provisions

Plan sponsor

MaineHealth

Plan

Maine Medical Center Pension Plan

Effective date and most recent amendment

Original: June 1, 1962.

Amended and Restated Generally Effective January 1, 2020

Amendments:

Amendment 1, effective January 1, 2020, addressed certain matters identified by the IRS as part of its review of the Plan's application for a determination letter

Amendment 2, effective January , 2022, (1) allowed for the continued participation of current participants who become covered by a collective bargaining agreement; (2) promote the commencement of benefit distributions to vested terminated Participants; (3) facilitate the handling of benefits payable to missing participants; (4) clarified provisions of the Plan governing the availability of lump sum distributions to certain groups of participants; (5) affirm the authority of the MaineHealth Retirement Plan Committee to adopt certain administrative and technical amendments to the Plan without the need for approval by the Board of Trustees; and (6) update the listing of "local health systems" and other MaineHealth organizations covered by the Plan.

Amendment 3, effective July 1, 2023, made the lump sum and 10-year certain and life annuity distributions broadly available to all Participants and Terminated Vested Participants.

Coverage and participation

Automatic participation on the first of the month coincident with or following both:

- Attainment of Age 18; and
- Completion of 750 hours of service in a calendar year.

No Employees permitted to commence participation after January 1, 2015.

Credited service

For purposes of eligibility, accrual of benefits, and vesting, a participant is generally credited with one year of service if he works 750 hours during the plan year. Years of Service for the traditional benefit formula were frozen as of December 31, 2010.

Plan Name: Maine Medical Center Pension Plan
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Vesting

Three years of service

Average compensation/salary

Average Monthly Compensation means the average of a Participant's compensation during the highest 60 consecutive calendar months during his employment; for the traditional pension benefit piece, Average Monthly Compensation was frozen as of December 31, 2020.

Normal retirement benefit

Eligibility: Attainment of age 65 and three years of service.

Benefit Formula: The monthly benefit payable upon normal retirement consists of two formulas, a traditional benefit and a cash balance account.

The traditional monthly benefit payable upon normal retirement is the sum of 1% of a Participant's Average Monthly Compensation multiplied by his Years of Service plus .65% of Average Monthly Compensation in excess of his Covered Compensation, multiplied by his Years of Service (capped at 35 years).

The cash balance benefit is an account balance that grows each year based on annual pay and interest credits. If a participant earned an MMC 403(b) Pension Matching Credit prior to 2009, that amount will be transferred to the Cash Balance account as an opening balance on January 1, 2011, and will earn annual interest Credits at a fixed rate of 5.00%. MaineHealth will make a Total Cash Balance Contribution Credit to the Cash Balance account each December 31. The Total Contribution Credit is made up of two parts: a Basic Contribution and an Excess Contribution.

For Employees hired before January 1, 2011:

- The Basic Contribution applies to annual compensation up to 60% of the Social Security Wage Base.
- The Excess Contribution applies to annual compensation in excess of 60% of the Social Security Wage Base, up to IRS limits.

For Employees hired after December 31, 2010:

- The Basic Contribution applies to annual compensation up to 100% of the Social Security Wage Base.
- The Excess Contribution applies to annual compensation in excess of 100% of the Social Security Wage Base, up to IRS limits.

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Each December 31, the Cash Balance account is credited with a Total Cash Balance Contribution, equal to a certain percentage of annual compensation, based on the Cash Balance Points earned as on January 1 of that year as shown below:

MMC Cash Balance Contribution Schedule A For Employees hired before January 1, 2011 Effective January 1, 2011		
Cash Balance Points as of January 1 of each year (Age + Years of Service)	Base Contribution	Excess Contribution
<30	3.0%	4.5%
30 <40	4.0%	6.0%
40 <50	5.0%	7.5%
50 <60	6.0%	9.0%
60 <70	8.0%	12.0%
70 <80	10.0%	15.0%
80 +	12.0%	17.0%

MMC Cash Balance Contribution Schedule B For Employees hired after December 31, 2010 Effective January 1, 2011		
Cash Balance Points as of January 1 of each year (Age + Years of Service)	Base Contribution	Excess Contribution
<35	3.0%	4.5%
35 <45	4.0%	6.0%
45 <55	5.0%	7.5%
55 <65	6.0%	9.0%
65 <75	8.0%	12.0%
75 <85	10.0%	15.0%
85 +	12.0%	17.0%

Cash Balance Points are determined on January 1 of each year by adding the participant's attained age to completed Years of Service.

- Age Points: Age Points are based upon attained age (whole years) on January 1 of each year.
- Service Points: A participant will earn one Service Point for every calendar year in which the participant worked 750 hours or more. If a participant leaves during the year, the participant will receive a prorated share of that year's credit, based on pay through the termination date if the participant worked at least 750 hours.

Commencement Date: Payments will commence on the later of the first day of the month following a Participant's retirement or the date he applies for his benefit.

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Form of Payment: Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a 50% joint and survivor basis for married participants. Optional forms of benefit payment (including lump sum distributions) are available on an actuarially equivalent basis.

Early retirement benefit

For the traditional pension benefit, a participant may receive a total vested pension as soon as the participant leaves MaineHealth or the payments can be deferred to a later date.

If a participant is vested and chooses to receive payments before age 65, the following reductions apply to the Traditional Pension Benefit:

- Base Benefit: Reduced by 7/24 of 1% for each of the first 120 months by which benefits begin before the first day of the month coinciding with or following the 65th birthday.
- Excess Benefit: Reduced by 5/9 of 1% for each of the first 60 months by which benefit begin before the first day of the month coinciding with or following the 65th birthday and by 5/18 of 1% for each additional month, up to 60 additional months.
- Base & Excess Benefit: If a participant receives the benefit prior to age 55, the Traditional Pension Benefit will be actuarially reduced (using the plan's basis of actuarial equivalence as defined in the plan document) from the age 55 reduced benefit (as determined above) and the actual age the participant begins receiving benefits.

For the Cash Balance Benefit, if the participant is vested and chooses to receive the benefit before age 65, the cash balance portion of the benefit will be equal to the account balance, payable as a lump sum. All optional forms of benefit payment available under the Traditional Pension Benefit are also available on an actuarially equivalent basis for the Cash Balance Benefit.

Disability benefit

Eligibility: A participant who becomes totally and permanently disabled is eligible to receive a disability retirement benefit.

Benefit Formula: If disabled on or before December 31, 2010, disability retirement benefit is paid as a normal retirement benefit and is based on:

- Years of Service as of Normal Retirement Date frozen as of December 31, 2010
- Average Annual Compensation as of Normal Retirement Date
- Covered Compensation as of the date of termination of active employment

Commencement Date: Payments will commence on the later of the first day of the month following a Participant's retirement or the date he applies for his benefit.

Form of Payment: Same as of normal retirement.

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Vested benefit upon termination of service

Eligibility: A participant who terminates his service with three or more Years of Service will be entitled to a deferred vested benefit.

Benefit Formula: The amount of the benefit shall be calculated as for normal retirement.

Commencement Date: A participant's deferred vested benefit shall commence in full on his Normal Retirement Date or, at his option, in a reduced amount prior to his Normal Retirement Date.

Form of Payment: Same as for Normal Retirement except terminated vested inactive participants who terminated prior to January 1, 2011 are not permitted to receive a lump sum distribution.

Pre-retirement death benefits for active participants

Married: Spouse will receive a benefit equal to 100% of Cash Balance account plus the value of the survivor portion of Traditional Pension Benefit paid as a 100% Joint and Survivor Annuity. Spouse may elect a lump sum payment or an actuarially equivalent annuity for life. The lumps sum or annuity may commence immediately or may be deferred in accordance with Plan and/or tax rules.

Unmarried: Beneficiary will receive a benefit equal to 100% of Cash Balance account plus the value of the survivor portion of Traditional Pension Benefit paid as a 50% joint and Survivor Annuity. Beneficiary may elect a lump sum payment or an actuarially equivalent annuity for life. The lumps sum or annuity may commence immediately or may be deferred in accordance with Plan and/or tax rules.

Optional forms of payment

- Lump Sum
- Single Life Annuity
- Ten-year Certain and Life Annuity
- 50%, 75% and 100% Joint and Survivor Annuities

Changes in plan provisions since last actuarial valuation

None that impact the actuarial valuation

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	4	0	0	0	0	0	0	0	4
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	1	0	3	60	4	0	0	0	0	0	0	68
45-49	-	0	-	85,558	-	0	0	0	0	0	0	81,015
50-54	3	1	3	125	72	3	0	0	0	0	0	207
55-59	-	-	-	89,931	87,712	-	0	0	0	0	0	88,557
60-64	1	2	13	128	102	55	2	0	0	0	0	303
65-69	-	-	-	118,910	108,067	110,850	-	0	0	0	0	109,786
70 & over	1	2	3	101	107	80	15	2	0	0	0	311
Total	-	-	-	129,709	137,529	130,763	-	-	0	0	0	128,985
	3	1	2	111	107	111	54	29	3	0	0	421
	-	-	-	130,298	120,877	129,381	113,248	95,140	-	0	0	122,151
	0	1	5	100	84	91	64	55	37	3	0	440
	0	-	-	136,467	119,262	119,161	121,627	109,071	97,086	-	0	118,766
	2	1	0	109	87	83	63	51	48	28	0	472
	-	-	0	114,064	104,190	108,692	114,038	109,144	109,797	94,359	0	108,730
	4	0	2	47	29	34	22	19	17	18	0	192
	-	0	-	119,526	92,405	103,116	106,642	-	-	-	0	108,566
	0	0	3	15	14	10	7	5	5	7	0	66
	0	0	-	-	-	-	-	-	-	-	0	97,513
Total	15	8	34	800	606	467	227	161	110	56	0	2,484
	-	-	51,664	115,384	112,683	118,661	113,120	107,604	104,988	97,694	0	112,620

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Maine Medical Center Pension Plan

EIN / PN: 01-0238552/001

Plan Sponsor: MaineHealth

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024 Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	-	-	-	-	-	-	-	-	-	-	-	-
	0	0	0	4	0	0	0	0	0	0	0	4
30-34	-	-	-	-	-	-	-	-	-	-	-	-
	1	0	3	60	4	0	0	0	0	0	0	68
	-	-	-	27,404	-	-	-	-	-	-	-	26,706
35-39	3	1	3	125	72	3	0	0	0	0	0	207
	-	-	-	38,723	48,203	-	-	-	-	-	-	42,191
40-44	1	2	13	128	102	55	2	0	0	0	0	303
	-	-	-	60,500	74,872	85,547	-	-	-	-	-	67,766
45-49	1	2	3	101	107	80	15	2	0	0	0	311
	-	-	-	86,979	117,207	128,393	-	-	-	-	-	106,925
50-54	3	1	2	111	107	111	54	29	3	0	0	421
	-	-	-	95,895	113,734	141,480	147,237	129,613	-	-	-	120,635
55-59	0	0	5	100	84	91	64	55	37	3	3	439
	-	-	-	111,367	132,009	163,902	185,730	184,057	168,452	-	-	150,110
60-64	2	1	0	109	87	83	63	51	48	28	28	472
	-	-	-	102,314	128,458	165,524	193,902	204,672	220,714	179,125	-	158,350
65-69	4	0	2	47	29	34	20	17	17	18	18	188
	-	-	-	121,275	119,739	145,639	184,646	-	-	-	-	149,203
70 & over	0	0	3	14	13	10	7	5	5	7	7	64
	-	-	-	-	-	-	-	-	-	-	-	126,492
Total	15	7	34	799	605	467	225	159	110	56	56	2,477
	-	-	47,823	78,683	104,718	139,577	169,073	184,796	182,742	170,730	170,730	117,874

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Maine Medical Center Pension Plan

EIN / PN: 01-0238552/001

Plan Sponsor: MaineHealth

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	43,350,828	14,351,907	22,934,097	80,636,832
2025	33,532,353	5,353,762	22,452,222	61,338,337
2026	34,224,905	5,818,473	21,878,101	61,921,479
2027	32,575,291	5,111,249	21,266,738	58,953,278
2028	34,817,004	7,609,377	20,618,801	63,045,182
2029	33,923,843	7,894,328	19,927,151	61,745,322
2030	32,099,070	7,698,523	19,196,248	58,993,841
2031	31,247,941	7,282,439	18,433,184	56,963,564
2032	30,169,397	6,904,599	17,639,145	54,713,141
2033	29,670,905	7,589,516	16,815,494	54,075,915
2034	28,825,028	8,176,166	15,962,470	52,963,664
2035	28,225,686	7,175,033	15,086,647	50,487,366
2036	27,321,000	9,248,699	14,189,175	50,758,874
2037	26,572,165	8,163,066	13,275,066	48,010,297
2038	25,824,979	7,345,285	12,350,098	45,520,362
2039	24,657,401	7,387,861	11,420,592	43,465,854
2040	23,286,200	8,293,428	10,493,351	42,072,979
2041	22,534,190	7,826,979	9,575,528	39,936,697
2042	21,049,884	7,589,828	8,674,361	37,314,073
2043	20,037,112	8,765,432	7,797,055	36,599,599
2044	18,596,357	8,143,390	6,950,639	33,690,386
2045	17,586,974	7,285,608	6,141,783	31,014,365
2046	16,191,448	7,410,227	5,376,650	28,978,325
2047	14,941,383	7,790,553	4,660,647	27,392,583
2048	13,980,471	7,948,359	3,998,236	25,927,066
2049	12,841,370	6,582,945	3,392,818	22,817,133
2050	11,473,754	7,077,369	2,846,574	21,397,697
2051	10,631,433	6,147,070	2,360,308	19,138,811
2052	9,601,902	5,650,829	1,933,449	17,186,180
2053	8,588,205	5,413,080	1,564,158	15,565,443
2054	7,825,634	4,552,940	1,249,410	13,627,984
2055	6,985,804	4,057,685	985,230	12,028,719
2056	6,270,437	3,381,745	766,925	10,419,107
2057	5,549,959	2,891,826	589,340	9,031,125
2058	4,939,646	2,473,381	447,170	7,860,197
2059	4,403,407	2,143,725	335,159	6,882,291
2060	3,938,151	1,885,144	248,296	6,071,591
2061	3,454,300	1,705,688	181,972	5,341,960
2062	3,046,357	1,537,811	132,088	4,716,256
2063	2,670,280	1,381,556	95,097	4,146,933
2064	2,341,067	1,236,758	68,026	3,645,851
2065	2,039,561	1,103,104	48,444	3,191,109
2066	1,770,041	980,181	34,418	2,784,640
2067	1,529,407	867,472	24,454	2,421,333

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	1,314,819	764,431	17,421	2,096,671
2069	1,124,453	670,490	12,481	1,807,424
2070	956,430	585,094	9,024	1,550,548
2071	808,852	507,716	6,611	1,323,179
2072	679,865	437,848	4,931	1,122,644
2073	567,694	375,032	3,766	946,492

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(6,737,887)	15.00000	(6,737,887)	(613,015)
Shortfall	01/01/2023	88,030,581	14.00000	84,468,427	8,061,903
Total				77,730,540	7,448,888

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	MaineHealth
EIN/PN	01-0238552/001
Plan Name	Maine Medical Center Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Heather Hough
Enrollment Number	23-08454

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

If populate Line 22 based on average retirement age per Quantify decrement table (valuation results/active decrement)

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.01	1,000,000	1.000000	0.010000	0.550000
56	0.02	990,000	0.990000	0.019800	1.108800
57	0.03	970,200	0.970200	0.029106	1.659042
58	0.04	941,094	0.941094	0.037644	2.183338
59	0.05	903,450	0.903450	0.045173	2.665178
60	0.08	858,278	0.858278	0.068662	4.119733
61	0.13	789,616	0.789616	0.102650	6.261651
62	0.18	686,965	0.686965	0.123654	7.666535
63	0.18	563,312	0.563312	0.101396	6.387955
64	0.23	461,916	0.461916	0.106241	6.799398
65	0.38	355,675	0.355675	0.135157	6.785173
66	0.18	220,519	0.220519	0.039693	2.619760
67	0.18	180,825	0.180825	0.032549	2.180752
68	0.18	148,277	0.148277	0.026690	1.814906
69	0.18	121,587	0.121587	0.021886	1.510109
70	1	99,701	0.099701	0.099701	6.979085

Average age at retirement 63.291414

Rounded for Schedule SB item 22 63

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
 Plan Sponsor: MaineHealth
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
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2041	22,534,190	7,826,979	9,575,528	39,936,697
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2056	6,270,437	3,381,745	766,925	10,419,107
2057	5,549,959	2,891,826	589,340	9,031,125
2058	4,939,646	2,473,381	447,170	7,860,197
2059	4,403,407	2,143,725	335,159	6,882,291
2060	3,938,151	1,885,144	248,296	6,071,591
2061	3,454,300	1,705,688	181,972	5,341,960
2062	3,046,357	1,537,811	132,088	4,716,256
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2065	2,039,561	1,103,104	48,444	3,191,109
2066	1,770,041	980,181	34,418	2,784,640
2067	1,529,407	867,472	24,454	2,421,333

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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2069	1,124,453	670,490	12,481	1,807,424
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2073	567,694	375,032	3,766	946,492

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan sponsor

MaineHealth

Plan

Maine Medical Center Pension Plan

Effective date and most recent amendment

Original: June 1, 1962.

Amended and Restated Generally Effective January 1, 2020

Amendments:

Amendment 1, effective January 1, 2020, addressed certain matters identified by the IRS as part of its review of the Plan's application for a determination letter

Amendment 2, effective January , 2022, (1) allowed for the continued participation of current participants who become covered by a collective bargaining agreement; (2) promote the commencement of benefit distributions to vested terminated Participants; (3) facilitate the handling of benefits payable to missing participants; (4) clarified provisions of the Plan governing the availability of lump sum distributions to certain groups of participants; (5) affirm the authority of the MaineHealth Retirement Plan Committee to adopt certain administrative and technical amendments to the Plan without the need for approval by the Board of Trustees; and (6) update the listing of "local health systems" and other MaineHealth organizations covered by the Plan.

Amendment 3, effective July 1, 2023, made the lump sum and 10-year certain and life annuity distributions broadly available to all Participants and Terminated Vested Participants.

Coverage and participation

Automatic participation on the first of the month coincident with or following both:

- Attainment of Age 18; and
- Completion of 750 hours of service in a calendar year.

No Employees permitted to commence participation after January 1, 2015.

Credited service

For purposes of eligibility, accrual of benefits, and vesting, a participant is generally credited with one year of service if he works 750 hours during the plan year. Years of Service for the traditional benefit formula were frozen as of December 31, 2010.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Vesting

Three years of service

Average compensation/salary

Average Monthly Compensation means the average of a Participant's compensation during the highest 60 consecutive calendar months during his employment; for the traditional pension benefit piece, Average Monthly Compensation was frozen as of December 31, 2020.

Normal retirement benefit

Eligibility: Attainment of age 65 and three years of service.

Benefit Formula: The monthly benefit payable upon normal retirement consists of two formulas, a traditional benefit and a cash balance account.

The traditional monthly benefit payable upon normal retirement is the sum of 1% of a Participant's Average Monthly Compensation multiplied by his Years of Service plus .65% of Average Monthly Compensation in excess of his Covered Compensation, multiplied by his Years of Service (capped at 35 years).

The cash balance benefit is an account balance that grows each year based on annual pay and interest credits. If a participant earned an MMC 403(b) Pension Matching Credit prior to 2009, that amount will be transferred to the Cash Balance account as an opening balance on January 1, 2011, and will earn annual interest Credits at a fixed rate of 5.00%. MaineHealth will make a Total Cash Balance Contribution Credit to the Cash Balance account each December 31. The Total Contribution Credit is made up of two parts: a Basic Contribution and an Excess Contribution.

For Employees hired before January 1, 2011:

- The Basic Contribution applies to annual compensation up to 60% of the Social Security Wage Base.
- The Excess Contribution applies to annual compensation in excess of 60% of the Social Security Wage Base, up to IRS limits.

For Employees hired after December 31, 2010:

- The Basic Contribution applies to annual compensation up to 100% of the Social Security Wage Base.
- The Excess Contribution applies to annual compensation in excess of 100% of the Social Security Wage Base, up to IRS limits.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
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SCHEDULE SB ATTACHMENTS

Each December 31, the Cash Balance account is credited with a Total Cash Balance Contribution, equal to a certain percentage of annual compensation, based on the Cash Balance Points earned as on January 1 of that year as shown below:

MMC Cash Balance Contribution Schedule A For Employees hired before January 1, 2011 Effective January 1, 2011		
Cash Balance Points as of January 1 of each year (Age + Years of Service)	Base Contribution	Excess Contribution
<30	3.0%	4.5%
30 <40	4.0%	6.0%
40 <50	5.0%	7.5%
50 <60	6.0%	9.0%
60 <70	8.0%	12.0%
70 <80	10.0%	15.0%
80 +	12.0%	17.0%

MMC Cash Balance Contribution Schedule B For Employees hired after December 31, 2010 Effective January 1, 2011		
Cash Balance Points as of January 1 of each year (Age + Years of Service)	Base Contribution	Excess Contribution
<35	3.0%	4.5%
35 <45	4.0%	6.0%
45 <55	5.0%	7.5%
55 <65	6.0%	9.0%
65 <75	8.0%	12.0%
75 <85	10.0%	15.0%
85 +	12.0%	17.0%

Cash Balance Points are determined on January 1 of each year by adding the participant's attained age to completed Years of Service.

- Age Points: Age Points are based upon attained age (whole years) on January 1 of each year.
- Service Points: A participant will earn one Service Point for every calendar year in which the participant worked 750 hours or more. If a participant leaves during the year, the participant will receive a prorated share of that year's credit, based on pay through the termination date if the participant worked at least 750 hours.

Commencement Date: Payments will commence on the later of the first day of the month following a Participant's retirement or the date he applies for his benefit.

Plan Name: Maine Medical Center Pension Plan
 EIN / PN: 01-0238552/001
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 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of Payment: Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a 50% joint and survivor basis for married participants. Optional forms of benefit payment (including lump sum distributions) are available on an actuarially equivalent basis.

Early retirement benefit

For the traditional pension benefit, a participant may receive a total vested pension as soon as the participant leaves MaineHealth or the payments can be deferred to a later date.

If a participant is vested and chooses to receive payments before age 65, the following reductions apply to the Traditional Pension Benefit:

- Base Benefit: Reduced by 7/24 of 1% for each of the first 120 months by which benefits begin before the first day of the month coinciding with or following the 65th birthday.
- Excess Benefit: Reduced by 5/9 of 1% for each of the first 60 months by which benefit begin before the first day of the month coinciding with or following the 65th birthday and by 5/18 of 1% for each additional month, up to 60 additional months.
- Base & Excess Benefit: If a participant receives the benefit prior to age 55, the Traditional Pension Benefit will be actuarially reduced (using the plan's basis of actuarial equivalence as defined in the plan document) from the age 55 reduced benefit (as determined above) and the actual age the participant begins receiving benefits.

For the Cash Balance Benefit, if the participant is vested and chooses to receive the benefit before age 65, the cash balance portion of the benefit will be equal to the account balance, payable as a lump sum. All optional forms of benefit payment available under the Traditional Pension Benefit are also available on an actuarially equivalent basis for the Cash Balance Benefit.

Disability benefit

Eligibility: A participant who becomes totally and permanently disabled is eligible to receive a disability retirement benefit.

Benefit Formula: If disabled on or before December 31, 2010, disability retirement benefit is paid as a normal retirement benefit and is based on:

- Years of Service as of Normal Retirement Date frozen as of December 31, 2010
- Average Annual Compensation as of Normal Retirement Date
- Covered Compensation as of the date of termination of active employment

Commencement Date: Payments will commence on the later of the first day of the month following a Participant's retirement or the date he applies for his benefit.

Form of Payment: Same as of normal retirement.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Vested benefit upon termination of service

Eligibility: A participant who terminates his service with three or more Years of Service will be entitled to a deferred vested benefit.

Benefit Formula: The amount of the benefit shall be calculated as for normal retirement.

Commencement Date: A participant's deferred vested benefit shall commence in full on his Normal Retirement Date or, at his option, in a reduced amount prior to his Normal Retirement Date.

Form of Payment: Same as for Normal Retirement except terminated vested inactive participants who terminated prior to January 1, 2011 are not permitted to receive a lump sum distribution.

Pre-retirement death benefits for active participants

Married: Spouse will receive a benefit equal to 100% of Cash Balance account plus the value of the survivor portion of Traditional Pension Benefit paid as a 100% Joint and Survivor Annuity. Spouse may elect a lump sum payment or an actuarially equivalent annuity for life. The lumps sum or annuity may commence immediately or may be deferred in accordance with Plan and/or tax rules.

Unmarried: Beneficiary will receive a benefit equal to 100% of Cash Balance account plus the value of the survivor portion of Traditional Pension Benefit paid as a 50% joint and Survivor Annuity. Beneficiary may elect a lump sum payment or an actuarially equivalent annuity for life. The lumps sum or annuity may commence immediately or may be deferred in accordance with Plan and/or tax rules.

Optional forms of payment

- Lump Sum
- Single Life Annuity
- Ten-year Certain and Life Annuity
- 50%, 75% and 100% Joint and Survivor Annuities

Changes in plan provisions since last actuarial valuation

None that impact the actuarial valuation

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

Plan Name	MAINE MEDICAL CENTER PENSION PLAN
Plan Sponsor EIN	01-0382830
ERISA Plan #	001
Plan Year Ending	2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(6,737,887)	15.00000	(6,737,887)	(613,015)
Shortfall	01/01/2023	88,030,581	14.00000	84,468,427	8,061,903
Total				77,730,540	7,448,888

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The compensation increase assumption was updated from 4.50% in years 2023-2024, 3.50% thereafter to 5.00% in years 2024-2026, 4.00% thereafter.

Plan Name: Maine Medical Center Pension Plan
EIN / PN: 01-0238552/001
Plan Sponsor: MaineHealth
Valuation Date: January 1, 2024