

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1969
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) STURDY MEMORIAL HOSPITAL INC 211 PARK STREET PO BOX 2963 ATTLEBORO, MA 02703
2b	Employer Identification Number (EIN) 04-2768252
2c	Plan Sponsor's telephone number 508-236-8150
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	NATALIE COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2860
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		
	6a(1)	1406
	6a(2)	1474
	6b	877
	6c	538
	6d	2889
	6e	73
	6f	2962
6g(1)		
6g(2)		
6h	104	
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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STURDY MEMORIAL HOSPITAL INC	D Employer Identification Number (EIN) 04-2768252
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	387304673	
b	Actuarial value	2b	372392858	
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	917	118557217	118557217
b	For terminated vested participants	542	38791734	38791734
c	For active participants	1431	85755314	90315064
d	Total	2890	243104265	247664015
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.20 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	8166871	
b	Expected plan-related expenses	6b	570000	
c	Target normal cost	6c	8736871	

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 VONDA BUI Type or print name of actuary MERCER Firm name 99 HIGH STREET BOSTON, MA 02110 Address of the firm	08/20/2025 Date 23-08474 Most recent enrollment number 617-747-9500 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	67377869	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	67377869	0
10 Interest on line 9 using prior year's actual return of <u>14.42</u> %	9715889	0
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>5.34</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	77093758	0

Part III Funding Percentages

14 Funding target attainment percentage	14	119.23 %
15 Adjusted funding target attainment percentage	15	150.36 %
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	160.44 %
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
Totals ►			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:			
a	Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
				☐ N/A, full yield curve used
b	Applicable month (enter code)			21b 2
22	Weighted average retirement age			22 65
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....			☒ Yes ☐ No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....			☐ Yes ☒ No
26	Demographic and benefit information			
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.			☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...			☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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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
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31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)	31a	8736871
b	Excess assets, if applicable, but not greater than line 31a	31b	8736871
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		
40	Unpaid minimum required contributions for all years		

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL INC	D Employer Identification Number (EIN) 04-2768252	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX STOCK I
94-6099539

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JHANCOCK DIVERSIFIED MACRO R6
04-3111116

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LAZARD GLOBAL LISTED INFRASTRUCTURE
27-1211194

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD TOTAL INTL STOCK INDEX I
23-2834923

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

VANGUARD TOTAL STOCK MARKET IDX

23-1999755

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

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

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

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

MERCER

13-2834414

(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 14	NONE	228664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH AND MANAGEMENT INVE

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?
51	NONE	203648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX STOCK I

94-6099539

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	174634	Yes ☐ No ☒

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

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

PRIME BUCHHOLZ

02-0426421

(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?
70	NONE	159392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA FEES

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	94604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JHANCOCK DIVERSIFIED MACRO R6

04-3111116

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	92054	Yes ☐ No ☒

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

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

UBS REALTY INVESTORS LLC

06-1452020

(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?
51	NONE	29119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANGUARD TOTAL STOCK MARKET IDX I

23-1999755

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	28480	Yes ☐ No ☒

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

VANGUARD TOTAL INTL STOCK INDEX I

23-2834923

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	21968	Yes ☐ No ☒

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

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

LAZARD GLOBAL LISTED INFRASTRUCTURE

27-1211194

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	7100	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	STEPHANIE TRAN	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	MERCER 99 HIGH ST BOSTON, MA 02110	e Telephone:	617-747-9500

Explanation: TERMINATION DUE TO THE APPOINTMENT OF A NEW ENROLLED ACTUARY ON THIS PLAN.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL INC				D Employer Identification Number (EIN) 04-2768252	
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: MARATHON-LONDON GLOBAL EX US COLLEC					
b Name of sponsor of entity listed in (a): NORTHERN TRUST					
c EIN-PN 90-6169542-013		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39030502	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL INC	D Employer Identification Number (EIN) 04-2768252

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1110337	1805044
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6809199	4991886
(2) U.S. Government securities	1c(2)	67757285	67476430
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	52823804	27347151
(B) All other	1c(3)(B)	8277038	27191564
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	44441891	63287210
(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)	37274550	39030502
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	156452658	165023071
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12357910	13894222

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	387304672	410047080
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	642676
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	642676
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	387304672	409404404

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	267573	
(B) U.S. Government securities	2b(1)(B)	3416556	
(C) Corporate debt instruments	2b(1)(C)	2907557	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	501391	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7093077
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6886907	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6886907
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	99369982	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	99798112	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2360415	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23618010
c Other income	2c		-3964810
d Total income. Add all income amounts in column (b) and enter total	2d		35565469

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12202237	
(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)		12202237
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	392160	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	228664	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	642676	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1263500
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13465737

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22099732
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: **CARON & BLETZER PLLC**

(2) EIN: **04-3499945**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558759.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL INC				D Employer Identification Number (EIN) 04-2768252	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 06-6379101					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	28
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 49.2 % Private Equity: 16.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.7 %

High-Yield Debt: 0.0 % Real Assets: 0.9 % Cash or Cash Equivalents: 1.1 % Other: 0.1 %

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_____.

**STURDY MEMORIAL HOSPITAL
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2024 and 2023 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator of the Sturdy Memorial Hospital Retirement Plan:

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

We have performed audits of the financial statements of the Sturdy Memorial Hospital Retirement 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 certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

- 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 ("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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule H, Line 4(j) - 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified 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).

Caron & Blitzer, PLLC

Kingston, NH
October 14, 2025

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>Assets:</u>		
Investments, at fair value:		
Government bonds	\$ 67,743,737	\$ 68,622,608
Municipal bonds	2,869,574	3,271,666
Corporate bonds	56,388,213	57,241,190
Foreign bonds	5,157,189	6,616,311
Mutual funds	170,014,957	163,261,857
Commingled funds	67,037,864	49,906,153
Common collective trust	<u>39,030,502</u>	<u>37,274,550</u>
Total investments	408,242,036	386,194,335
Receivables:		
Accrued interest and dividends	<u>1,805,044</u>	<u>1,110,337</u>
Total assets	410,047,080	387,304,672
<u>Liabilities:</u>		
Accrued expenses	<u>642,676</u>	<u>-</u>
Net assets available for benefits	<u>\$ 409,404,404</u>	<u>\$ 387,304,672</u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 21,639,328	\$ 41,028,104
Interest	7,072,423	3,369,695
Dividends	<u>6,853,718</u>	<u>5,664,658</u>
Total additions	35,565,469	50,062,457
Deductions:		
Benefits paid to participants	12,202,237	11,017,365
Administrative expenses	<u>1,263,500</u>	<u>1,053,585</u>
Total deductions	<u>13,465,737</u>	<u>12,070,950</u>
Net increase	22,099,732	37,991,507
Net assets available for benefits:		
Beginning of year	<u>387,304,672</u>	<u>349,313,165</u>
End of year	<u><u>\$ 409,404,404</u></u>	<u><u>\$ 387,304,672</u></u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Sturdy Memorial Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan of Sturdy Memorial Hospital, Inc. (the "Hospital"). Participating employers in the Plan include the Hospital, Sturdy Memorial Foundation, SHV, Sturdy Memorial Associates and Emory Street Radiology Associates. Substantially all employees who have attained age 21 and completed one year of eligible service are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). All investments are non-participant directed.

Contributions and Funding Policy

The Hospital makes annual contributions to the Plan in amounts required to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, as calculated by an enrolled actuary using the actuarial cost method. The Hospital met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

Pension Benefits

Employees who have obtained normal retirement age, defined as the later of age 65 and the date the participant completes 5 years of service, and terminated prior to January 1, 1994 are entitled to monthly pension benefits equal to one twelfth of the sum of 0.75% of the participant's average annual earnings, not to exceed \$7,800, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 1.25% of the participant's average annual earnings in excess of \$7,800 multiplied by the participant's number of years of benefit service not to exceed 30 years.

Employees who have obtained normal retirement age and terminated after January 1, 1994 are entitled to monthly pension benefits equal to one-twelfth of the sum of 1.1% of the participant's average annual earnings, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 0.3% of the participants average annual earnings exceeding the Social Security Taxable Wage Base in effect at the beginning of the plan year for each calendar year containing the participant's termination date, multiplied by the participant's number of years of benefit service, not to exceed 30 years.

Participants are eligible for early retirement benefits upon attainment of age 55 and the completion of five years of vested service. The monthly early retirement benefit amount is equal to the accrued benefit as of the normal retirement date reduced by 5/9th of 1% for each of the first 60 full months and by 5/18th of 1% for each additional full month by which the participant's benefit commencement date precedes the normal retirement date.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Participants may extend service beyond the date they are eligible for normal retirement benefits. The benefit received will be based on years of credited service and earnings up to the actual retirement date. In addition, benefits will be actuarially increased to reflect the fact that payments have not yet started.

The normal form of benefit in the Plan is a joint and survivor annuity for married participants and a single life annuity for single participants. Participants may also elect to have their benefit paid in the form of a certain and continuous annuity. Participants may elect a lump sum distribution if their actuarially equivalent value is \$75,000 or less.

Death Benefits

If an employee dies prior to retirement and has met the requirements for an early or normal retirement benefit, the employee's spouse will be entitled to a monthly amount equal to 50% of the amount which would have been payable to the participant if he or she had retired on the date of his or her death and elected a qualified joint and survivor annuity form of benefit. If the participant has not met the requirements for an early or normal retirement, his or her surviving spouse shall receive an amount equal to 50% of the amount which would have been payable to the participant if he or she had terminated employment on the date of his or her death, survived to his or her earliest retirement date under the Plan, and elected to commence benefits as a 50% qualified joint and survivor annuity on the earliest date on which he or she received a retirement benefit under the Plan. If the participant dies after his or her benefit commencement date, his or her spouse or beneficiary shall receive the benefit in accordance with the Plan option selected.

Vesting

Participants are fully vested in their accrued benefit upon the completion of five years of eligible service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

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

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Investment management, recordkeeping, actuarial, and advisory fees are paid by the Plan. All other administrative expenses are paid by the Hospital. Expenses paid by the Hospital are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

US Government Securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal, corporate, and foreign bonds - Valued as determined by pricing vendors using observable inputs.

Commingled funds - Valued at the net asset value per share or unit or ownership percentage as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Common collective trust - Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

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

Description	2024			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 67,743,737	\$ -	\$ 67,743,737	\$ -
Municipal bonds	2,869,574	-	2,869,574	-
Corporate bonds	56,388,213	-	56,388,213	-
Foreign bonds	5,157,189	-	5,157,189	-
Mutual funds	170,014,957	170,014,957	-	-
Total investments in the fair value hierarchy	302,173,670	\$ 170,014,957	\$ 132,158,713	\$ -
Investments measured at net asset value(1):				
Common collective trust	39,030,502			
Commingled funds	67,037,864			
Total investments at net asset value	106,068,366			
Investments at fair value	\$ 408,242,036			

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Description	2023			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 68,622,608	\$ -	\$ 68,622,608	\$ -
Municipal bonds	3,271,666	-	3,271,666	-
Corporate bonds	57,241,190	-	57,241,190	-
Foreign bonds	6,616,311	-	6,616,311	-
Mutual funds	<u>163,261,857</u>	<u>163,261,857</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	299,013,632	<u>\$ 163,261,857</u>	<u>\$ 135,751,775</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	37,274,550			
Commingled funds	<u>49,906,153</u>			
Total investments at net asset value	<u>87,180,703</u>			
Investments at fair value	<u>\$ 386,194,335</u>			

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

Redemptions of the common collective trust held by the Plan are allowed daily and have no unfunded commitments.

The Cross Creek Capital II, L.P. equity commingled fund seeks to generate significant returns through long-term capital appreciation of equity investments. These investments will be structured as equity and equity-related investments and will primarily be in private companies but may also include private investments in public equities. Redemptions are allowed when the fund closes. The partnership shall continue until the 9th anniversary after its initial closing date and may be extended for up to 2 additional 1-year periods. The original termination date was June 13, 2024. Pursuant to the agreement, the General Partner extended the term of the fund through June 13, 2026. Unfunded commitments totaled \$84,788 as of December 31, 2024 and 2023.

The ArrowMark Global Opportunity Fund II equity commingled fund seeks to generate income while also benefitting from capital appreciation primarily through regulatory capital relief transactions entered into primarily with U.S., European, and U.S. banks and other deposit taking institutions. Redemptions are not allowed unless the Investment Manager allows an exception. The partnership shall continue until the 5th anniversary of its final closing date and may be extended for up to 2 additional 1-year periods. The termination date is December 1, 2024. General Partner extended the term of the fund until December 31, 2025. There are no unfunded commitments.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The ISQ Global Infrastructure Fund III, L.P. equity commingled fund seeks to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. Withdrawals from the fund are not permitted prior to the end of the Fund's term. The fund shall continue until the 10th anniversary of the final admission date. Unfunded commitments totaled \$1,286,072 and \$1,827,609 as of December 31, 2024 and 2023, respectively.

The Crown Secondaries Special Opportunities II Fund equity commingled fund seeks capital appreciation through investing on a global basis in single asset focused secondary situations, primarily directly (minority equity investments) or through concentrated portfolios (secondary private equity firms). Withdrawals from the fund are not permitted prior to the end of the fund's term. The fund shall continue until the twelfth anniversary of the initial closing date unless the term is extended. Unfunded commitments totaled \$451,500 and \$736,500 as of December 31, 2024 and 2023, respectively.

The real estate commingled fund, the UBS Trumbull Proprietary Fund, seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States. Redemptions are allowed quarterly following a 60 day notice period. However, the fund is not required to liquidate if a redemption would expend more than 50% of available cash to fund redemptions, or to sell assets, borrow funds, alter investment or capital improvement plans or reduce reserves. In addition, the fund may decline to accept redemption requests if the general partner deems it necessary or advisable. There are no unfunded commitments.

The Marathon Healthcare Finance Fund seeks to generate attractive, recession-resilient, risk-adjusted returns in the healthcare market by providing capital solutions primarily to healthcare companies focused on Food and Drug Administration (the "FDA") approved therapeutics to address clinical needs in growth markets. Withdrawals from the fund are not permitted prior to the end of the Fund's term. Unfunded commitments totaled \$3,205,000 and \$3,840,000 as of December 31, 2024 and December 31, 2023, respectively.

The Greenhouse Long Only Fund seeks to generate superior returns over the long term by making long equity investments with a focus on domestic small and medium-sized market capitalization companies generally under \$20 billion market capitalization. The fund requires 45 days' prior written notice to withdraw any or all of the balance in the account as of the last day of each calendar quarter. There are no unfunded commitments.

The US Research Equity Extended Fund seeks to generate returns above the S&P 500 Total Return Index through investment primarily in the equity and equity related securities of U.S. Companies. Investors may withdraw all or any part of their capital account as of the last business day of any month with at least ten days' prior written notice of the amount to be withdrawn. There are no unfunded commitments.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The Silver Point Capital Offshore Fund seeks to achieve superior risk-adjusted returns by investing in debt, equity or other securities or obligations of misvalued, leveraged or financially distressed companies and in event-oriented and other special situations. The investment strategies employed by the Fund may include (without limitation) the following: credit-oriented investments; event-oriented investments; asset-oriented investments; and investments in misvalued securities, obligations or instruments. The fund requires 90 to 120 days' written notice to withdraw any or all of the account balance. There are no unfunded commitments.

D. ACTUARIAL PRESENT VALUE OF 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 and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest consecutive 60 months of earnings out of the last ten years. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 were:

Mortality: Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct generational mortality tables without collar adjustment projected generationally with scale MP-2021.

Interest rate: 6.80% per annum.

Retirement age: Participants are assumed to retire per the following table:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Under 55	0%	63	10%
55-59	2%	64	5%
60	5%	65	20%
61	2%	66-69	10%
62	15%	70 & up	100%

Marriage rates: 85% for males, 55% for females.

Expenses: To be paid by the plan sponsor.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

A summary of the Plan's accumulated plan benefits is as follows as of December 31, 2023:

Vested benefits:	
Retired participants	\$ 104,680,683
Terminated participants	31,826,751
Active participants	<u>69,642,750</u>
Total vested benefits	206,150,184
Nonvested benefits	<u>2,847,044</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 208,997,228</u>

Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended December 31, 2023:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 197,945,747
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	4,672,000
Benefits paid	(11,017,365)
Change in actuarial assumptions	3,958,385
Increase in interest due to decrease in discount period	<u>13,438,461</u>
Net increase in actuarial present value of accumulated plan benefits	<u>11,051,481</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 208,997,228</u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material difference.

E. CERTIFIED INVESTMENTS:

The following financial information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules held at December 31, 2024 and 2023, and for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

**STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Statements of Net Assets Available for Benefits - December 31:

	2024	2023
Government bonds	\$ 67,743,737	\$ 68,622,608
Municipal bonds	2,869,574	3,271,666
Corporate bonds	56,388,213	57,241,190
Foreign bonds	5,157,189	6,616,311
Mutual funds	170,014,957	163,261,857
Common collective trust	39,030,502	37,274,550

Statements of Changes in Net Assets Available for Benefits - Year Ended December 31:

	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ 11,385,881	\$ 38,925,501
Interest	7,072,423	3,369,695
Dividends	6,853,718	5,664,658

F. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

G. TAX STATUS:

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 24, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

H. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Certain plan investments are managed by the trustee and therefore, these transactions qualify as party in interest. Expenses paid to the trustee by the Plan qualify as party in interest transactions.

I. RISKS AND UNCERTAINTIES:

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to 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.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through October 14, 2025, the date these financial statements were available for issuance.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	U.S. Treasury Bond, 0% 08/15/43	Government bond	\$ 1,612,479	\$ 1,568,329
	U.S. Treasury Bond, 0% 08/15/54	"	359,079	330,302
	U.S. Treasury Bond, 1.125% 08/15/40	"	4,396,339	3,106,567
	U.S. Treasury Bond, 1.875% 02/15/51	"	580,561	350,337
	U.S. Treasury Bond, 1.875% 02/15/41	"	527,583	371,130
	U.S. Treasury Bond, 2.000% 08/15/51	"	4,301,286	2,620,486
	U.S. Treasury Bond, 1.750% 08/15/41	"	4,972,037	3,766,034
	U.S. Treasury Bond, 1.875% 11/15/51	"	702,411	654,126
	U.S. Treasury Bond, 2.250% 2/15/52	"	201,321	178,235
	U.S. Treasury Bond, 2.375% 2/15/42	"	70,746	54,101
	U.S. Treasury Bond, 3.000% 08/15/52	"	1,725,340	1,444,985
	U.S. Treasury Bond, 3.375% 08/15/42	"	1,001,841	891,486
	U.S. Treasury Bond, 4.125% 08/15/53	"	18,463,392	18,299,981
	U.S. Treasury Bond, 4.375% 08/15/43	"	21,322,028	21,526,369
	U.S. Treasury Bond, 4.250% 02/15/54	"	1,323,141	1,266,203
	U.S. Treasury Bond, 4.500% 02/15/44	"	2,737,985	2,655,336
	U.S. Treasury Bond, 4.625% 05/15/44	"	711,039	661,172
	U.S. Treasury Bond, 4.250% 08/15/54	"	691,958	631,934
	U.S. Treasury Bond, 3.875% 08/15/33	"	350,649	340,716
	U.S. Treasury Bond, 4.375% 08/31/28	"	1,732,624	1,717,373
	U.S. Treasury Bond, 4.375% 11/30/28	"	310,046	303,124
	U.S. Treasury Bond, 4.000% 01/31/29	"	410,628	412,273
	U.S. Treasury Bond, 4.000% 02/15/34	"	565,211	554,311
	U.S. Treasury Bond, 4.625% 04/30/29	"	839,654	840,980
	U.S. Treasury Bond, 4.000% 07/31/29	"	1,819,154	1,770,486
	U.S. Treasury Bond, 3.875% 08/15/34	"	334,569	321,484
	U.S. Treasury Bond, 4.250% 11/15/34	"	77,195	76,941
	U.S. Treasury Bond, 4.125% 11/30/29	"	90,069	89,966
	U.S. Treasury Inflation Bond, 0.125%, 01/15/2030	"	93,946	96,937
	FNMA PAS8600	"	155,828	157,899
	FNMA PFM9739	"	150,127	151,891
	FNMA PFS8159	"	94,711	92,864
	FNMA PFM3448	"	94,710	95,499
	FNMA PMA2868	"	75,522	76,572
	FHLMC CMO 2019 FUND 3.000% 9/25/49	"	146,278	85,316
	FHLMC CMO 2019 FUND 3.000% 12/25/49	"	148,190	113,557
	FHLMC CMO 2019 FUND 3.000% 01/25/50	"	105,172	68,435
	Total government bonds		73,294,849	67,743,737
	California Health FACS 4.353% 06/01/41	Municipal bond	175,000	155,262
	California State 7.500% 04/01/34	"	366,917	285,215
	Chicago Illinois 5.720% 12/01/38	"	200,376	180,722
	LA LCL Government FACS, 5.081% 06/01/2031	"	94,791	95,488
	Municipal Elec Auth Ga 6.637% 04/01/57	"	162,954	131,239
	Port Authority New York and New Jersey Consolidated Bonds, 5.647%	"	237,907	245,470
	Riverside Cnty Calif Pension 3.818% 02/15/38	"	442,137	415,087
	Sales Tax Securitization, 4.637% 01/01/40	"	309,463	315,506
	San Francisco California CY-CO, 6.00% 11/01/40	"	349,720	342,849
	Texas National Gas Security, 5.102% 04/01/35	"	102,434	102,174
	Texas National Gas Security, 5.169% 04/01/41	"	496,523	482,546
	University Calif Revs 4.858% 05/15/2112	"	138,502	118,016
	Total municipal bonds		3,076,724	2,869,574
	AT&T INC 2.300% 06/01/27	Corporate bond	93,390	96,274
	AT&T INC 3.650% 06/01/51	"	175,319	124,296
	AT&T INC 3.500% 09/15/53	"	166,988	113,121
	AT&T INC 3.550% 09/15/55	"	198,345	133,845
	AT&T INC 3.650% 09/15/59	"	287,488	253,688
	AT&T INC 3.800% 12/01/57	"	546,832	558,819
	ABBVIE INC 4.875% 11/14/48	"	389,187	371,747
	ABBVIE INC 4.250% 11/21/49	"	192,157	156,917
	ABBVIE INC 5.400% 03/15/2054	"	148,489	143,421
	ACE INA HLDG INC 6.700% 05/15/36	"	176,171	140,872
	ADVOCATE HEALTH & HOSPS CORP 4.272% 08/15/48	"	125,000	103,945

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	AIR LEASE CORPORATION 3.250% 03/01/25	"	129,672	133,617
	ALABAMA PWR CO UNSEC 3.700% 12/01/47	"	282,015	245,622
	ALEXANDRIA REAL ESTATE 4.700% 07/01/30	"	35,092	36,118
	ALEXANDRIA REAL ESTATE 3.375% 08/15/31	"	56,035	57,276
	ALLEGION US HOLDING CO 5.600% 05/29/2034	"	64,298	65,327
	AMAZON COM INC 2.875% 05/12/41	"	140,590	99,098
	AMAZON COM INC 3.450% 04/13/29	"	56,248	56,580
	AMAZON COM INC 3.950% 4/13/52	"	319,830	294,122
	AMGEN INC 5.650% 03/02/53	"	702,360	693,194
	ANHEUSER-BUSCH COS LLC ANHEUSER 4.900% 02/01/46	"	997,930	990,304
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.750% 01/23/29	"	55,173	54,978
	ANTHEM INC 4.375% 12/01/47	"	327,664	302,265
	ELEVANCE HEALTH INC 5.650% 06/15/54	"	390,412	375,618
	AON CORP/AON GLOBAL HOLD 3.900% 02/28/52	"	307,345	258,968
	APPLE INC 4.650% 02/23/46	"	198,872	175,544
	APPLIED MATLS INC 4.350% 04/01/47	"	37,713	33,033
	APPLOVIN CORP 5.375% 12/01/31	"	99,878	100,026
	ARTHUR J GALLAGER & CO 5.550% 2/15/55	"	304,091	293,800
	BAE SYSTEMS HOLDINGS INC 4.750% 10/07/44	"	137,091	133,592
	BMW US CAPITAL LLC 3.450% 04/01/27	"	74,496	75,843
*	BANK AMER CORP VAR% 01/23/49	"	180,000	138,753
*	BANK AMER CORP VAR% 12/20/28	"	219,187	227,228
*	BANK AMER CORP VAR% 6/19/41	"	1,082,767	1,115,628
*	BANK AMER CORP VAR% 4/22/42	"	123,000	92,050
	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/48	"	265,761	238,111
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/49	"	295,237	301,902
	BERKSHIRE HATHAWAY FINANCIAL CO 4.250% 01/15/49	"	247,105	242,167
	BLACKSTONE HLDGS FIN LLC 3.500% 09/10/49	"	75,329	54,150
	BLACKSTONE HLDGS FIN LLC 3.200% 01/30/52	"	294,589	281,258
	BLACKSTONE HLDGS FIN LLC 6.200% 04/22/33	"	111,370	112,314
	BOEING CO 5.805% 05/01/50	"	293,473	279,045
	BP CAP MARKETS AMERICA COMPANY 3.379% 2/8/61	"	282,657	231,517
	BRISTOL MYERS SQUIBB CO 4.550% 02/20/48	"	48,063	33,977
	BRISTOL MYERS SQUIBB CO 5.550% 02/22/54	"	161,367	157,153
	BROADCOM INC 3.750% 2/15/51	"	121,841	88,563
	BROADCOM INC 3.50% 2/15/41	"	574,289	610,687
	BROADCOM INC 4.000% 04/15/29	"	56,709	57,723
	BURLINGTON NORTH SANTA FE LLC 5.050% 03/01/41	"	471,574	477,573
	BURLINGTON NORTH SANTA FE LLC 4.150% 04/01/45	"	222,081	207,230
	BURLINGTON NORTH SANA FE LLC 2.875% 6/15/52	"	78,554	49,150
	BURLINGTON NORTH SANA FE LLC 4.450% 1/15/53	"	56,685	47,745
	BURLINGTON NORTH SANA FE LLC 5.500% 03/15/55	"	130,306	128,685
	CIGNA CORP 4.90% 12/15/48	"	37,199	27,244
	CIGNA CORP 3.400% 03/01/27	"	56,277	57,372
	CIGNA CORP 4.80% 7/15/46	"	309,666	281,117
	CSX CORP 3.350% 9/15/49	"	194,781	172,010
	CVS HEALTH CORP 4.780% 3/25/38	"	215,965	205,791
	CVS HEALTH CORP 5.050% 3/25/48	"	208,863	166,559
	CAPITAL ONE FINANCIAL CO VARIABLE % 05/10/28	"	55,986	57,813
	CAPITAL ONE FINANCIAL CO VARIABLE % 02/01/35	"	55,907	55,883
	CARLYLE HOLDINGS II FINANCIAL COMPANY 5.625% 03/30/43	"	245,097	205,947
	CATERPILLAR INC 3.803% 08/15/42	"	270,794	259,968
	CATERPILLAR INC 3.250% 9/19/49	"	168,453	118,017
	CHARTER COMM OPT LLC 4.908% 07/23/25	"	34,470	34,958
	CHARTER COMM OPT LLC 6.484% 10/23/45	"	500,497	515,926
	CHARTER COMM OPT LLC 5.375% 5/1/47	"	359,827	279,062
	CHARTER COMM OPT LLC 5.750% 04/01/48	"	83,717	79,500
	CHARTER COMM OPT LLC 6.100% 06/01/29	"	93,947	95,817
	CHEVRON CORP 3.078% 5/11/50	"	102,000	67,459
	CHUBB CORP 6.50% 5/15/38	"	131,975	120,232
	CINCINNATI FINL CORP 6.125% 11/1/34	"	224,063	171,382
	CISCO SYSTEMS INC 5.90% 2/15/39	"	295,391	273,685
	CITIGROUP INC 8.125% 7/15/39	"	303,455	329,521

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	CITIGROUP INC VAR% 4/24/48	"	272,417	243,180
	CITIGROUP INC VAR% 01/29/31	"	55,997	58,394
	CITIGROUP INC VAR% 01/28/27	"	148,330	156,535
	CLEVELAND CLINIC FOUND 4.858% 1/1/2114	"	90,912	54,030
	COLOMBIA PIPELINES OPCO 6.036% 11/15/33	"	127,820	128,225
	COMCAST CORP 3.40% 7/15/46	"	107,600	89,178
	COMCAST CORP 4.049% 11/1/52	"	251,531	177,356
	COMCAST CORP 3.750% 4/1/40	"	74,592	60,325
	COMCAST CORP 2.887% 11/1/51	"	72,753	43,906
	COMCAST CORP 2.987% 11/1/63	"	762,644	700,959
	COMMONWEALTH EDISON CO 3.70% 3/1/45	"	345,696	232,709
	CONOCOPHILLIPS COMPANY 4.025% 3/15/62	"	361,968	287,583
	CON EDISON CO OF NY INC 5.700% 05/15/54	"	230,975	226,794
	CONSUMERS EQUITY CO 3.50% 8/1/51	"	375,564	310,783
	CORNING INC 5.850% 11/15/68	"	31,953	30,615
	COX COMMUNICATIONS INC 4.70% 12/15/42	"	21,323	17,658
	COX COMMUNICATIONS INC 4.50% 6/30/43	"	468,156	449,560
	COX COMMUNICATIONS INC 3.350% 09/15/26	"	166,395	170,788
	CUMMINS INC 5.450% 02/20/54	"	227,512	221,862
	DEERE & COMPANY 2.875% 9/7/49	"	50,980	33,299
	DEERE & COMPANY 3.750% 4/15/50	"	166,540	145,190
	JOHN DEERE CAPITAL CORP 5.100% 04/11/34	"	74,954	74,871
	DIAMONDBACK ENERGY INC 5.750% 04/18/54	"	286,877	269,329
	WALT DISNEY COMPANY 4.750% 11/15/46	"	290,292	250,419
	DUKE ENERGY CORP 5.00% 8/15/52	"	571,074	609,138
	DUKE ENERGY CAROLINAS 5.30% 2/15/40	"	566,732	551,767
	DUKE ENERGY INDIANA LLC 2.75% 4/1/50	"	72,910	44,091
	ELEVANCE HEALTH INC 4.750% 02/15/33	"	127,842	125,560
	EMERSON ELECTRIC CO 2.800% 12/21/51	"	158,903	172,950
	ENERGY TRANSFER PARTNERS 5.150% 2/1/43	"	742,485	749,012
	ENERGY TRANSFER LP 5.750% 02/15/33	"	51,380	51,699
	ENERGY TRANSFER OPERATING GLB 5.000% 05/15/50	"	114,426	111,135
	ENTERGY CORP 3.75% 6/15/50	"	98,400	70,893
	ENTERPRISE PRODUCTS OPER COMPANY 4.90% 5/15/46	"	477,489	482,863
	ENTERPRISE PRODUCTS OPER COMPANY 4.80% 2/1/49	"	78,710	68,849
	EXELON CORP GLOBAL 5.100% 06/15/45	"	432,125	479,920
	EXELON CORP GLOBAL 3.350% 03/15/32	"	55,068	55,776
	EXXON MOBIL CORPORATION GLB 4.114% 3/1/46	"	54,000	43,800
	EXXON MOBIL CORPORATION GLB 4.327% 3/19/50	"	369,340	322,377
	FLORIDA POWER & LIGHT 5.690% 3/1/40	"	42,942	43,878
	FLORIDA POWER & LIGHT 4.050% 10/1/44	"	280,972	285,079
	FLORIDA POWER & LIGHT 5.100% 04/01/33	"	91,740	90,409
	FORD MOTOR CREDIT CO LLC 2.900% 02/10/29	"	172,372	179,112
	GATX CORP 6.050% 03/15/34	"	67,678	68,962
	GENERAL MOTOERS FINANCIAL CO 2.400% 10/15/28	"	129,942	135,987
	GEORGIA POWER COMPANY 4.300% 03/15/43	"	107,581	107,845
	GOLDMAN SACHS GROUP INC VARIABLE % 04/23/29	"	130,465	132,727
	GOLDMAN SACHS GROUP INC VARIABLE % 04/22/42	"	528,528	568,402
	GOLDMAN SACHS GROUP INC 5.150% 5/22/45	"	256,015	230,553
	GOLDMAN SACHS GROUP INC VARIABLE % 10/31/38	"	79,965	84,681
	HCA INC 5.950% 09/15/54	"	255,883	237,770
	HCP INC 3.250% 07/15/2026	"	91,476	93,835
	HEALTH CARE SERVICE CORP 3.20% 6/1/50	"	178,385	115,103
	HEALTH CARE SERVICE CORP 5.450% 06/15/34	"	93,744	93,924
	HEALTH CARE SERVICE CORP 5.875% 06/15/54	"	236,532	222,638
	HOME DEPOT INC 3.90% 6/15/47	"	215,309	140,037
	HOME DEPOT INC 3.350% 4/15/50	"	200,896	175,682
	HONEYWELL INTERNATIONAL 5.250% 03/01/54	"	461,958	433,590
	INTEL CORP 3.734% 12/08/47	"	36,743	32,316
	INTEL CORP 3.20% 8/12/61	"	45,813	24,962
	INTEL CORP 4.900% 8/05/52	"	184,592	165,806
	INTERCONTINENTAL EXCHANGE 4.250% 9/21/48	"	212,872	208,947
	INTERCONTINENTAL EXCHANGE 3% 6/15/50	"	40,675	26,068

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	JPMORGAN CHASE & CO 5.60% 7/15/41	"	589,388	461,369
	JPMORGAN CHASE & CO VAR% 11/15/48	"	678,266	708,420
	JPMORGAN CHASE & CO VAR% 07/23/29	"	219,462	222,840
	KLA-TENCOR CORP 5.00% 3/15/49	"	63,677	58,872
	KLA CORP 3.30% 3/1/50	"	47,529	33,153
	KLA CORP 4.950% 07/15/52	"	75,809	69,073
	KKR GROUP FINANCE CO III 5.125% 6/1/44	"	262,693	252,129
	KKR GROUP FINANCE CO VI LLC 3.750% 07/01/29	"	73,101	75,655
	KEYSPAN GAS EAST 5.819% 4/1/41	"	44,000	42,426
	KINDER MORGAN INC. DELAWARE COMPANY 5.050% 2/15/46	"	393,550	351,609
	KROGER CO 4.650% 1/15/48	"	293,370	280,879
	L3HARRIS TECH INC 5.500% 08/15/54	"	249,587	243,014
	ELI LILLY & CO 5.100% 02/09/64	"	349,584	319,823
	LOCKHEED MARTIN CORP 4.70% 5/15/46	"	289,339	273,426
	LOWES COS INC 3.70% 4/15/46	"	67,384	51,792
	LOWES COS INC. 4.050% 5/3/47	"	52,292	47,362
	LOWES COS INC. 4.500% 04/15/30	"	56,470	56,904
	LOWES COS INC. 4.250% 4/1/52	"	371,826	395,683
	LOWES COS INC. 5.800% 9/15/62	"	288,816	280,668
	MPLX LP 5.50% 2/15/49	"	219,401	234,131
	WARNER MEDIA HOLDINGS INC 5.050% 03/15/42	"	157,000	126,052
	WARNER MEDIA HOLDINGS INC 5.391% 03/15/62	"	320,983	326,482
	MARATHON PETROLEUM CORP 6.50% 3/1/41	"	229,775	231,048
	MARKEL GROUP INC 6.000% 05/16/54	"	286,592	283,226
	MARSH & MCLENNAN COS INC 4.375% 3/15/29	"	74,575	74,635
	MARSH & MCLENNAN COS INC 4.750% 3/15/39	"	310,275	320,306
	MARTIN MARIETTA MATERIAL 5.500% 12/01/54	"	300,591	292,417
	MASSACHUSETTS ELECTRIC 5.90% 11/15/39	"	188,361	190,673
	MASS INSTITUTE OF TECH 4.678% 7/1/2114	"	26,000	21,906
	MASS MUTUAL LIFE INS CO 3.375% 4/15/50	"	232,550	223,636
	MCDONALDS CORP 4.450% 3/1/47	"	77,872	65,465
	MCDONALDS CORP 3.625% 9/1/49	"	49,418	43,253
	MEMORIAL SLOAN-KETTERING 5.00% 7/1/42	"	90,000	84,788
	METLIFE INC 4.721% 12/15/44	"	173,907	170,396
	METLIFE INC 5.000% 7/15/52	"	357,682	352,385
	MET LIFE GLOBAL FUNDING 3.050% 06/17/29	"	140,008	142,358
	MICROSOFT CORP 2.921% 03/17/52	"	388,915	338,903
	MICROSOFT CORP 3.041% 3/17/62	"	164,265	109,242
	MIDAMERICAN ENERGY CO 5.300% 02/01/55	"	120,487	114,301
	MOODY'S CORPORATION 4.875% 12/17/48	"	371,359	347,775
	MORGAN STANLEY VAR% 04/20/28	"	166,174	169,537
	MORGAN STANLEY VAR% 04/22/42	"	474,327	495,350
	NATIONWIDE MUTUAL INSURANCE 4.350% 4/30/50	"	69,837	52,379
	NIAGARA MOHAWK POWER 5.783% 09/16/52	"	128,806	122,703
	NORFOLK SOUTHERN CORP 4.450% 6/15/45	"	87,743	64,291
	NORFOLK SOUTHERN CORP 4.050% 8/15/52	"	405,967	413,596
	NORFOLK SOUTHERN CORP 3.800% 08/01/28	"	110,291	111,399
	NORFOLK SOUTHERN CORP 5.10% 8/1/2118	"	89,825	76,442
	NORTHERN STATE PWR-MINN 6.20% 7/1/37	"	429,443	444,121
	NORTHERN STATE PWR-MINN 3.600% 05/15/46	"	248,992	246,012
	NORTHROP GRUMMAN CORP 3.850% 4/15/45	"	469,342	429,159
	NORTHROP GRUMMAN CORP 3.250% 01/15/28	"	54,653	55,443
	NORTHROP GRUMMAN CORP 4.950% 03/15/53	"	124,965	117,069
	NSTAR ELECTRIC CO 4.950% 09/15/52	"	154,816	170,145
	OCCIDENTAL PETROLEUM COR ZERO% 10/10/36	"	345,412	391,923
	OCCIDENTAL PETROLEUM COR 6.050% 10/01/54	"	174,216	166,038
	ONCOR ELECTRICITY DELIVERY 4.950% 09/15/52	"	151,537	165,233
	ORACLE CORP 4.000% 7/15/46	"	143,653	105,431
	ORACLE CORP 4.000% 11/15/47	"	357,863	369,648
	ORACLE CORP 2.800% 04/01/27	"	92,387	95,058
	ORACLE CORP 3.950% 3/25/51	"	523,124	535,533
	PG&E WILDFIRE RECOVERY 5.081% 06/01/41	"	229,236	224,204
	PNC FINANCIAL SERVICES VARIABLE% 10/20/34	"	110,159	111,339

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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December 31, 2024

(a)	(b)	(c)	(d)	(e)
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	PPL ELECTRIC UTILITIES 6.250% 5/15/39	"	339,043	333,731
	PPL ELECTRIC UTILITIES 4.125% 6/15/44	"	79,347	58,205
	PACIFICORP 3.30% 3/15/51	"	48,596	31,808
	PENNSYLVANIA ELECTRIC CO 6.150% 10/1/38	"	140,697	145,897
	PENSKE TRUCK LEASING/PTL 5.550% 05/01/28	"	184,952	187,764
	PHILLIPS 66 3.550% 10/01/26	"	73,961	75,605
	PHILLIPS 66 4.680% 2/15/45	"	346,188	339,176
	PIEDMONT NATURAL GAS CO 3.350% 6/1/50	"	131,059	87,109
	PUB SVC ELEC & GAS 5.50% 3/1/40	"	241,761	218,280
	RAYTHEON TECHNOLOGY CORP 1.900% 09/01/31	"	73,830	76,081
	RYDER SYSTEM INC 5.250% 06/01/28	"	73,987	74,767
	SAN DIEGO G&E 3.320% 4/15/50	"	90,879	61,460
	SCHLUMBERGER HOLDINGS CORP 3.900% 05/17/28	"	111,014	112,612
	SEMPRA ENERGY 6.00% 10/15/39	"	642,223	642,303
	SHELL FINANCE US INC 4.550% 08/12/43	"	207,527	195,861
	SIMON PROPERTY GROUP LP 3.300% 01/15/26	"	92,244	94,761
	SIMON PROPERTY GROUP LP 4.250% 11/30/46	"	524,932	537,480
	SIMON PROPERTY GROUP LP 5.850% 03/08/53	"	224,971	228,569
	SNAP-ON INC 4.10% 3/1/48	"	76,788	61,919
	SONOCO PRODUCTS CO 4.100% 09/01/29	"	98,986	96,409
	SOUTHERN CO GAS CAPITAL COMPANY 4.950% 09/15/34	"	90,664	87,096
	SUNOCO LOGISTICS PARTNER 5.30% 4/1/44	"	51,043	46,510
	T-MOBILE USA INC 3.750% 04/15/27	"	55,537	56,664
	T-MOBILE USA INC 5.650% 1/15/53	"	597,538	618,308
	T-MOBILE USA INC 5.050% 07/15/33	"	68,699	68,543
	T-MOBILE USA INC 5.750% 01/15/54	"	58,761	57,564
	TTX CO 4.600% 02/01/49	"	324,868	346,248
	TEXAS INSTRUMENTS INC 5.050% 05/18/63	"	121,975	110,835
	TEXTRON INC 3.875% 03/01/25	"	92,187	93,824
	TRANSCONT GAS PIPE LINE 4.60% 3/15/48	"	414,341	423,693
	UBER TECHNOLOGIES INC 5.350% 09/25/54	"	259,024	239,917
	UNION PACIFIC CORP 3.550% 8/15/39	"	319,471	325,448
	UNION PACIFIC CORP 3.250% 2/5/50	"	127,826	82,541
	UNITED PARCEL SERVICE 3.625% 10/01/42	"	200,361	195,486
	UNITED TECHNOLOGIES CORP 4.500% 06/01/42	"	386,113	379,764
	UNITED TECHNOLOGIES CORP 3.750% 11/1/46	"	27,858	21,138
	UNITED TECHNOLOGIES CORP 4.625% 11/16/48	"	378,251	349,181
	UNITEDHEALTH GROUP INC 4.750% 5/15/52	"	138,979	129,377
	UNITEDHEALTH GROUP INC 5.875% 02/15/53	"	26,282	23,061
	VERIZON COMMUNICATIONS 4.00% 3/22/50	"	101,000	76,655
	VERIZON COMMUNICATIONS 3.70% 3/22/61	"	753,157	664,508
	VERIZON COMMUNICATIONS 3.40% 3/22/41	"	197,349	142,939
	VERIZON COMMUNICATIONS 2.355% 03/15/32	"	73,574	75,466
	VERISK ANALYTICS INC 3.625% 5/15/50	"	151,063	128,412
	VIRGINIA ELEC & POWER CO 8.875% 11/15/38	"	380,305	373,686
	VIRGINIA ELEC & POWER CO 4.650% 8/15/43	"	424,375	378,851
	WEC ENERGY GROUP INC 1.375% 10/15/27	"	74,071	77,584
	WELLS FARGO & COMPANY VAR% 4/4/51	"	656,960	584,074
	XCEL ENERGY INC 4.80% 9/15/41	"	115,725	99,823
	AMSR 2021-SFR1 ABS 2021 1.953% 06/17/38	"	93,530	99,826
	AMERICAN TOWER TRUST I 5.490% 3/15/28	"	112,205	113,076
	AVIS BUDGET REN Abs 2024 5.230% 12/20/30	"	99,954	100,615
	BX COMMERCIAL M CMO 2021 VARIABLE% 09/15/36	"	97,313	99,813
	BANK 2017-BNK4 CMO 2017 3.518% 07/15/60	"	94,082	96,403
	BX COMMERCIAL M CMO 2023 VARIABLE% 12/09/40	"	72,607	73,084
	COMM 2016-CCRE2 CMO 2016 3.762% 02/10/49	"	95,266	99,049
	CVS PASS-THROUGH TRUST 6.036% 12/10/28	"	111,580	110,859
	CVS PASS-THROUGH TRUST 5.926% 01/10/34	"	88,525	82,018
	CITIZENS AUTO R ABS 2023 5.830% 02/15/28	"	100,699	101,357
	CITIGROUP COMME CMO 2015 3.717% 09/15/48	"	124,780	128,914
	CITIZENS AUTO R ABS 2023 5.110% 04/17/28	"	94,000	94,630
	FIRSTKEY HOMES ABS 2020 1.266% 10/19/37	"	83,980	89,317
	FORD CREDIT AUT ABS 2023 5.280% 02/15/36	"	100,613	101,802

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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December 31, 2024

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	SEASONED CREDIT CMO 2017 3.00% 08/25/56	"	32,370	33,056
	SEASONED CREDIT CMO 2018 3.500% 03/25/58	"	112,798	114,645
	GMF FLOORPLAN O ABS 2023 5.340% 06/15/28	"	100,055	101,124
	HOME PARTNERS O ABS 2022 3.930% 04/17/39	"	40,313	41,798
	JPMBB COMMERCIA CMO 2015 3.769% 12/15/48	"	129,848	134,629
	JP MORGAN MORTGAGE CMO 2024 VAR% 10/25/54	"	41,788	42,326
	JP MORGAN MORTGAGE CMO 2024 VAR% 11/25/54	"	45,838	46,309
	MORGAN STANLEY CMO 2015 3.306% 04/15/48	"	92,021	95,457
	NEXTGEAR FLOORP ABS 2023 5.740% 03/15/28	"	100,141	101,351
	PG&E WILDFIRE RECOVERY 4.674% 12/01/51	"	370,123	348,002
	PFS FINANCING C ABS 2023 5.800% 03/15/28	"	100,387	101,415
	PSNH FUNDING LL ABS 2018 3.814% 02/01/35	"	227,848	212,669
	PLANET FITNESS ABS 2018 6.237% 06/05/54	"	302,243	300,840
	PROGRESS RESIDE ABS 2022 3.350% 02/17/41	"	91,478	92,731
	PROGRESS RESIDE ABS 2022 4.750% 10/27/39	"	95,004	97,762
	SBA TOWER TRUST 2.593% 10/15/31	"	89,428	93,785
	SEQUOIA MORTGAGE CMO 2024 VAR% 08/25/54	"	73,422	73,715
	UNITED STATES S ABS 2019 3.200% 03/01/39	"	112,380	112,590
	UNITED STATES S ABS 2022 5.130% 11/01/47	"	35,326	35,329
	SBA SMALL BUSINESS ABS 2023 5.168% 03/10/33	"	135,139	132,806
	SBA PART CERTFS ABS 2012 2.370% 08/01/32	"	73,512	74,217
	SMALL BUSINESS ABS 2013 2.070% 05/01/33	"	88,725	89,334
	UNITED STATES S ABS 2023 5.710% 11/01/48	"	54,493	53,792
	UNITED STATES S ABS 2023 5.280% 12/01/48	"	35,701	35,381
	UNITED STATES S ABS 2024 4.970% 03/01/49	"	88,476	87,047
	UNITED STATES S ABS 2024 5.040% 06/01/49	"	94,581	92,581
	UNITED STATES S ABS 2024 4.450% 09/01/49	"	99,000	94,736
	SBA SMALL BUSINESS ABS 2024 5.035% 03/10/34	"	99,706	98,938
	SUBWAY FUNDING ABS 2024 6.028% 07/30/54	"	39,314	39,471
	SUBWAY FUNDING ABS 2024 5.914% 07/30/54	"	437,000	426,744
	TACO BELL FUNDI ABS 2021 1.946% 08/25/51	"	93,711	98,166
	TRICON RESIDENT ABS 2024 4.300% 11/17/41	"	96,951	97,318
	UBS COMMERCIAL CMO 2018 4.241% 10/15/51	"	73,625	74,564
	VERIZON MASTER ABS 2023 5.350% 09/22/31	"	101,406	102,132
	WENDY'S FUNDING ABS 2021 2.775% 6/15/51	"	174,097	161,736
	Total corporate bonds		59,440,839	56,388,213
	APTIV PLC 3.250% 03/01/32	Foreign bond	56,169	56,084
	ANGLO AMERICAN CAPITAL 4.750% 3/16/52	"	196,546	166,538
	APTIV PLC 3.100% 12/01/51	"	338,868	340,260
	ASTRAZENECA PLC 3.000% 5/28/51	"	32,549	21,579
	BAE SYSTEMS PLC 5.800% 10/11/41	"	247,775	231,444
	USD BHP FINANCE USA 5.000% 9/30/43	"	337,714	284,952
	BANK OF MONTREAL 2.650% 03/08/27	"	129,373	133,422
	BROOKFIELD FIN I UK PLC 2.340% 01/30/32	"	51,871	53,704
	CSL FINANCE PLC 4.750% 4/27/52	"	310,332	293,219
	USD CANADIAN NATIONAL RE 4.950% 06/01/47	"	204,168	214,395
	CANADIAN PACIFIC RR CO 6.125% 9/15/2115	"	124,912	122,010
	USD CANADIAN PACIFIC 3.100% 12/2/51	"	95,313	62,378
	USD CANADIAN PACIFIC 4.200% 11/15/69	"	448,816	454,436
	CONSTELLATION SOFTWARE 5.158% 2/16/29	"	55,784	56,262
	USD ELEMENT FLEET NA 6.319% 12/04/28	"	92,546	94,841
	GOLDENTREE LOAN ABS 2021 VAR% 10/20/37	"	100,000	100,450
	HSBC HOLDINGS PLC VAR% 03/09/44	"	211,952	211,284
	MACQUARIE GROUP LTD VARIABLE% 01/12/27	"	148,431	157,085
	NXP BV/NXP FDG/NXP USA 3.150% 05/01/27	"	130,340	133,642
	COOPERATIEVE RABOBANK NA 1.004% 09/24/26	"	230,313	242,840
	RIO TINTO FIN USA LTD 5.200% 11/2/40	"	107,711	76,996
	USD ROGERS COMM INC 5.000% 3/15/44	"	290,550	243,543
	USD ROGERS COMM INC 3.200% 03/15/27	"	110,876	113,997
	USD ROGERS COMM INC 4.550% 03/15/52	"	227,148	227,838
	ROYAL BANK OF CANADA 3.625% 05/04/27	"	74,485	76,205
	USD SHELL INTL FIN 3.000% 11/26/51	"	231,348	206,929

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	TAKEDA PHARMACEUTICAL 3.175% 7/9/50	"	202,388	129,562
	TORONTO-DOMINION BANK 3.200% 03/10/32	"	110,654	112,666
	USD XSTRATA FIN CAN 6.000% 11/15/41	"	319,626	334,752
	XLIT LTD 5.250% 12/15/43	"	194,330	203,876
	Total foreign bonds		5,412,888	5,157,189
	BlackRock Liquidity Fund	Mutual fund	1,592,097	1,592,097
	Federated Gov't Obligations Fund; account:1096221	"	2,056,875	2,056,875
	Federated Gov't Obligations Fund; account:1740364	"	187,845	187,845
	Federated Gov't Obligations Fund; account:8515197	"	140,370	140,370
	Federated Gov't Obligations Fund; account:8520477	"	1,014,698	1,014,698
	Dodge & Cox Stock Fund	"	20,383,210	34,012,770
	Vanguard Total International Stock Index Fund	"	25,000,000	26,528,220
	Vanguard Total Stock Market Index Fund	"	67,081,923	98,360,275
	John Hancock Diversified Marco Fund	"	6,402,346	6,121,807
	Total mutual funds		123,859,364	170,014,957
	Marathon-London Global Ex US Collective Investment Fund	Common collective trust	35,226,264	39,030,502
	Total common collective trusts		35,226,264	39,030,502
	Marathon Healthcare Finance (Europe) Fund	Commingled fund	1,839,866	1,978,289
	Greenhouse Long Only Fund	"	7,500,000	9,860,142
	Silver Point Capital Offshore Fund	"	10,000,000	10,484,847
	US Research Equity Extended Fund	"	24,000,000	32,817,158
	UBS Trumbull Proprietary Fund	"	3,415,552	3,640,058
	Cross Creek Capital II, L.P.	"	571,452	1,347,611
	Crown Secondaries Special Opportunities II	"	1,692,122	3,159,106
	ISQ Global Infrastructure Fund III, L.P.	"	1,713,938	2,082,785
	Arrowmark Global Opportunity Fund II	"	1,652,334	1,667,868
	Total commingled funds		52,385,264	67,037,864
	Total investments on the statement of net assets available for benefits		<u>\$ 352,696,192</u>	<u>\$ 408,242,036</u>

* Denotes party-in-interest to the plan.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (Including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SINGLE TRANSACTIONS:</u>						
None						
<u>SERIES TRANSACTIONS:</u>						
BlackRock Liquidity Fund	Mutual fund	\$ 12,131,000	\$ 11,638,056	\$ 11,638,056	\$ 23,769,057	\$ -
Federated Government Obligations Fund	"	32,901,902	35,011,412	35,011,412	67,913,315	-
Bank of America Cash Reserves	"	24,255,673	24,456,420	24,456,420	48,712,094	-



Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		33	2								35
		39,994									
25–29		73	24								97
		57,552	69,922								
30–34		88	54	9							151
		72,625	68,756								
35–39		86	45	13	18	1					163
		90,212	102,136								
40–44		70	46	13	17	7	2				155
		89,756	105,853								
45–49		63	32	14	15	16	8	1			149
		73,363	97,466								
50–54		58	49	26	17	19	9	4			182
		81,275	80,109	76,289							
55–59		50	42	34	20	38	18	10	7		219
		80,596	62,469	97,469	101,003	88,896					
60–64		47	37	16	20	37	14	12	14	1	198
		69,363	71,679		71,462	76,226					
65–69		14	13	6	12	9	10	4	3	6	77
70 & up		3	1							1	5
Total		585	345	131	119	127	61	31	24	8	1,431
											83,802

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2023 limited to \$330,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for January 1, 2024 Funding Valuation****Discount rate sponsor elections**

- | | |
|-------------------------------------|---------|
| • Segment rates or full yield curve | Segment |
| • Look-back months | 2 |

	<u>Stabilized</u>	<u>Nonstabilized</u>
• First 5 years	4.75%	4.02%
• Next 15 years	4.87%	4.73%
• Over 20 years	5.59%	4.75%

Mortality sponsor elections

- | | |
|-----------------------------|---|
| • Healthy participants | Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1. |
| • Disabilities ¹ | Revenue Ruling 96-7 table for participants who became disabled after 2004 and are eligible for Social Security disability benefits |
| • 417(e) lump sums | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality. |

Other economic assumptions

- | | |
|------------------------------|---|
| • Salary increases | 4.00% per year |
| • Social Security wage base | 3.50% per year |
| • Inflation | 2.50% per year |
| • Expenses | \$570,000 added to current year normal cost |
| • Expected investment return | 7.33% for 2023 plan year |

¹ Used for participants eligible for Social Security disability – all others use the healthy participant mortality assumption.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for Economic Assumptions

- Salary increases – This assumption has been set based on past experience and management's expectation for future wage increases.
- Social Security taxable wage base increases – This assumption represents an historical spread between the increase in national average wages and inflation.
- Inflation – This assumption is based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook.
- Expenses – This assumption is based on anticipated administrative expenses for the year.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current target asset mix.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions			
• Withdrawal	See table of sample rates.		
	Attained age	Male	Female
	25	20%	30%
	30	14	20
	35	10	14
	40	6	10
	45	4	6
	50	2	4
	55	0	2
• Disability incidence	None.		
• Retirement age	Attained age	Rate	
	Under 55	0%	
	55-59	2%	
	60	5%	
	61	2%	
	62	15%	
	63	10%	
	64	5%	
	65	20%	
	66-69	10%	
	70 & up	100%	
• Benefit commencement age for			
— Future vested deferred	33% immediate and 67% deferred to age 65 if lump sum eligible, otherwise age 65		
— Current vested deferred	Age 65		
• Spouse assumptions	Male participants	Female participants	
— Percentage married	85%		55%
— Spouse age difference	3 years younger		3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment – lump sum eligible	<u>Single Life</u>	<u>Lump Sum</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	25%	65%	0%	10%
• Future vested deferred	17%	33% immediate, 43% deferred	0%	7%
• Current vested deferred	25%	65%	0%	10%
• Future deaths	0%	0%	100%	0%
Form of payment – not lump sum eligible	<u>Single Life</u>	<u>Lump Sum</u>	<u>50% J&S</u>	<u>75% J&S</u>
• Active retirements	60%	0%	0%	40%
• Future vested deferred	60%	0%	0%	40%
• Current vested deferred	60%	0%	0%	40%
• Future deaths	0%	0%	100%	0%
Unpredictable contingent event assumptions	N/A			

Rationale for Demographic Assumptions

- Retirement age – The retirement rates are based on an experience study undertaken in 2011 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. This assumption has been used for the recent past and does not produce large gains/losses.
- Withdrawal age – This is an historical assumption whose reasonableness is evaluated each year as part of the valuation process by determining whether consistent gains or losses occur each year. This assumption has been used for the recent past and does not produce large gains/losses.
- Benefit commencement age – Last updated as of January 1, 2008 based on actual plan experience in calendar years 2003-2007. Plan experience is reviewed annually for reasonableness.
- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans and discussions with employer representatives.
- Form of payment – Based on an experience study conducted in 2020 which analyzed experience for the plan from years 2017 through 2019. Plan experience is reviewed annually for reasonableness.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Asset Methods**

The asset valuation method is an average of the adjusted market value for the last year preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (Including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SINGLE TRANSACTIONS:</u>						
None						
<u>SERIES TRANSACTIONS:</u>						
BlackRock Liquidity Fund	Mutual fund	\$ 12,131,000	\$ 11,638,056	\$ 11,638,056	\$ 23,769,057	\$ -
Federated Government Obligations Fund	"	32,901,902	35,011,412	35,011,412	67,913,315	-
Bank of America Cash Reserves	"	24,255,673	24,456,420	24,456,420	48,712,094	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STURDY MEMORIAL HOSPITAL INC	D Employer Identification Number (EIN) 04-2768252
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value		2a	387,304,673
b Actuarial value		2b	372,392,858
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.....	917	118,557,217	118,557,217
b For terminated vested participants	542	38,791,734	38,791,734
c For active participants.....	1,431	85,755,314	90,315,064
d Total.....	2,890	243,104,265	247,664,015
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5		5.20%
6 Target normal cost			
a Present value of current plan year accruals	6a	8,166,871	
b Expected plan-related expenses	6b	570,000	
c Target normal cost	6c	8,736,871	

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

SIGN HERE	VER	8/20/2024
Signature of actuary		Date
VONDA BUI		2308474
Type or print name of actuary		Most recent enrollment number
MERCER		617-747-9500
Firm name		Telephone number (including area code)
99 HIGH STREET		
BOSTON MA 02110		
Address of the firm		

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)	67,377,869	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	67,377,869	0
10 Interest on line 9 using prior year's actual return of <u>14.42%</u>	9,715,889	0
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>5.34%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	77,093,758	0

Part III	Funding Percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	119.23 %
15	Adjusted funding target attainment percentage.....	15	150.36 %
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	132.30 %
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
			Totals ►	18(b)	0
					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	0

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

Equity Statement as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
4.87 %3rd segment:
5.59 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

2

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

8,736,871

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

8,736,871

32 Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

0

0

b Waiver amortization installment.....

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36).....**38a**

0

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

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	2.0%	10,000	200	11,000
56	2.0%	9,800	196	10,976
57	2.0%	9,604	192	10,949
58	2.0%	9,412	188	10,918
59	2.0%	9,224	184	10,884
60	5.0%	9,039	452	27,118
61	2.0%	8,587	172	10,476
62	15.0%	8,416	1,262	78,264
63	10.0%	7,153	715	45,065
64	5.0%	6,438	322	20,601
65	20.0%	6,116	1,223	79,508
66	10.0%	4,893	489	32,292
67	10.0%	4,403	440	29,503
68	10.0%	3,963	396	26,949
69	10.0%	3,567	357	24,611
70	100.0%	3,210	3,210	224,710
Total			10,000	653,825
Average				65.38

Plan: Sturdy Memorial Hospital Retirement Plan

EIN/PN: 04-2768252/001

Valuation Date: 01/01/2024

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	482,483	360,401	10,862,606	11,705,490
2025	1,090,582	630,302	10,674,660	12,395,544
2026	1,743,998	817,887	10,471,059	13,032,944
2027	2,452,497	972,083	10,244,215	13,668,795
2028	2,966,856	1,155,519	10,001,016	14,123,391
2029	3,614,614	1,514,953	9,738,587	14,868,154
2030	4,148,720	1,836,178	9,455,314	15,440,212
2031	4,640,342	2,146,783	9,156,744	15,943,869
2032	5,172,094	2,383,467	8,826,969	16,382,530
2033	5,603,968	2,564,775	8,479,840	16,648,583
2034	6,013,258	2,700,258	8,128,793	16,842,309
2035	6,372,892	2,818,118	7,761,836	16,952,846
2036	6,676,943	2,962,407	7,380,004	17,019,354
2037	6,965,700	3,021,623	6,984,630	16,971,953
2038	7,262,058	3,113,733	6,577,370	16,953,161
2039	7,447,304	3,176,933	6,160,256	16,784,493
2040	7,578,309	3,200,200	5,735,692	16,514,201
2041	7,779,631	3,384,046	5,306,497	16,470,174
2042	7,865,329	3,435,813	4,875,834	16,176,976
2043	7,902,942	3,407,486	4,447,180	15,757,608
2044	7,944,589	3,388,111	4,024,202	15,356,902
2045	7,946,105	3,398,557	3,610,703	14,955,365
2046	7,916,265	3,376,323	3,210,624	14,503,212
2047	7,869,480	3,307,589	2,827,821	14,004,890
2048	7,718,390	3,306,907	2,465,953	13,491,250
2049	7,616,810	3,251,445	2,128,335	12,996,590
2050	7,521,613	3,208,616	1,817,644	12,547,873
2051	7,394,662	3,099,136	1,535,809	12,029,607
2052	7,180,336	2,990,920	1,283,921	11,455,177
2053	6,946,957	2,902,302	1,062,177	10,911,436
2054	6,740,275	2,788,307	869,937	10,398,519
2055	6,499,641	2,668,280	705,827	9,873,748
2056	6,220,373	2,527,474	567,860	9,315,707
2057	5,959,078	2,380,525	453,621	8,793,224
2058	5,639,268	2,230,413	360,446	8,230,127
2059	5,355,873	2,076,329	285,553	7,717,755
2060	5,053,011	1,922,155	226,186	7,201,352
2061	4,739,270	1,774,111	179,718	6,693,099
2062	4,438,060	1,632,108	143,746	6,213,914
2063	4,131,134	1,493,973	116,142	5,741,249
2064	3,832,908	1,363,072	95,081	5,291,061
2065	3,547,885	1,239,668	79,045	4,866,598
2066	3,273,991	1,123,861	66,800	4,464,652
2067	3,011,496	1,015,648	57,376	4,084,520
2068	2,762,580	914,910	50,030	3,727,520
2069	2,527,044	821,404	44,195	3,392,643
2070	2,304,701	734,855	39,453	3,079,009
2071	2,095,099	654,946	35,499	2,785,544
2072	1,897,755	581,346	32,119	2,511,220
2073	1,712,274	513,748	29,169	2,255,191

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: October 1, 1969 Restated plan: January 1, 2012 Plan year: January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None

Definitions

- | | |
|-------------------|---|
| • Participation | <p>Employees are included in the Plan on the first of the month coincident with or next following the completion of 1,000 Hours of Service in a twelve consecutive month period and attainment of age 21.</p> <p>Employees covered under a collective bargaining agreement which does not provide for coverage under this Plan, employees employed under the Conditional Assignment Position Program (CAP) program, nonresident aliens receiving no U.S. income from the Employer, seasonal or temporary Employees who complete less than 1,000 Hours of Service and leased Employees are excluded.</p> |
| • Vesting service | <p>Prior to January 1, 1976, in accordance with the Plan then in effect. On or after January 1, 1976, a Participant shall accrue one-tenth (1/10) of a year of Vesting Service for each one hundred (100) Hours of Service up to a maximum of one year of Vesting Service for each Plan Year.</p> |
| • Benefit service | <p>Prior to January 1, 1976, each Plan Year of continuous service. On or after January 1, 1976, each Plan Year in which a Participant completes at least 1,000 Hours of Service. A Participant shall accrue a partial year of Benefit Service during the year of employment, re-employment or termination equal to a fraction, not to exceed 1, of the Hours of Service divided by 1,000, rounded to the next higher tenth, provided that the total number of Hours of Service, when annualized, equals at least 1,000.</p> |
| • Compensation | <p>W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a) (17) of the Code.</p> |

Schedule SB, Part V — Summary of Plan Provisions

- | | |
|-------------------------------|--|
| • Average annual compensation | The total for the 60 consecutive months out of the last ten years during which Compensation was highest, divided by five. If a Participant has received Compensation for a period of fewer than 60 months, such average will be computed over the total number of months in which Compensation was received. |
| • Covered compensation | The average of the Social Security Taxable Wage Bases in effect at the beginning of the Plan Year for each calendar year during the 35-year period ending with the calendar year containing the Participant's termination of employment. |

Normal retirement

- | | |
|---------------|---|
| • Eligibility | Attainment of age 65 and completion of 5 years of Vesting Service. |
| • Benefit | The annual benefit payable at Normal Retirement is the sum of 1.1% of Average Annual Compensation up to Covered Compensation plus 1.4% of Average Annual Compensation in excess of Covered Compensation, multiplied by the Participant's Benefit Service (up to a maximum of 30 years). |

For Participants who were age 50 or older and had completed at least 10 years of Vesting Service as of January 1, 1994, the annual benefit payable at Normal Retirement cannot be less than the sum of 0.75% of Average Annual Compensation plus 0.5% of Average Annual Compensation in excess of 15% of the Social Security Taxable Wage Base, multiplied by the Participant's Benefit Service (up to a maximum of 30 years).

Early retirement

- | | |
|---------------|--|
| • Eligibility | Attainment of age 55 and completion of 5 years of Vesting Service. |
| • Benefit | The amount of benefit is computed as described for Normal Retirement, based on the Participant's Average Annual Compensation and Benefit Service as of his/her Early Retirement Date. The benefit is payable in full at age 65, or if the date benefits commence precedes age 65, the benefit is reduced by 5/9% for each of the first 60 months and by 5/18% for each of the next 60 months by which Early Retirement precedes Normal Retirement. |

Late retirement

- | | |
|---------------|---|
| • Eligibility | Retirement after age 65. |
| • Benefit | The Normal Retirement Benefit based on Average Annual Compensation and Benefit Service as of the actual date of retirement. |

Schedule SB, Part V — Summary of Plan Provisions**Deferred vested**

- | | |
|---------------|---|
| • Eligibility | Completion of 5 years of Vesting Service. |
| • Benefit | The amount of benefit is computed as described for Normal Retirement, based on the Participant's Average Annual Compensation and Benefit Service as of his/her date of termination. The benefit is payable in full at age 65, or if the date benefits commence precedes age 65, the benefit is reduced by 5/9% for each of the first 60 months and by 5/18% for each of the next 60 months by which the benefit commencement date precedes Normal Retirement. |

Disability

None

Death

- | | |
|-------------------------------|---|
| • Benefit prior to retirement | A married Participant with at least 5 years of Vesting Service is eligible for the pre-retirement death benefit option, which will provide a benefit to his/her surviving spouse upon his/her death prior to retirement. The surviving spouse's benefit shall be equal to the benefit the spouse would have received had the Participant retired on the date of his/her death and elected to receive benefits on a 50% joint and survivor basis payable on the later of the deceased Participant's 55th birthday or attained age. |
| • Benefit after retirement | Death benefits payable after retirement, if any, are payable in accordance with whichever option the Participant elected. |

Form of benefits

- | | |
|---|------------------------|
| • Automatic form for unmarried participants | Life annuity |
| • Automatic form for married participants | 50% Joint and Survivor |

Schedule SB, Part V — Summary of Plan Provisions

Optional forms	Optional forms of benefit payment are available on an actuarially equivalent basis. These optional forms of payment include: 50% joint and survivor form of payment 75% joint and survivor form of payment 100% joint and survivor form of payment 10 year certain and life annuity Lump sum (Voluntary if the actuarial equivalent value of the benefit is under \$75,000. If the actuarial equivalent value of the benefit is under \$1,000, the benefit is mandated to be paid as a lump sum.)
Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the Plan, is computed based on a 7.5% interest rate and the applicable mortality table prescribed under Section 417(e) of the Internal Revenue Code for the 2012 plan year.
Actuarial equivalence for lump sum	PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the month of November immediately preceding the first day of the Plan Year during which the lump sum payment occurs and reflecting the appropriate phase-ins.

Miscellaneous

Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, are included in this valuation:

- Plan amendments excluded:** None.
- Late retirement increases:**
 - Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases apply to participants who defer retirement beyond age 70½. This valuation includes increases for current active participants over age 70½.

Schedule SB, Part V — Summary of Plan Provisions

- *Terminated vested participants:* Late retirement increases for current terminated vested participants are not valued given the number and age of affected individuals and the immateriality of the incremental liabilities.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	U.S. Treasury Bond, 0% 08/15/43	Government bond	\$ 1,612,479	\$ 1,568,329
	U.S. Treasury Bond, 0% 08/15/54	"	359,079	330,302
	U.S. Treasury Bond, 1.125% 08/15/40	"	4,396,339	3,106,567
	U.S. Treasury Bond, 1.875% 02/15/51	"	580,561	350,337
	U.S. Treasury Bond, 1.875% 02/15/41	"	527,583	371,130
	U.S. Treasury Bond, 2.000% 08/15/51	"	4,301,286	2,620,486
	U.S. Treasury Bond, 1.750% 08/15/41	"	4,972,037	3,766,034
	U.S. Treasury Bond, 1.875% 11/15/51	"	702,411	654,126
	U.S. Treasury Bond, 2.250% 2/15/52	"	201,321	178,235
	U.S. Treasury Bond, 2.375% 2/15/42	"	70,746	54,101
	U.S. Treasury Bond, 3.000% 08/15/52	"	1,725,340	1,444,985
	U.S. Treasury Bond, 3.375% 08/15/42	"	1,001,841	891,486
	U.S. Treasury Bond, 4.125% 08/15/53	"	18,463,392	18,299,981
	U.S. Treasury Bond, 4.375% 08/15/43	"	21,322,028	21,526,369
	U.S. Treasury Bond, 4.250% 02/15/54	"	1,323,141	1,266,203
	U.S. Treasury Bond, 4.500% 02/15/44	"	2,737,985	2,655,336
	U.S. Treasury Bond, 4.625% 05/15/44	"	711,039	661,172
	U.S. Treasury Bond, 4.250% 08/15/54	"	691,958	631,934
	U.S. Treasury Bond, 3.875% 08/15/33	"	350,649	340,716
	U.S. Treasury Bond, 4.375% 08/31/28	"	1,732,624	1,717,373
	U.S. Treasury Bond, 4.375% 11/30/28	"	310,046	303,124
	U.S. Treasury Bond, 4.000% 01/31/29	"	410,628	412,273
	U.S. Treasury Bond, 4.000% 02/15/34	"	565,211	554,311
	U.S. Treasury Bond, 4.625% 04/30/29	"	839,654	840,980
	U.S. Treasury Bond, 4.000% 07/31/29	"	1,819,154	1,770,486
	U.S. Treasury Bond, 3.875% 08/15/34	"	334,569	321,484
	U.S. Treasury Bond, 4.250% 11/15/34	"	77,195	76,941
	U.S. Treasury Bond, 4.125% 11/30/29	"	90,069	89,966
	U.S. Treasury Inflation Bond, 0.125%, 01/15/2030	"	93,946	96,937
	FNMA PAS8600	"	155,828	157,899
	FNMA PFM9739	"	150,127	151,891
	FNMA PFS8159	"	94,711	92,864
	FNMA PFM3448	"	94,710	95,499
	FNMA PMA2868	"	75,522	76,572
	FHLMC CMO 2019 FUND 3.000% 9/25/49	"	146,278	85,316
	FHLMC CMO 2019 FUND 3.000% 12/25/49	"	148,190	113,557
	FHLMC CMO 2019 FUND 3.000% 01/25/50	"	105,172	68,435
	Total government bonds		73,294,849	67,743,737
	California Health FACS 4.353% 06/01/41	Municipal bond	175,000	155,262
	California State 7.500% 04/01/34	"	366,917	285,215
	Chicago Illinois 5.720% 12/01/38	"	200,376	180,722
	LA LCL Government FACS, 5.081% 06/01/2031	"	94,791	95,488
	Municipal Elec Auth Ga 6.637% 04/01/57	"	162,954	131,239
	Port Authority New York and New Jersey Consolidated Bonds, 5.647%	"	237,907	245,470
	Riverside Cnty Calif Pension 3.818% 02/15/38	"	442,137	415,087
	Sales Tax Securitization, 4.637% 01/01/40	"	309,463	315,506
	San Francisco California CY-CO, 6.00% 11/01/40	"	349,720	342,849
	Texas National Gas Security, 5.102% 04/01/35	"	102,434	102,174
	Texas National Gas Security, 5.169% 04/01/41	"	496,523	482,546
	University Calif Revs 4.858% 05/15/2112	"	138,502	118,016
	Total municipal bonds		3,076,724	2,869,574
	AT&T INC 2.300% 06/01/27	Corporate bond	93,390	96,274
	AT&T INC 3.650% 06/01/51	"	175,319	124,296
	AT&T INC 3.500% 09/15/53	"	166,988	113,121
	AT&T INC 3.550% 09/15/55	"	198,345	133,845
	AT&T INC 3.650% 09/15/59	"	287,488	253,688
	AT&T INC 3.800% 12/01/57	"	546,832	558,819
	ABBVIE INC 4.875% 11/14/48	"	389,187	371,747
	ABBVIE INC 4.250% 11/21/49	"	192,157	156,917
	ABBVIE INC 5.400% 03/15/2054	"	148,489	143,421
	ACE INA HLDG INC 6.700% 05/15/36	"	176,171	140,872
	ADVOCATE HEALTH & HOSPS CORP 4.272% 08/15/48	"	125,000	103,945

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	AIR LEASE CORPORATION 3.250% 03/01/25	"	129,672	133,617
	ALABAMA PWR CO UNSEC 3.700% 12/01/47	"	282,015	245,622
	ALEXANDRIA REAL ESTATE 4.700% 07/01/30	"	35,092	36,118
	ALEXANDRIA REAL ESTATE 3.375% 08/15/31	"	56,035	57,276
	ALLEGION US HOLDING CO 5.600% 05/29/2034	"	64,298	65,327
	AMAZON COM INC 2.875% 05/12/41	"	140,590	99,098
	AMAZON COM INC 3.450% 04/13/29	"	56,248	56,580
	AMAZON COM INC 3.950% 4/13/52	"	319,830	294,122
	AMGEN INC 5.650% 03/02/53	"	702,360	693,194
	ANHEUSER-BUSCH COS LLC ANHEUSER 4.900% 02/01/46	"	997,930	990,304
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.750% 01/23/29	"	55,173	54,978
	ANTHEM INC 4.375% 12/01/47	"	327,664	302,265
	ELEVANCE HEALTH INC 5.650% 06/15/54	"	390,412	375,618
	AON CORP/AON GLOBAL HOLD 3.900% 02/28/52	"	307,345	258,968
	APPLE INC 4.650% 02/23/46	"	198,872	175,544
	APPLIED MATLS INC 4.350% 04/01/47	"	37,713	33,033
	APPLOVIN CORP 5.375% 12/01/31	"	99,878	100,026
	ARTHUR J GALLAGER & CO 5.550% 2/15/55	"	304,091	293,800
	BAE SYSTEMS HOLDINGS INC 4.750% 10/07/44	"	137,091	133,592
	BMW US CAPITAL LLC 3.450% 04/01/27	"	74,496	75,843
*	BANK AMER CORP VAR% 01/23/49	"	180,000	138,753
*	BANK AMER CORP VAR% 12/20/28	"	219,187	227,228
*	BANK AMER CORP VAR% 6/19/41	"	1,082,767	1,115,628
*	BANK AMER CORP VAR% 4/22/42	"	123,000	92,050
	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/48	"	265,761	238,111
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/49	"	295,237	301,902
	BERKSHIRE HATHAWAY FINANCIAL CO 4.250% 01/15/49	"	247,105	242,167
	BLACKSTONE HLDGS FIN LLC 3.500% 09/10/49	"	75,329	54,150
	BLACKSTONE HLDGS FIN LLC 3.200% 01/30/52	"	294,589	281,258
	BLACKSTONE HLDGS FIN LLC 6.200% 04/22/33	"	111,370	112,314
	BOEING CO 5.805% 05/01/50	"	293,473	279,045
	BP CAP MARKETS AMERICA COMPANY 3.379% 2/8/61	"	282,657	231,517
	BRISTOL MYERS SQUIBB CO 4.550% 02/20/48	"	48,063	33,977
	BRISTOL MYERS SQUIBB CO 5.550% 02/22/54	"	161,367	157,153
	BROADCOM INC 3.750% 2/15/51	"	121,841	88,563
	BROADCOM INC 3.50% 2/15/41	"	574,289	610,687
	BROADCOM INC 4.000% 04/15/29	"	56,709	57,723
	BURLINGTON NORTH SANTA FE LLC 5.050% 03/01/41	"	471,574	477,573
	BURLINGTON NORTH SANTA FE LLC 4.150% 04/01/45	"	222,081	207,230
	BURLINGTON NORTH SANA FE LLC 2.875% 6/15/52	"	78,554	49,150
	BURLINGTON NORTH SANA FE LLC 4.450% 1/15/53	"	56,685	47,745
	BURLINGTON NORTH SANA FE LLC 5.500% 03/15/55	"	130,306	128,685
	CIGNA CORP 4.90% 12/15/48	"	37,199	27,244
	CIGNA CORP 3.400% 03/01/27	"	56,277	57,372
	CIGNA CORP 4.80% 7/15/46	"	309,666	281,117
	CSX CORP 3.350% 9/15/49	"	194,781	172,010
	CVS HEALTH CORP 4.780% 3/25/38	"	215,965	205,791
	CVS HEALTH CORP 5.050% 3/25/48	"	208,863	166,559
	CAPITAL ONE FINANCIAL CO VARIABLE % 05/10/28	"	55,986	57,813
	CAPITAL ONE FINANCIAL CO VARIABLE % 02/01/35	"	55,907	55,883
	CARLYLE HOLDINGS II FINANCIAL COMPANY 5.625% 03/30/43	"	245,097	205,947
	CATERPILLAR INC 3.803% 08/15/42	"	270,794	259,968
	CATERPILLAR INC 3.250% 9/19/49	"	168,453	118,017
	CHARTER COMM OPT LLC 4.908% 07/23/25	"	34,470	34,958
	CHARTER COMM OPT LLC 6.484% 10/23/45	"	500,497	515,926
	CHARTER COMM OPT LLC 5.375% 5/1/47	"	359,827	279,062
	CHARTER COMM OPT LLC 5.750% 04/01/48	"	83,717	79,500
	CHARTER COMM OPT LLC 6.100% 06/01/29	"	93,947	95,817
	CHEVRON CORP 3.078% 5/11/50	"	102,000	67,459
	CHUBB CORP 6.50% 5/15/38	"	131,975	120,232
	CINCINNATI FINL CORP 6.125% 11/1/34	"	224,063	171,382
	CISCO SYSTEMS INC 5.90% 2/15/39	"	295,391	273,685
	CITIGROUP INC 8.125% 7/15/39	"	303,455	329,521

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	CITIGROUP INC VAR% 4/24/48	"	272,417	243,180
	CITIGROUP INC VAR% 01/29/31	"	55,997	58,394
	CITIGROUP INC VAR% 01/28/27	"	148,330	156,535
	CLEVELAND CLINIC FOUND 4.858% 1/1/2114	"	90,912	54,030
	COLOMBIA PIPELINES OPCO 6.036% 11/15/33	"	127,820	128,225
	COMCAST CORP 3.40% 7/15/46	"	107,600	89,178
	COMCAST CORP 4.049% 11/1/52	"	251,531	177,356
	COMCAST CORP 3.750% 4/1/40	"	74,592	60,325
	COMCAST CORP 2.887% 11/1/51	"	72,753	43,906
	COMCAST CORP 2.987% 11/1/63	"	762,644	700,959
	COMMONWEALTH EDISON CO 3.70% 3/1/45	"	345,696	232,709
	CONOCOPHILLIPS COMPANY 4.025% 3/15/62	"	361,968	287,583
	CON EDISON CO OF NY INC 5.700% 05/15/54	"	230,975	226,794
	CONSUMERS EQUITY CO 3.50% 8/1/51	"	375,564	310,783
	CORNING INC 5.850% 11/15/68	"	31,953	30,615
	COX COMMUNICATIONS INC 4.70% 12/15/42	"	21,323	17,658
	COX COMMUNICATIONS INC 4.50% 6/30/43	"	468,156	449,560
	COX COMMUNICATIONS INC 3.350% 09/15/26	"	166,395	170,788
	CUMMINS INC 5.450% 02/20/54	"	227,512	221,862
	DEERE & COMPANY 2.875% 9/7/49	"	50,980	33,299
	DEERE & COMPANY 3.750% 4/15/50	"	166,540	145,190
	JOHN DEERE CAPITAL CORP 5.100% 04/11/34	"	74,954	74,871
	DIAMONDBACK ENERGY INC 5.750% 04/18/54	"	286,877	269,329
	WALT DISNEY COMPANY 4.750% 11/15/46	"	290,292	250,419
	DUKE ENERGY CORP 5.00% 8/15/52	"	571,074	609,138
	DUKE ENERGY CAROLINAS 5.30% 2/15/40	"	566,732	551,767
	DUKE ENERGY INDIANA LLC 2.75% 4/1/50	"	72,910	44,091
	ELEVANCE HEALTH INC 4.750% 02/15/33	"	127,842	125,560
	EMERSON ELECTRIC CO 2.800% 12/21/51	"	158,903	172,950
	ENERGY TRANSFER PARTNERS 5.150% 2/1/43	"	742,485	749,012
	ENERGY TRANSFER LP 5.750% 02/15/33	"	51,380	51,699
	ENERGY TRANSFER OPERATING GLB 5.000% 05/15/50	"	114,426	111,135
	ENTERGY CORP 3.75% 6/15/50	"	98,400	70,893
	ENTERPRISE PRODUCTS OPER COMPANY 4.90% 5/15/46	"	477,489	482,863
	ENTERPRISE PRODUCTS OPER COMPANY 4.80% 2/1/49	"	78,710	68,849
	EXELON CORP GLOBAL 5.100% 06/15/45	"	432,125	479,920
	EXELON CORP GLOBAL 3.350% 03/15/32	"	55,068	55,776
	EXXON MOBIL CORPORATION GLB 4.114% 3/1/46	"	54,000	43,800
	EXXON MOBIL CORPORATION GLB 4.327% 3/19/50	"	369,340	322,377
	FLORIDA POWER & LIGHT 5.690% 3/1/40	"	42,942	43,878
	FLORIDA POWER & LIGHT 4.050% 10/1/44	"	280,972	285,079
	FLORIDA POWER & LIGHT 5.100% 04/01/33	"	91,740	90,409
	FORD MOTOR CREDIT CO LLC 2.900% 02/10/29	"	172,372	179,112
	GATX CORP 6.050% 03/15/34	"	67,678	68,962
	GENERAL MOTOERS FINANCIAL CO 2.400% 10/15/28	"	129,942	135,987
	GEORGIA POWER COMPANY 4.300% 03/15/43	"	107,581	107,845
	GOLDMAN SACHS GROUP INC VARIABLE % 04/23/29	"	130,465	132,727
	GOLDMAN SACHS GROUP INC VARIABLE % 04/22/42	"	528,528	568,402
	GOLDMAN SACHS GROUP INC 5.150% 5/22/45	"	256,015	230,553
	GOLDMAN SACHS GROUP INC VARIABLE % 10/31/38	"	79,965	84,681
	HCA INC 5.950% 09/15/54	"	255,883	237,770
	HCP INC 3.250% 07/15/2026	"	91,476	93,835
	HEALTH CARE SERVICE CORP 3.20% 6/1/50	"	178,385	115,103
	HEALTH CARE SERVICE CORP 5.450% 06/15/34	"	93,744	93,924
	HEALTH CARE SERVICE CORP 5.875% 06/15/54	"	236,532	222,638
	HOME DEPOT INC 3.90% 6/15/47	"	215,309	140,037
	HOME DEPOT INC 3.350% 4/15/50	"	200,896	175,682
	HONEYWELL INTERNATIONAL 5.250% 03/01/54	"	461,958	433,590
	INTEL CORP 3.734% 12/08/47	"	36,743	32,316
	INTEL CORP 3.20% 8/12/61	"	45,813	24,962
	INTEL CORP 4.900% 8/05/52	"	184,592	165,806
	INTERCONTINENTAL EXCHANGE 4.250% 9/21/48	"	212,872	208,947
	INTERCONTINENTAL EXCHANGE 3% 6/15/50	"	40,675	26,068

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	JPMORGAN CHASE & CO 5.60% 7/15/41	"	589,388	461,369
	JPMORGAN CHASE & CO VAR% 11/15/48	"	678,266	708,420
	JPMORGAN CHASE & CO VAR% 07/23/29	"	219,462	222,840
	KLA-TENCOR CORP 5.00% 3/15/49	"	63,677	58,872
	KLA CORP 3.30% 3/1/50	"	47,529	33,153
	KLA CORP 4.950% 07/15/52	"	75,809	69,073
	KKR GROUP FINANCE CO III 5.125% 6/1/44	"	262,693	252,129
	KKR GROUP FINANCE CO VI LLC 3.750% 07/01/29	"	73,101	75,655
	KEYSPAN GAS EAST 5.819% 4/1/41	"	44,000	42,426
	KINDER MORGAN INC. DELAWARE COMPANY 5.050% 2/15/46	"	393,550	351,609
	KROGER CO 4.650% 1/15/48	"	293,370	280,879
	L3HARRIS TECH INC 5.500% 08/15/54	"	249,587	243,014
	ELI LILLY & CO 5.100% 02/09/64	"	349,584	319,823
	LOCKHEED MARTIN CORP 4.70% 5/15/46	"	289,339	273,426
	LOWES COS INC 3.70% 4/15/46	"	67,384	51,792
	LOWES COS INC. 4.050% 5/3/47	"	52,292	47,362
	LOWES COS INC. 4.500% 04/15/30	"	56,470	56,904
	LOWES COS INC. 4.250% 4/1/52	"	371,826	395,683
	LOWES COS INC. 5.800% 9/15/62	"	288,816	280,668
	MPLX LP 5.50% 2/15/49	"	219,401	234,131
	WARNER MEDIA HOLDINGS INC 5.050% 03/15/42	"	157,000	126,052
	WARNER MEDIA HOLDINGS INC 5.391% 03/15/62	"	320,983	326,482
	MARATHON PETROLEUM CORP 6.50% 3/1/41	"	229,775	231,048
	MARKEL GROUP INC 6.000% 05/16/54	"	286,592	283,226
	MARSH & MCLENNAN COS INC 4.375% 3/15/29	"	74,575	74,635
	MARSH & MCLENNAN COS INC 4.750% 3/15/39	"	310,275	320,306
	MARTIN MARIETTA MATERIAL 5.500% 12/01/54	"	300,591	292,417
	MASSACHUSETTS ELECTRIC 5.90% 11/15/39	"	188,361	190,673
	MASS INSTITUTE OF TECH 4.678% 7/1/2114	"	26,000	21,906
	MASS MUTUAL LIFE INS CO 3.375% 4/15/50	"	232,550	223,636
	MCDONALDS CORP 4.450% 3/1/47	"	77,872	65,465
	MCDONALDS CORP 3.625% 9/1/49	"	49,418	43,253
	MEMORIAL SLOAN-KETTERING 5.00% 7/1/42	"	90,000	84,788
	METLIFE INC 4.721% 12/15/44	"	173,907	170,396
	METLIFE INC 5.000% 7/15/52	"	357,682	352,385
	MET LIFE GLOBAL FUNDING 3.050% 06/17/29	"	140,008	142,358
	MICROSOFT CORP 2.921% 03/17/52	"	388,915	338,903
	MICROSOFT CORP 3.041% 3/17/62	"	164,265	109,242
	MIDAMERICAN ENERGY CO 5.300% 02/01/55	"	120,487	114,301
	MOODY'S CORPORATION 4.875% 12/17/48	"	371,359	347,775
	MORGAN STANLEY VAR% 04/20/28	"	166,174	169,537
	MORGAN STANLEY VAR% 04/22/42	"	474,327	495,350
	NATIONWIDE MUTUAL INSURANCE 4.350% 4/30/50	"	69,837	52,379
	NIAGARA MOHAWK POWER 5.783% 09/16/52	"	128,806	122,703
	NORFOLK SOUTHERN CORP 4.450% 6/15/45	"	87,743	64,291
	NORFOLK SOUTHERN CORP 4.050% 8/15/52	"	405,967	413,596
	NORFOLK SOUTHERN CORP 3.800% 08/01/28	"	110,291	111,399
	NORFOLK SOUTHERN CORP 5.10% 8/1/2118	"	89,825	76,442
	NORTHERN STATE PWR-MINN 6.20% 7/1/37	"	429,443	444,121
	NORTHERN STATE PWR-MINN 3.600% 05/15/46	"	248,992	246,012
	NORTHROP GRUMMAN CORP 3.850% 4/15/45	"	469,342	429,159
	NORTHROP GRUMMAN CORP 3.250% 01/15/28	"	54,653	55,443
	NORTHROP GRUMMAN CORP 4.950% 03/15/53	"	124,965	117,069
	NSTAR ELECTRIC CO 4.950% 09/15/52	"	154,816	170,145
	OCCIDENTAL PETROLEUM COR ZERO% 10/10/36	"	345,412	391,923
	OCCIDENTAL PETROLEUM COR 6.050% 10/01/54	"	174,216	166,038
	ONCOR ELECTRICITY DELIVERY 4.950% 09/15/52	"	151,537	165,233
	ORACLE CORP 4.000% 7/15/46	"	143,653	105,431
	ORACLE CORP 4.000% 11/15/47	"	357,863	369,648
	ORACLE CORP 2.800% 04/01/27	"	92,387	95,058
	ORACLE CORP 3.950% 3/25/51	"	523,124	535,533
	PG&E WILDFIRE RECOVERY 5.081% 06/01/41	"	229,236	224,204
	PNC FINANCIAL SERVICES VARIABLE% 10/20/34	"	110,159	111,339

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	PPL ELECTRIC UTILITIES 6.250% 5/15/39	"	339,043	333,731
	PPL ELECTRIC UTILITIES 4.125% 6/15/44	"	79,347	58,205
	PACIFICORP 3.30% 3/15/51	"	48,596	31,808
	PENNSYLVANIA ELECTRIC CO 6.150% 10/1/38	"	140,697	145,897
	PENSKE TRUCK LEASING/PTL 5.550% 05/01/28	"	184,952	187,764
	PHILLIPS 66 3.550% 10/01/26	"	73,961	75,605
	PHILLIPS 66 4.680% 2/15/45	"	346,188	339,176
	PIEDMONT NATURAL GAS CO 3.350% 6/1/50	"	131,059	87,109
	PUB SVC ELEC & GAS 5.50% 3/1/40	"	241,761	218,280
	RAYTHEON TECHNOLOGY CORP 1.900% 09/01/31	"	73,830	76,081
	RYDER SYSTEM INC 5.250% 06/01/28	"	73,987	74,767
	SAN DIEGO G&E 3.320% 4/15/50	"	90,879	61,460
	SCHLUMBERGER HOLDINGS CORP 3.900% 05/17/28	"	111,014	112,612
	SEMPRA ENERGY 6.00% 10/15/39	"	642,223	642,303
	SHELL FINANCE US INC 4.550% 08/12/43	"	207,527	195,861
	SIMON PROPERTY GROUP LP 3.300% 01/15/26	"	92,244	94,761
	SIMON PROPERTY GROUP LP 4.250% 11/30/46	"	524,932	537,480
	SIMON PROPERTY GROUP LP 5.850% 03/08/53	"	224,971	228,569
	SNAP-ON INC 4.10% 3/1/48	"	76,788	61,919
	SONOCO PRODUCTS CO 4.100% 09/01/29	"	98,986	96,409
	SOUTHERN CO GAS CAPITAL COMPANY 4.950% 09/15/34	"	90,664	87,096
	SUNOCO LOGISTICS PARTNER 5.30% 4/1/44	"	51,043	46,510
	T-MOBILE USA INC 3.750% 04/15/27	"	55,537	56,664
	T-MOBILE USA INC 5.650% 1/15/53	"	597,538	618,308
	T-MOBILE USA INC 5.050% 07/15/33	"	68,699	68,543
	T-MOBILE USA INC 5.750% 01/15/54	"	58,761	57,564
	TTX CO 4.600% 02/01/49	"	324,868	346,248
	TEXAS INSTRUMENTS INC 5.050% 05/18/63	"	121,975	110,835
	TEXTRON INC 3.875% 03/01/25	"	92,187	93,824
	TRANSCONT GAS PIPE LINE 4.60% 3/15/48	"	414,341	423,693
	UBER TECHNOLOGIES INC 5.350% 09/25/54	"	259,024	239,917
	UNION PACIFIC CORP 3.550% 8/15/39	"	319,471	325,448
	UNION PACIFIC CORP 3.250% 2/5/50	"	127,826	82,541
	UNITED PARCEL SERVICE 3.625% 10/01/42	"	200,361	195,486
	UNITED TECHNOLOGIES CORP 4.500% 06/01/42	"	386,113	379,764
	UNITED TECHNOLOGIES CORP 3.750% 11/1/46	"	27,858	21,138
	UNITED TECHNOLOGIES CORP 4.625% 11/16/48	"	378,251	349,181
	UNITEDHEALTH GROUP INC 4.750% 5/15/52	"	138,979	129,377
	UNITEDHEALTH GROUP INC 5.875% 02/15/53	"	26,282	23,061
	VERIZON COMMUNICATIONS 4.00% 3/22/50	"	101,000	76,655
	VERIZON COMMUNICATIONS 3.70% 3/22/61	"	753,157	664,508
	VERIZON COMMUNICATIONS 3.40% 3/22/41	"	197,349	142,939
	VERIZON COMMUNICATIONS 2.355% 03/15/32	"	73,574	75,466
	VERISK ANALYTICS INC 3.625% 5/15/50	"	151,063	128,412
	VIRGINIA ELEC & POWER CO 8.875% 11/15/38	"	380,305	373,686
	VIRGINIA ELEC & POWER CO 4.650% 8/15/43	"	424,375	378,851
	WEC ENERGY GROUP INC 1.375% 10/15/27	"	74,071	77,584
	WELLS FARGO & COMPANY VAR% 4/4/51	"	656,960	584,074
	XCEL ENERGY INC 4.80% 9/15/41	"	115,725	99,823
	AMSR 2021-SFR1 ABS 2021 1.953% 06/17/38	"	93,530	99,826
	AMERICAN TOWER TRUST I 5.490% 3/15/28	"	112,205	113,076
	AVIS BUDGET REN Abs 2024 5.230% 12/20/30	"	99,954	100,615
	BX COMMERCIAL M CMO 2021 VARIABLE% 09/15/36	"	97,313	99,813
	BANK 2017-BNK4 CMO 2017 3.518% 07/15/60	"	94,082	96,403
	BX COMMERCIAL M CMO 2023 VARIABLE% 12/09/40	"	72,607	73,084
	COMM 2016-CCRE2 CMO 2016 3.762% 02/10/49	"	95,266	99,049
	CVS PASS-THROUGH TRUST 6.036% 12/10/28	"	111,580	110,859
	CVS PASS-THROUGH TRUST 5.926% 01/10/34	"	88,525	82,018
	CITIZENS AUTO R ABS 2023 5.830% 02/15/28	"	100,699	101,357
	CITIGROUP COMME CMO 2015 3.717% 09/15/48	"	124,780	128,914
	CITIZENS AUTO R ABS 2023 5.110% 04/17/28	"	94,000	94,630
	FIRSTKEY HOMES ABS 2020 1.266% 10/19/37	"	83,980	89,317
	FORD CREDIT AUT ABS 2023 5.280% 02/15/36	"	100,613	101,802

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	SEASONED CREDIT CMO 2017 3.00% 08/25/56	"	32,370	33,056
	SEASONED CREDIT CMO 2018 3.500% 03/25/58	"	112,798	114,645
	GMF FLOORPLAN O ABS 2023 5.340% 06/15/28	"	100,055	101,124
	HOME PARTNERS O ABS 2022 3.930% 04/17/39	"	40,313	41,798
	JPMBB COMMERCIA CMO 2015 3.769% 12/15/48	"	129,848	134,629
	JP MORGAN MORTGAGE CMO 2024 VAR% 10/25/54	"	41,788	42,326
	JP MORGAN MORTGAGE CMO 2024 VAR% 11/25/54	"	45,838	46,309
	MORGAN STANLEY CMO 2015 3.306% 04/15/48	"	92,021	95,457
	NEXTGEAR FLOORP ABS 2023 5.740% 03/15/28	"	100,141	101,351
	PG&E WILDFIRE RECOVERY 4.674% 12/01/51	"	370,123	348,002
	PFS FINANCING C ABS 2023 5.800% 03/15/28	"	100,387	101,415
	PSNH FUNDING LL ABS 2018 3.814% 02/01/35	"	227,848	212,669
	PLANET FITNESS ABS 2018 6.237% 06/05/54	"	302,243	300,840
	PROGRESS RESIDE ABS 2022 3.350% 02/17/41	"	91,478	92,731
	PROGRESS RESIDE ABS 2022 4.750% 10/27/39	"	95,004	97,762
	SBA TOWER TRUST 2.593% 10/15/31	"	89,428	93,785
	SEQUOIA MORTGAGE CMO 2024 VAR% 08/25/54	"	73,422	73,715
	UNITED STATES S ABS 2019 3.200% 03/01/39	"	112,380	112,590
	UNITED STATES S ABS 2022 5.130% 11/01/47	"	35,326	35,329
	SBA SMALL BUSINESS ABS 2023 5.168% 03/10/33	"	135,139	132,806
	SBA PART CERTFS ABS 2012 2.370% 08/01/32	"	73,512	74,217
	SMALL BUSINESS ABS 2013 2.070% 05/01/33	"	88,725	89,334
	UNITED STATES S ABS 2023 5.710% 11/01/48	"	54,493	53,792
	UNITED STATES S ABS 2023 5.280% 12/01/48	"	35,701	35,381
	UNITED STATES S ABS 2024 4.970% 03/01/49	"	88,476	87,047
	UNITED STATES S ABS 2024 5.040% 06/01/49	"	94,581	92,581
	UNITED STATES S ABS 2024 4.450% 09/01/49	"	99,000	94,736
	SBA SMALL BUSINESS ABS 2024 5.035% 03/10/34	"	99,706	98,938
	SUBWAY FUNDING ABS 2024 6.028% 07/30/54	"	39,314	39,471
	SUBWAY FUNDING ABS 2024 5.914% 07/30/54	"	437,000	426,744
	TACO BELL FUNDI ABS 2021 1.946% 08/25/51	"	93,711	98,166
	TRICON RESIDENT ABS 2024 4.300% 11/17/41	"	96,951	97,318
	UBS COMMERCIAL CMO 2018 4.241% 10/15/51	"	73,625	74,564
	VERIZON MASTER ABS 2023 5.350% 09/22/31	"	101,406	102,132
	WENDY'S FUNDING ABS 2021 2.775% 6/15/51	"	174,097	161,736
	Total corporate bonds		59,440,839	56,388,213
	APTIV PLC 3.250% 03/01/32	Foreign bond	56,169	56,084
	ANGLO AMERICAN CAPITAL 4.750% 3/16/52	"	196,546	166,538
	APTIV PLC 3.100% 12/01/51	"	338,868	340,260
	ASTRAZENECA PLC 3.000% 5/28/51	"	32,549	21,579
	BAE SYSTEMS PLC 5.800% 10/11/41	"	247,775	231,444
	USD BHP FINANCE USA 5.000% 9/30/43	"	337,714	284,952
	BANK OF MONTREAL 2.650% 03/08/27	"	129,373	133,422
	BROOKFIELD FIN I UK PLC 2.340% 01/30/32	"	51,871	53,704
	CSL FINANCE PLC 4.750% 4/27/52	"	310,332	293,219
	USD CANADIAN NATIONAL RE 4.950% 06/01/47	"	204,168	214,395
	CANADIAN PACIFIC RR CO 6.125% 9/15/2115	"	124,912	122,010
	USD CANADIAN PACIFIC 3.100% 12/2/51	"	95,313	62,378
	USD CANADIAN PACIFIC 4.200% 11/15/69	"	448,816	454,436
	CONSTELLATION SOFTWARE 5.158% 2/16/29	"	55,784	56,262
	USD ELEMENT FLEET NA 6.319% 12/04/28	"	92,546	94,841
	GOLDENTREE LOAN ABS 2021 VAR% 10/20/37	"	100,000	100,450
	HSBC HOLDINGS PLC VAR% 03/09/44	"	211,952	211,284
	MACQUARIE GROUP LTD VARIABLE% 01/12/27	"	148,431	157,085
	NXP BV/NXP FDG/NXP USA 3.150% 05/01/27	"	130,340	133,642
	COOPERATIEVE RABOBANK NA 1.004% 09/24/26	"	230,313	242,840
	RIO TINTO FIN USA LTD 5.200% 11/2/40	"	107,711	76,996
	USD ROGERS COMM INC 5.000% 3/15/44	"	290,550	243,543
	USD ROGERS COMM INC 3.200% 03/15/27	"	110,876	113,997
	USD ROGERS COMM INC 4.550% 03/15/52	"	227,148	227,838
	ROYAL BANK OF CANADA 3.625% 05/04/27	"	74,485	76,205
	USD SHELL INTL FIN 3.000% 11/26/51	"	231,348	206,929

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	TAKEDA PHARMACEUTICAL 3.175% 7/9/50	"	202,388	129,562
	TORONTO-DOMINION BANK 3.200% 03/10/32	"	110,654	112,666
	USD XSTRATA FIN CAN 6.000% 11/15/41	"	319,626	334,752
	XLIT LTD 5.250% 12/15/43	"	194,330	203,876
	Total foreign bonds		5,412,888	5,157,189
	BlackRock Liquidity Fund	Mutual fund	1,592,097	1,592,097
	Federated Gov't Obligations Fund; account:1096221	"	2,056,875	2,056,875
	Federated Gov't Obligations Fund; account:1740364	"	187,845	187,845
	Federated Gov't Obligations Fund; account:8515197	"	140,370	140,370
	Federated Gov't Obligations Fund; account:8520477	"	1,014,698	1,014,698
	Dodge & Cox Stock Fund	"	20,383,210	34,012,770
	Vanguard Total International Stock Index Fund	"	25,000,000	26,528,220
	Vanguard Total Stock Market Index Fund	"	67,081,923	98,360,275
	John Hancock Diversified Marco Fund	"	6,402,346	6,121,807
	Total mutual funds		123,859,364	170,014,957
	Marathon-London Global Ex US Collective Investment Fund	Common collective trust	35,226,264	39,030,502
	Total common collective trusts		35,226,264	39,030,502
	Marathon Healthcare Finance (Europe) Fund	Commingled fund	1,839,866	1,978,289
	Greenhouse Long Only Fund	"	7,500,000	9,860,142
	Silver Point Capital Offshore Fund	"	10,000,000	10,484,847
	US Research Equity Extended Fund	"	24,000,000	32,817,158
	UBS Trumbull Proprietary Fund	"	3,415,552	3,640,058
	Cross Creek Capital II, L.P.	"	571,452	1,347,611
	Crown Secondaries Special Opportunities II	"	1,692,122	3,159,106
	ISQ Global Infrastructure Fund III, L.P.	"	1,713,938	2,082,785
	Arrowmark Global Opportunity Fund II	"	1,652,334	1,667,868
	Total commingled funds		52,385,264	67,037,864
	Total investments on the statement of net assets available for benefits		<u>\$ 352,696,192</u>	<u>\$ 408,242,036</u>

* Denotes party-in-interest to the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expected investment return on assets increased from 6.18% to 7.33%.
- Expense normal cost was increased from \$225,000 to \$570,000 to reflect our expectations for the current year.