

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) _____ ☐ 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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1972
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) MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001
2b	Employer Identification Number (EIN) 02-0222140
2c	Plan Sponsor's telephone number 603-650-5000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	WENDY E. FIELDING
	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	3881
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)	1373
	6a(2)	1263
	6b	1705
	6c	780
	6d	3748
	6e	109
	6f	3857
	6g(1)	
	6g(2)	
6h	0	
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 3H 1I

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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARY HITCHCOCK MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 02-0222140
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	622667750	
b	Actuarial value	2b	684934525	
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	1798	628083552	628083552
b	For terminated vested participants	885	55209967	55209967
c	For active participants	1481	176391846	178689936
d	Total	4164	859685365	861983455
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	5.08 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	3750000	
c	Target normal cost	6c	3750000	

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 LORI WOLFERSBERGER Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 1900 MARKET STREET FLOOR 8 PHILADELPHIA, PA 19103 Address of the firm	09/18/2025 Date 23-07341 Most recent enrollment number 215-246-6000 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	57297539
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27375000
9 Amount remaining (line 7 minus line 8)	0	29922539
10 Interest on line 9 using prior year's actual return of <u>10.19</u> %	0	3049107
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>5.22</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	32971646

Part III Funding Percentages

14 Funding target attainment percentage	14	75.63 %
15 Adjusted funding target attainment percentage	15	75.63 %
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	72.95 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	7000000	0			
07/12/2024	7000000	0			
10/10/2024	8000000	0			
01/14/2025	7500000	0			
Totals ►			18(b)	29500000	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	28544989

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	3750000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	210020576	22365659	
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	26115659	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	26115659	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	28544989	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2429330	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARY HITCHCOCK MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 02-0222140	

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	
ARENA CAPITAL ADVISORS, LLC	12121 WILSHIRE BLVD. STE 1010 LOS ANGELES, CA 90025
46-4305266	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE & COX	555 CALIFORNIA ST., 40TH FLOOR SAN FRANCISCO, CA 94104
94-1441976	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GLOBAL ALPHA CAPITAL MANAGEMENT	
98-1484036	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GLOBAL ALPHA CAPITAL MANAGEMENT	1800 MCGILL COLLEGE AVENUE SUITE 1300 MONTREAL, CANADA H3A 3J6 CN
98-1484036	

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

INDEPENDENT FRANCHISE PARTNERS

10 PORTMAN SQUARE
LONDON, UNITED KINGDOM W1H 6AZ EG

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

PANTHEON VENTURES INC.

555 CALIFORNIA STREET
SUITE 3450
SAN FRANCISCO, CA 94104

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

PIMCO

650 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

33-0629048

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

THE VANGUARD GROUP, INC.

100 VANGUARD BLVD
MALVERN, PA 19355

23-1945930

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

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

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

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

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

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

WELLINGTON

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	463670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(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 24 28 50 51	NONE	331503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	289904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	271654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19	NONE	199351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL TRUST COMPANY (BARON)

26-3761443

(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 21	NONE	119177	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

WILLIAM BLAIR

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	72893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COHO PARTNERS LTD

23-3004662

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	23656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET GLOBAL ADVISORS

04-1486744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	15023	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MARY HITCHCOCK MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 02-0222140
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: BARON EMERGING MARKETS COL FBCS		
b Name of sponsor of entity listed in (a): BARON COLLECTIVE INV TRUST		
c EIN-PN 30-6492561-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20319274
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FD VAR RT		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11396571
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALPHA INTERNATIONAL SMALL CAP		
b Name of sponsor of entity listed in (a): GLOBAL ALPHA CAPITAL MGMT LTD		
c EIN-PN 30-0958532-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11829129
a Name of MTIA, CCT, PSA, or 103-12 IE: INSTITUTIONAL RET TRUST SERIES TEN		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6251411-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22101448
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY GROUP TRUST		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC		
c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7096363
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD EMERGING MARKETS TOTAL DEBT		
b Name of sponsor of entity listed in (a): LAZARD EMERGING MARKETS TOTAL DEBT		
c EIN-PN 27-4311229-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION ALPHACREDIT PLUS BOND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 27-0766892-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60640007
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT MULTISECTOR FULL DISCRETION TR		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20541479
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EAFE 100% US HEDGED		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-455	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9498029
a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY U.S. 5 YEAR KEY RATE DURAT		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO. NA		
c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27775339
a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 10 YEAR KEY RATE DURATI		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO. NA		
c EIN-PN 47-4226866-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17336357
a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15 YEAR KEY RATE DURATI		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO. NA		
c EIN-PN 45-3856099-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14175460
a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 20 YEAR KEY RATE DURATI		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO. NA		
c EIN-PN 45-3850189-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7166259
a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 25 YEAR KEY RATE DURATI		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST CO. NA		
c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11250548
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF SMALL CAP 2000 PORTFOLIO		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST CO., NA		
c EIN-PN 04-2767481-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20970797
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR EMERGING MARKETS SMAL		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 27-6331814-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6516625
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P(R) 500 EQ WTED INDEX NL CTF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 27-6991931-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10896030

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDX NL FUND (FD12)**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS**c** EIN-PN 04-0025081-182**d** Entity
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

8513345

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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARY HITCHCOCK MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 02-0222140

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	2021874	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	7500000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	61884	201446
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18366427	0
(5) Partnership/joint venture interests	1c(5)	130856079	136850112
(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)	283165719	269100128
(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)	18555668	18925492
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	172655612	176516475
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	625683263	609093653
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	625683263	609093653

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)	29500000	
(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)		29500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1336	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1336
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	17597	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6088692	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6106289
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	32802698	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31294361	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1508337
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16818789	
(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)		-12428289
(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)		419642
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4272172
c Other income	2c		32671
d Total income. Add all income amounts in column (b) and enter total	2d		46230947

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58175775	
(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)		58175775
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)	120000	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	813744	
(6) Bank or trust company trustee/custodial fees	2i(6)	199351	
(7) Actuarial fees	2i(7)	457341	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3054346	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4644782
j Total expenses. Add all expense amounts in column (b) and enter total	2j		62820557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-16589610
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?	☒		3000000
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 549098.

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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARY HITCHCOCK MEMORIAL HOSPITAL				D Employer Identification Number (EIN) 02-0222140	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5550651					
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	14
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: 3.0 % Private Equity: 47.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 43.0 %

High-Yield Debt: 5.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Pension Plan for Employees of Dartmouth-Hitchcock

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Table of Contents

	Page(s)
Independent Auditor's Report	1 - 4
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 16
Supplemental Schedules	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4(j) – Schedule of Reportable Transactions	18
 Note: Certain supplemental schedules specified by the Employee Retirement Income Security Act of 1974 (ERISA) are not applicable and have been omitted.	



Independent Auditor's Report

To the Plan Administrator of the Pension Plan for Employees of Dartmouth-Hitchcock:

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

We have performed audits of the financial statements of the Pension Plan for Employees of Dartmouth-Hitchcock ("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 10 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 & Blazer, PLLC

Kingston, NH
October 13, 2025

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Cash	\$ —	\$ 2,021,874
Investments, at fair value (note 7):		
Corporate Stock - Common	—	18,366,427
Partnership/Joint Venture Interest and Limited Liability Corporations	136,850,112	130,856,079
Common/Collective Trusts	288,025,620	301,721,387
Registered Investment Companies	<u>176,516,475</u>	<u>172,655,612</u>
Total investments	601,392,207	623,599,505
Employer contributions receivable	7,500,000	—
Interest, dividends and proceeds receivable	<u>201,446</u>	<u>61,884</u>
Total receivables	<u>7,701,446</u>	<u>61,884</u>
Net assets available for benefits	<u>\$ 609,093,653</u>	<u>\$ 625,683,263</u>

See accompanying notes to financial statements.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Contributions (note 5)	\$ 29,500,000	\$ —
Dividend and interest income	8,759,102	8,427,872
Net appreciation in fair value of other investments	<u>7,971,845</u>	<u>56,054,879</u>
Total additions	46,230,947	64,482,751
Deductions to net assets attributed to:		
Benefits paid to participants	58,175,775	55,643,747
Administrative expenses (note 2)	<u>4,644,782</u>	<u>4,614,509</u>
Total deductions	<u>62,820,557</u>	<u>60,258,256</u>
Net (decrease) increase	(16,589,610)	4,224,495
Net assets available for benefits:		
Beginning of year	<u>625,683,263</u>	<u>621,458,768</u>
End of year	<u><u>\$ 609,093,653</u></u>	<u><u>\$ 625,683,263</u></u>

See accompanying notes to financial statements.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of Plan

The following brief description of the Pension Plan for Employees of Dartmouth-Hitchcock (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

(a) General

The Plan is a defined benefit pension plan covering certain employees of Mary Hitchcock Memorial Hospital (the Hospital or the Plan Sponsor) and Dartmouth-Hitchcock Clinic (the Clinic or the Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

(b) Eligibility

Mary Hitchcock Memorial Hospital ("MHMH") and Dartmouth-Hitchcock Clinic ("DHC"), (the Plan Sponsors) allows certain employees to participate in the defined benefit pension plan which was frozen to new entrants effective February 9, 2006. Employees who received an offer of employment on or after February 9, 2006 are not eligible to participate in or accrue benefits under the defined benefit pension plans. Employees who were employed on or before February 9, 2006 and who were participants in the defined benefit plans were offered an irrevocable choice to participate in the employer-sponsored 401(a) plan and receive transition contributions in return for waiving the right to further benefits under the defined benefit plan.

(c) Pension Benefits

Pension benefits vary by employer. Employees entitled to benefits may elect to receive the value of their benefits through various annuity forms, including a joint and survivor annuity. If employed by the Hospital the following provisions apply: employees with five or more years of vesting service are entitled to annual pension benefits beginning at early or normal retirement age 65. Retirement benefits are based on the average of the participants' highest five years paid out of the last ten full calendar years of employment. The Plan permits early retirement at ages 55 – 64, with five or more years of vesting service. If employees terminate before rendering five years of service, they forfeit their right to receive benefit payments under the Plan.

If employed by the Clinic the following provisions apply: the Plan provides for retirement benefits, to be paid to participants who have attained age 65, based on the monthly average of the participants' highest consecutive sixty months of compensation. Benefits under the Plan vest at the completion of five years of service, as defined, or the attainment of age 65. The Plan permits early retirement benefits for eligible participants under certain circumstances, as described in the Plan, provided that participants are at least age 55.

The plan was frozen to future benefit accruals for all participants effective January 31, 2017.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(d) *Death and Disability Benefits*

Death and Disability benefits vary by employer. If employed by the Hospital the following provisions apply: if an active employee dies after completing five years of vesting service, the surviving spouse becomes eligible to receive benefits, the amount of which is determined by the enrollee's benefit service and pay at the time of death. In the case of the death of former employees of the Hospital who have completed five years of vesting service, the surviving spouse is eligible to receive a monthly benefit equal to the benefit that would have been received under the spouse's annuity had the former employee reached the age of 55.

Active employees who become totally and permanently disabled are eligible for disability benefits equal to their accrued benefit computed up until the time of their termination from employment due to their disability.

If employed by the Clinic the following provisions apply: a vested participant who dies before their annuity start date and who has a surviving spouse shall have the death benefit paid to the surviving spouse in the form of a pre-retirement survivor annuity. The amount of the annuity would be a percentage of the participant's retirement benefit based on the age difference between the participant and surviving spouse, as contained in Plan provisions. A participant who incurs a total disability and is eligible to retire, shall be entitled to a monthly amount based on average compensation and years of benefit service, payable as a single life annuity, or in the case of a married participant a qualified joint survivor annuity.

(2) *Summary of Accounting Policies*

The following are the significant accounting policies followed by the Plan:

(a) *Accounting Method*

The accounting records of the Plan are maintained on the accrual basis.

(b) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes thereon, disclosure of contingencies, and the actuarial present value of accumulated plan benefits, at the date of the financial statements. Actual results could differ from those estimates.

(c) *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 7 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.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(d) *Actuarial Methods and Assumptions of Accumulated Plan Benefits*

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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 the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Contributions to the Plan are based on periodic actuarial valuations and are sufficient to meet the minimum funding requirement of ERISA.

(e) *Payment of Benefits*

Benefits are recorded when paid.

(f) *Administrative Expenses*

The Plan pays for administrative expenses associated with the processing of retiree benefits, PBGC premiums and investment management fees. All other administrative expenses of the Plan, including actuarial and accounting expenses, are paid by the Plan Sponsor. Total administrative expenses paid by the Plan in 2024 and 2023 were \$4,644,782 and \$4,614,509, respectively, and are included in Administrative Expenses in the Statements of Changes in Net Assets Available for Benefits.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(3) Actuarial Methods, Assumptions and Present Value of Accumulated Plan Benefits

The following is a summary of the accumulated plan benefit information at December 31, 2023, the date of the most recent actuarial valuation:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Retired-in receipt of benefits	\$ 539,734,675
Other vested benefits	<u>180,267,557</u>
	720,002,232

Nonvested benefits	<u>2,261,323</u>
--------------------	------------------

Total actuarial present value of accumulated plan benefits	<u><u>\$ 722,263,555</u></u>
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The information regarding the changes in accumulated plan benefits during the year ended on the most recent valuation date is as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 713,449,553
Increase (decrease) during the year attributable to:	
Actuarial (gains) losses	7,476,099
Decrease in the discount period	49,708,007
Assumption changes	7,273,643
Benefits paid	<u>(55,643,747)</u>
Net increase	<u>8,814,002</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 722,263,555</u></u>

The significant actuarial methods and assumptions used in the actuarial valuation as of December 31, 2023 are as follows:

Discount rate	7.25%
Mortality basis	The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and nonannuitants. The Pri-2012 Mortality Tables for males and females was used.
Retirement age	Based on a range of probabilities from 2% at age 55 to 100% at age 70

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

These 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. Changes in assumptions include changes in segment rates and changes in Internal Revenue Service's mortality tables. 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, there would be no material difference.

(4) Related-Parties and Parties In Interest

The Bank of New York Mellon/BNY Mellon, N.A is the trustee and a custodian of the Plan. Fees for certain administrative services rendered during 2024 and 2023 by parties in interest were paid by the Plan. These fees were based on customary and reasonable rates for such services.

(5) Funding Policy

The Hospital and the Clinic have contributed such amounts as are necessary to establish assets sufficient to provide the benefits to be paid to plan participants. The Hospital made contributions of \$29,500,000 and \$0 for the plan years ended December 31, 2024 and 2023, respectively.

(6) Plan Termination

The Hospital and the Clinic intend to continue the Plan indefinitely, until all participants receive eligible benefits; however, the Plan is voluntary on the part of the Hospital and the Clinic and they reserve the right to amend or terminate the Plan. Under ERISA, the Pension Benefit Guaranty Corporation (PBGC) was established to insure, among other things, certain pension benefits in the case of plan termination. If the Plan were to be terminated, participants would have a 100% vested right to their accrued benefit as of the date of termination.

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 survivors' 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. For plan termination occurring during 2024 that ceiling, which is adjusted periodically, is \$7,108 per month. That ceiling applies to those pensioners who elect to receive their benefit 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 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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(7) Fair Value Measurements

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

- *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 following is a description of the valuation methodologies used by the Plan for its assets and liabilities measured at fair value on a recurring basis:

Corporate stock – common: Valued as the closing price reported on the active market on which the individual securities are traded.

Registered investment companies: 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 U.S. Securities and Exchange Commission. 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.

Common/Collective trusts: Valued at the net asset value of units of the common 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.

Partnership/Joint venture interest and limited liability corporations: Valued at the net asset value per share or unit or ownership in partners' capital 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.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

Also, because NAV as a practical expedient is used to estimate fair value, the level in the fair value hierarchy in which each fund's fair value measurement is classified is based primarily on the Plan's ability to redeem its interest in the fund at or near the date of the statement of net assets available for benefits. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments or a reflection on the liquidity of each fund's underlying assets and liabilities.

The following tables set forth the Plan's investments that were accounted for at fair value as of December 31, 2024 and 2023. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement:

<u>Description</u>	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered Investment Companies	\$ 176,516,475	\$ -	\$ -	\$ 176,516,475
Investments measured at net asset value(1):				
Common/Collective Trusts				288,025,620
Partnership/Joint Venture Interest and Limited Liability Corporations				136,850,112
Total investments at net asset value				424,875,732
Investments at fair value:				<u>\$ 601,392,207</u>

<u>Description</u>	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Corporate Stock - Common	\$ 18,366,427	\$ -	\$ -	\$ 18,366,427
Registered Investment Companies	172,655,612	-	-	172,655,612
Total investments in the fair value hierarchy	<u>\$ 191,022,039</u>	<u>\$ -</u>	<u>\$ -</u>	191,022,039
Investments measured at net asset value(1):				
Common/Collective Trusts				301,721,387
Partnership/Joint Venture Interest and Limited Liability Corporations				130,856,079
Total investments at net asset value				432,577,466
Investments at fair value:				<u>\$ 623,599,505</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.

PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK

Notes to Financial Statements

December 31, 2024 and 2023

Redemptions of the common collective trusts held by the Plan are allowed daily for all the common collective trusts, except the Hardman Johnston International Growth Fund, MSCI EAFE Index Fund, and S&P 500 Equal Weighted Index Fund, which allows for monthly redemptions. The Baron Emerging Markets Collective Investment Fund may delay the redemption for up to 30 days. The Baron Emerging Markets Collective Investment Fund and William Blair Emerging Small Cap Growth Collective Investment Fund require a 10 day written notice for redemptions. The Global Alpha International Small Cap Fund, GQG Partners Global Equity Collective Investment Fund, and SSGA MSCI EAFE 100% US Hedged fund require a 15 day written notice for redemptions. The Barclays Global Investors Long Duration Alpha Credit Plus Fund requires a two day written notice for redemptions. All other common collective trusts require a 30 day written notice. There are no unfunded commitments.

The Nut Tree Offshore Fund LTD is valued daily and allows for quarterly redemptions with 75 days written notice. The 400 Capital Credit Opportunities Fund LTD is valued monthly and allows for monthly redemptions with 60 days written notice. The HG Vora Special Opportunities Fund LTD is valued daily and allows for quarterly redemptions with 90 days written notice. The SQN Investors Fund is valued daily and allows for quarterly redemptions with 60 days written notice. The Independent Franchise Partners Global Equity LP is valued daily and allows for daily redemptions with 30 days written notice. The RTW Offshore Fund One LTD is valued daily and allows for daily redemptions with 60 days written notice. The RTW Offshore Fund One LTD Class C is valued daily and allows for daily redemptions. The Graham Global Investment Fund II SPC LTD is valued monthly and allows for monthly redemptions with 30 days written notice. The SEG Partners Offshore LTD Class C1 is valued daily and allows for quarterly redemptions with 60 days written notice. The Arena Short Duration High Yield Fund L.P. Series E is valued daily and allows for monthly redemptions with 30 days written notice.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity (“DFE”). The following table discloses investment strategies for such investments:

	<u>2024</u>	<u>2023</u>
Investments measured		
at net asset value (non-DFE's):		
Partnership/joint venture interest		
Domestic & international securities (a)	\$ 136,850,112	\$ 130,855,037
Private equity funds (b)	—	1,042
Total partnership/joint venture interests	<u>\$ 136,850,112</u>	<u>\$ 130,856,079</u>

- (a) Domestic & international securities using NAV as a practical expedient are comprised of a diversified portfolio of foreign & domestic sovereign bonds which are designed to appreciate in value over a long-term investment horizon and add diversification to the overall invested assets of the Plan.
- (b) Private equity funds using NAV as a practical expedient are comprised of a diversified portfolio of private market investments where the Plan Sponsor has agreed to commit a certain level of capital over time which will be paid back as the underlying private market investments are sold. The portfolio is

PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK

Notes to Financial Statements

December 31, 2024 and 2023

designed to appreciate in value over a long-term investment horizon and add diversification to the overall invested assets of the Plan. Private equity investments typically represent noncontrolling limited partnership shares in investment funds where the controlling general partner serves as the investment manager. Limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Plan to hold these private equity investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire.

Under the terms of certain agreements, the Plan has committed to contribute a specified level of capital over a defined period of time. Under the terms of certain private equity and hedge funds agreements, the Plan is obligated to remit additional funding periodically as capital or liquidity calls are exercised by the manager. The Plan has outstanding commitments to private equity of \$0 at December 31, 2024 and 2023.

(8) Tax Status

The IRS issued its latest determination letter on April 28, 2017. This letter stated that the Plan qualifies under Section 401(a) of the Internal Revenue Code ("IRC") and is, therefore, not subject to tax under the present income tax law. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and was tax-exempt as of the financial statement date.

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 ("Internal Revenue Service"). The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits as of December 31, 2024 and 2023.

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

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**

Notes to Financial Statements

December 31, 2024 and 2023

(10) Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan.

The following financial information related to investments held by The Bank of New York Mellon/BNY Mellon, N.A is included in the accompanying financial statements based on information provided by the trustee and certified as complete and accurate:

Statements of Net Assets Available for Benefits - December 31:

	2024	2023
Corporate Stock - Common	\$ -	\$ 18,366,427
Common/Collective Trusts	288,025,620	301,721,387
Registered Investment Companies	176,516,475	172,655,612

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

	2024	2023
Net appreciation (depreciation) in fair value of investments	\$ (14,604,371)	\$ 52,349,780
Dividend and interest income	8,759,102	8,427,872

Information regarding Partnership/Joint venture interest and limited liability corporations including the values appearing on the statements of net assets available for benefits, income on the statements of changes in net assets available for benefits and values appearing on Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 is not covered by these certifications.

(11) Subsequent Events

The Plan considers events or transactions that occur after the date of the statement of net assets available for benefits, but before the financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure. These financial statements were issued on October 13, 2025, and subsequent events have been evaluated through that date.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024
EIN: 02-0222140
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
			Par/shares		
Partnership/Joint Venture Interest					
*	400 CAPITAL CREDIT OPPORTUNITIES FUND LTD		**	\$ 16,458,169	\$ 20,035,761
*	SQN INVESTORS MASTER FUND LP		**	694,668	487,781
*	RTW OFFSHORE FUND ONE LTD		**	505,026	455,906
*	NUT TREE OFFSHORE FUND LTD		**	13,862,139	16,341,073
*	GRAHAM GLOBAL INVESTMENT FUND I I SPC LTD		**	13,695,890	15,505,236
*	SEG PARTNERS OFFSHORE LTD-CLASS C1- ELIGIBLE-S4		**	9,000,000	8,912,290
*	SEG PARTNERS OFFSHORE LTD-CLASS C1- ELIGIBLE-S1		**	9,000,000	14,842,104
*	INDEPENDENT FRANCHISE PARTNERS GLOBAL EQUITY LP		**	19,479,022	25,008,570
*	ARENA SHORT DURATION HIGH YIELD FUND L . P . - SERIES E		**	30,000,000	35,261,391
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST				112,694,914	136,850,112
Common/Collective Trust					
	TREASURY U.S. 25+ YEAR KEY RATE DURATION FUND	2,865,216		21,176,363	11,250,548
	TREASURY U.S. 20 YEAR KEY RATE DURATION FUND	2,002,116		14,928,492	7,166,259
	TREASURY U.S. 15 YEAR KEY RATE DURATION FUND	4,078,486		25,212,720	14,175,460
	BARCLAYS GLOBAL INVESTORS LONG DURATION ALPHA CREDIT PLUS	3,007,318		34,460,410	60,640,007
*	D-H PENSION TRST	792,847		8,366,223	20,970,797
	TREASURY U.S. 10 YEAR KEY RATE DURATION NON-LENDABLE FUND A	3,803,231		27,726,471	17,336,357
	BARON EMERG MKTS COL FBCS	1,289,785		12,897,851	20,319,274
	NHIT MULTISECTOR FULL DISCRETION TRUST	775,150		16,700,987	20,541,479
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND LP	11,829,129		14,500,000	11,829,129
	GQG PARTNERS GLOBAL EQUITY CIT CL D	998,259		14,874,055	22,101,448
	SSGA MSCI EAFE 100% US HEDGED	426,418		6,772,793	9,498,029
	WILLIAM BLAIR EMERGING MARKETS SMALL CAP GROWTH	282,518		6,145,594	6,516,625
	HARDMAN JOHNSTON INTERNATIONAL GROWTH	167,476		7,620,345	7,096,363
	TREASURY US 5 YEAR KEY RATE DUR NL FD A	4,068,961		31,543,154	27,775,339
	MSCI EAFE INDEX NL FUND	62,640		8,999,620	8,513,345
	S&P 500 EQUAL WEIGHTED INDEX NL CTF	59,335		9,497,403	10,896,030
	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	11,095,753		11,095,753	11,095,753
	EB TEMP INV FD VAR RT 12/31/49 FEE CL 09	300,818		300,818	300,818
*	MONEY MARKET FUND FOR EBT	2,560		2,560	2,560
TOTAL COMMON/COLLECTIVE TRUSTS				272,821,612	288,025,620
Registered Investment Companies					
	DODGE & COX STOCK I FUND			18,788,886	19,785,518
	PIMCO LONG-TERM CREDIT BOND INS FUND			90,494,038	65,241,707
	VANGUARD INST INDEX-INST FUND			23,203,006	46,873,858
	VANGUARD L/T TRSRY INDX-INST FUND			56,898,750	41,272,796
	VANGUARD I/T TRSRY INDX-ADM FUND			3,466,142	3,342,596
TOTAL REGISTERED INVESTMENT COMPANIES				192,850,822	176,516,475
Total investments				\$ 578,367,348	\$ 601,392,207

* Signifies a party-in-interest to the Plan.

** The Plan holds an ownership interest rather than shares or units.

**PENSION PLAN FOR EMPLOYEES OF
DARTMOUTH-HITCHCOCK**
Schedule H, Line 4j – Schedule of Reportable Transactions
For the year ended December 31, 2024
EIN: 02-0222140
Plan Number: 001

(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)
Series of Transactions:						
EB TEMPORARY INVESTMENT FD II	Common/Collective Trust	\$ 135,917,504	\$ 136,128,927	\$ 136,128,927	\$ 272,046,431	\$ -
BNY MELLON CASH RESERVE	Mutual Fund	20,565,246	20,565,246	20,565,246	41,130,492	-



SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	2	6	0	8	0	0	0	0	0	0	16
	-	-	-	-	-	-	-	-	-	-	-
40-44	3	55	18	15	3	1	0	0	0	0	95
	-	1,498	-	-	-	-	-	-	-	-	3,260
45-49	11	79	39	21	25	2	0	0	0	0	177
	-	1,828	4,927	7,418	11,909	-	-	-	-	-	4,686
50-54	15	102	71	44	27	19	7	0	0	0	285
	-	3,415	6,261	17,104	16,530	-	-	-	-	-	8,824
55-59	9	81	77	58	57	23	32	12	0	0	349
	-	3,723	10,255	13,365	23,203	31,344	26,059	-	-	-	14,502
60-64	7	96	72	46	53	43	48	16	3	0	384
	-	3,338	11,455	23,602	16,546	42,489	28,309	-	-	-	17,921
65-69	7	34	26	18	20	18	20	6	1	2	152
	-	3,078	7,435	-	27,786	-	53,085	-	-	-	22,789
70 & over	0	6	4	2	2	3	3	2	1	0	23
	-	-	-	-	-	-	-	-	-	-	24,809
Total	54	459	307	212	187	109	110	36	5	2	1,481
	528	2,873	8,274	15,249	18,990	38,227	32,414	31,792	-	-	13,292

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

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.08%	4.42%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

Compensation	N/A
Social Security wage base	N/A
Statutory limits on compensation and benefits	N/A

Demographic and Other Assumptions

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

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

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement dates:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Dartmouth Health Clinic employees are assumed to commence upon the later of age 65 or termination age
Mary Hitchcock Memorial Hospital employees are assumed to commence upon becoming totally and permanently disabled
- Retirement benefit Upon termination of employment after age 55 and 5 years of vesting service

Form of payment

50% are assumed to elect a life annuity
25% are assumed to elect a 50% joint and survivor benefit
25% are assumed to elect a 100% joint and survivor benefit

Percent married

100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits.

Spouse age

Wife 3 years younger than husband.

Demographic Assumptions

Mortality:

- Healthy Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- Disabled For Dartmouth Health Clinic employees, same as healthy mortality.
For Mary Hitchcock Memorial Hospital employees, the alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability rates

None for Dartmouth Health Clinic employees; For Mary Hitchcock Memorial Hospital employees the following disability rates are used:

Annual probabilities of disability as follows:

Age	Rate
40	0.1%
45	0.1%
50	0.2%
55	0.4%
60	0.7%

Termination (not due to disability or retirement) rates

For Dartmouth Health Clinic physicians, the rates at which participants are assumed to leave Dartmouth Health by age and gender are shown below:

Percentage assumed to leave during the year

Attained Age	Males	Females
20	9.9%	9.9%
25	9.7	9.7
30	9.3	9.3
35	8.7	8.7
40	7.8	7.8
45	6.4	6.4
50	4.2	4.2
55	2.8	2.8
60	0.1	0.1
Over 60	0.0	0.0

For Mary Hitchcock Memorial Hospital employees and Dartmouth Health Clinic staff, the rates at which participants are assumed to leave Dartmouth Health by age and gender are shown below:

Percentage assumed to leave during the year

Attained Age	Males	Females
20	18.0%	18.0%
25	18.0	18.0
30	18.0	18.0
35	15.0	15.0
40	12.0	12.0
45	8.1	8.1
50	5.0	5.0
55	5.0	5.0
60	3.0	3.0
Over 60	0.0	0.0

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age and gender are shown below.

Percentage assumed to retire during the year		
Age	Males	Females
55 -59	5%	5%
60-61	7.5	7.5
62-63	10	10
64-67	25	25
68-69	30	30
70 and Over	100	100

Administrative expenses

\$3,750,000 based on expected PBGC premiums and trust payable administrative expenses during 2024.

Cash flow:

- Timing of benefit payments Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date

First day of plan year

Funding target

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

Target normal cost

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

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Dartmouth-Hitchcock and, based on that review, is not aware of any significant benefits required to be valued that were not. The plan pays small benefits (with a present value up to \$7,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Data Sources

Dartmouth-Hitchcock furnished participant data as of January 1, 2024 through WTW's Benefit Connect administration system. Supplemental data files for participating employees, as well as information on assets, contributions and plan provisions were all supplied by the plan sponsor. Check registers were supplied by the paying agents.

Data were reviewed for reasonableness and consistency, but no audit was performed. Based on our review and subsequent discussions with the plan sponsor, a small number of refinements were made to the data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on plan experience and future expectations with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on plan experience and future expectations with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Participants are assumed to elect life annuities based on the forms of payments elected by retirees in the Plan.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 reflecting the interest rate corridors of ARPA.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed administrative expenses were changed from \$3,500,000 for 2023 to \$3,750,000 for 2024.
- A recent experience study together with the past two years of additional experience was reviewed, and, as a result, the retirement rates assumption was updated to better reflect anticipated future experience. This assumption increased the minimum funding requirement and the funding shortfall.

Change in methods since prior valuation

None.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

Plan Name	Pension Plan for Employees of Dartmouth-Hitchcock
Plan Sponsor EIN	02-0222140
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

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 PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARY HITCHCOCK MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 02-0222140
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	622,667,750
b Actuarial value		2b	684,934,525
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,798	628,083,552	628,083,552
b For terminated vested participants	885	55,209,967	55,209,967
c For active participants	1,481	176,391,846	178,689,936
d Total	4,164	859,685,365	861,983,455
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		5.08%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		3,750,000
c Target normal cost	6c		3,750,000

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	Lori Wolfersberger Signature of actuary	09/18/2025 Date
Lori Wolfersberger Type or print name of actuary		2307341 Most recent enrollment number
Willis Towers Watson US LLC Firm name		215-246-6000 Telephone number (including area code)
1900 Market Street Floor 8 Philadelphia PA 19103 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)	0	57,297,539
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	27,375,000
9 Amount remaining (line 7 minus line 8)	0	29,922,539
10 Interest on line 9 using prior year's actual return of <u>10.19</u> %	0	3,049,107
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>5.22</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	32,971,646

Part III Funding Percentages

14 Funding target attainment percentage	14	75.63 %
15 Adjusted funding target attainment percentage	15	75.63 %
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	72.95 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2024	7,000,000	0			
07/12/2024	7,000,000	0			
10/10/2024	8,000,000	0			
01/14/2025	7,500,000	0			
Totals ►			18(b)	29,500,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28,544,989

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	63
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	3,750,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	210,020,576	22,365,659
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 26,115,659
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement		0
36	Additional cash requirement (line 34 minus line 35).....		36 26,115,659
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 28,544,989
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	2,429,330
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Mary Hitchcock Memorial Hospital
EIN/PN	02-0222140 / 001
Plan Name	Pension Plan for Employees of Dartmouth-Hitchcock
Valuation Date	January 1, 2024
Enrolled Actuary	Lori Wolfersberger
Enrollment Number	23-07341

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 8
Late Election to Apply Balances to Quarterly Installments
as of January 1, 2024

An election was made to use the funding standard carryover balance and/or prefunding balance to offset the amount of a required quarterly installment, but the election was made after the due date of the installment and therefore line 8 does not match line 35 of the prior year Schedule SB. Line 8 equals \$27,375,000 and the prior year line 35 equals \$27,311,199 for a difference of \$63,801 as detailed below:

Installment Due Date	Election Date	Election Amount	Additional Interest Discount
March 15, 2023	March 14, 2023	\$2,625,000	\$0
July 15, 2023	July 13, 2023	\$2,625,000	\$0
October 15, 2023	September 12, 2023	\$2,625,000	\$0
January 15, 2024	September 10, 2024	\$2,561,199	\$63,801
September 15, 2024	September 10, 2024	\$16,875,000	\$0
Total		\$27,311,199	\$63,801

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.050	1,000,000	1.000000	0.050000	2.750000
56	0.050	950,000	0.950000	0.047500	2.660000
57	0.050	902,500	0.902500	0.045125	2.572125
58	0.050	857,375	0.857375	0.042869	2.486388
59	0.050	814,506	0.814506	0.040725	2.402793
60	0.075	773,781	0.773781	0.058034	3.482014
61	0.075	715,747	0.715747	0.053681	3.274544
62	0.100	662,066	0.662066	0.066207	4.104811
63	0.100	595,860	0.595860	0.059586	3.753916
64	0.250	536,274	0.536274	0.134068	8.580379
65	0.250	402,205	0.402205	0.100551	6.535836
66	0.250	301,654	0.301654	0.075413	4.977290
67	0.250	226,240	0.226240	0.056560	3.789528
68	0.300	169,680	0.169680	0.050904	3.461479
69	0.300	118,776	0.118776	0.035633	2.458668
70	1.000	83,143	0.083143	0.083143	5.820036

Average age at retirement 63.109809

Rounded for Schedule SB item 22 63 ==> SCHB_WARA

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.08%	4.42%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Annual rates of increase

Compensation	N/A
Social Security wage base	N/A
Statutory limits on compensation and benefits	N/A

Demographic and Other Assumptions

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

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

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement dates:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit The later of age 65 or termination of employment
- Disability benefit Dartmouth Health Clinic employees are assumed to commence upon the later of age 65 or termination age

Mary Hitchcock Memorial Hospital employees are assumed to commence upon becoming totally and permanently disabled
- Retirement benefit Upon termination of employment after age 55 and 5 years of vesting service

Form of payment

50% are assumed to elect a life annuity
25% are assumed to elect a 50% joint and survivor benefit
25% are assumed to elect a 100% joint and survivor benefit

Percent married

100% of males; 100% of females. Used to value pre-retirement surviving spouse benefits.

Spouse age

Wife 3 years younger than husband.

Demographic Assumptions

Mortality:

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

For Mary Hitchcock Memorial Hospital employees, the alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability rates

None for Dartmouth Health Clinic employees; For Mary Hitchcock Memorial Hospital employees the following disability rates are used:

Annual probabilities of disability as follows:

Age	Rate
40	0.1%
45	0.1%
50	0.2%
55	0.4%
60	0.7%

Termination (not due to disability or retirement) rates

For Dartmouth Health Clinic physicians, the rates at which participants are assumed to leave Dartmouth Health by age and gender are shown below:

Percentage assumed to leave during the year

Attained Age	Males	Females
20	9.9%	9.9%
25	9.7	9.7
30	9.3	9.3
35	8.7	8.7
40	7.8	7.8
45	6.4	6.4
50	4.2	4.2
55	2.8	2.8
60	0.1	0.1
Over 60	0.0	0.0

For Mary Hitchcock Memorial Hospital employees and Dartmouth Health Clinic staff, the rates at which participants are assumed to leave Dartmouth Health by age and gender are shown below:

Percentage assumed to leave during the year

Attained Age	Males	Females
20	18.0%	18.0%
25	18.0	18.0
30	18.0	18.0
35	15.0	15.0
40	12.0	12.0
45	8.1	8.1
50	5.0	5.0
55	5.0	5.0
60	3.0	3.0
Over 60	0.0	0.0

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age and gender are shown below.

Percentage assumed to retire during the year		
Age	Males	Females
55 -59	5%	5%
60-61	7.5	7.5
62-63	10	10
64-67	25	25
68-69	30	30
70 and Over	100	100

Administrative expenses

\$3,750,000 based on expected PBGC premiums and trust payable administrative expenses during 2024.

Cash flow:

- Timing of benefit payments Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.

Methods

Valuation date

First day of plan year

Funding target

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

Target normal cost

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

Actuarial value of assets

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EIN / PN: 02-0222140 / 001
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SCHEDULE SB ATTACHMENTS

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Benefits not valued

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Data Sources

Dartmouth-Hitchcock furnished participant data as of January 1, 2024 through WTW's Benefit Connect administration system. Supplemental data files for participating employees, as well as information on assets, contributions and plan provisions were all supplied by the plan sponsor. Check registers were supplied by the paying agents.

Data were reviewed for reasonableness and consistency, but no audit was performed. Based on our review and subsequent discussions with the plan sponsor, a small number of refinements were made to the data.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

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Form of payment	Participants are assumed to elect life annuities based on the forms of payments elected by retirees in the Plan.

Source of Prescribed Methods

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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2022 to September 2023 reflecting the interest rate corridors of ARPA.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed administrative expenses were changed from \$3,500,000 for 2023 to \$3,750,000 for 2024.
- A recent experience study together with the past two years of additional experience was reviewed, and, as a result, the retirement rates assumption was updated to better reflect anticipated future experience. This assumption increased the minimum funding requirement and the funding shortfall.

Change in methods since prior valuation

None.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed administrative expenses were changed from \$3,500,000 for 2023 to \$3,750,000 for 2024.
- A recent experience study together with the past two years of additional experience was reviewed, and, as a result, the retirement rates assumption was updated to better reflect anticipated future experience.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of principal plan provisions for employees covered by former Retirement Plan for Employees of Mary Hitchcock Memorial Hospital (MHHM)

Plan Provisions

Effective March 31, 2013, Dartmouth-Hitchcock announced a delayed freeze of plan benefit accruals effective December 31, 2017.

In December 2016, Dartmouth-Hitchcock announced an acceleration of the freeze of pension plan benefit accruals from December 31, 2017 to January 31, 2017, with a special advance pension accrual for eligible active employees effective January 31, 2017. The plan was most recently amended to enact the lump sum offer in 2020.

Covered employees	Completion of one year of eligibility service and attainment of age 21. Employees offered employment after February 9, 2006 are not eligible for the plan.
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Participation date	Date employee becomes covered.
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Definitions

Vesting service	Plan years with at least 1,000 hours of service.
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Pension service	Years of participation with at least 1,000 hours of service. For employees who chose to participate in the defined contribution plan during 2006 Retirement Choice Program, benefit service was frozen as of December 31, 2006. As of January 31, 2017, benefit service is frozen for all plan participants.
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Pensionable pay	Compensation includes salary, wages, bonuses, and overtime pay.
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Average earnings	Average annual compensation for the five full highest consecutive Plan Years out of the last ten full Plan Years of employment.
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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	Later of age 65 and 5 th anniversary of participation.
Early retirement date (ERD)	Either permanently disabled while an employee, or attainment of age 55 and completion of 5 years of vesting service.
Special early retirement date	Age 55 and completion of 20 years of vesting service, with age and years of service totaling 80 or more. Age 55 with age and years of vesting service total 85 or more for employees who chose to participate in the defined contribution plan during the 2006 Retirement Choice Program.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits. Pre-retirement death benefit for deferred vested participants are payable to surviving spouse only.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

New Formula: 1.1% of FAC(5) up to Covered Compensation, plus 1.7% of FAC(5) in excess of Covered Compensation for each year of benefit service up to 25 years **plus** 0.5% of FAC(5) for each year in excess of 25 years.

Grandfather Formula for those age 55 with 5 years of vesting service on 1/1/89, or age 50 and 20 years of vesting service on 1/1/89: 2.2% of FAC(5) less 0.75% of FAC(3) up to Covered Compensation, for each year of benefit service up to 25 years plus 0.5% of FAC(5), for each year in excess of 25 years.

Grandfather Benefit 1990 for those age 55 with 5 years of vesting service on 1/1/89, or age 50 and 20 years of vesting service on 1/1/89: 2.4% of FAC(5) as of 12/31/90 less 0.75% of FAC(3) as of 12/31/90 up to Covered Compensation as of 12/31/90, for each year of benefit service to 12/31/90 up to 25 years plus 0.5% of FAC(5) as of 12/31/90 less 0.25% of FAC(3) as of 12/31/90 up to Covered Compensation as of 12/31/90, for each year of benefit service to 12/31/90 in excess of 25 years.

Minimum Benefit: 2.0% of FAC(5) up to \$9,000 for each year of benefit service.

All benefit accruals have been frozen effective December 31, 2017.

Early retirement

Determined as for normal retirement, based on service and compensation to early retirement and covered compensation at early retirement, payable unreduced at age 65 or reduced by 1/15th per year for the first 5 years prior to age 65 and 1/30th per year thereafter.

Early retirement under "Rule of 80"

Accrued Benefit reduced 4% per year prior to age 60.

Early retirement under "Rule of 85"

Accrued Benefit unreduced prior to age 65

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement	Determined as for normal retirement, based on service and compensation to actual retirement date and covered compensation at actual retirement date, and payable on the first day of month coinciding with or next following actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date. Reduced by applicable early retirement reductions if commencement is prior the Normal Retirement date.
Preretirement death	In the event of the death of a participant after 5 years of service, the beneficiary will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the beneficiary is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members. Pre-retirement death benefit for deferred vested participant payable to surviving spouse only. For employees age 65 or older, and in the event of the death of a participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.
Disability benefit	Active participant who becomes totally and permanently disabled. Accrued Retirement Benefit at date of disablement payable monthly during the disabled participant's lifetime unless the participant's disability ceases prior to his or her 65th birthday.
Maximum benefit	The accrued benefit is subject to a maximum annual amount of \$200,000 (limit for 2012, adjusted thereafter for cost-of-living increases) at age 62. This benefit limit is decreased for retirement prior to age 62.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a social security level income option, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on a discount rate of 7% and the UP-1984 mortality table, with a three year setback for participants.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

As of 12/18/2023, the plan was amended to increase the small benefit cashout limit from \$5,000 to \$7,000. However, this did not increase the plan's funding target.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions for employees covered by former Retirement Plan for Employees of Dartmouth-Hitchcock Clinic (D-HC)

Plan Provisions

Effective March 31, 2013, Dartmouth-Hitchcock announced a delayed freeze of plan benefit accruals effective December 31, 2017.

In December 2016, Dartmouth-Hitchcock announced an acceleration of the freeze of pension plan benefit accruals from December 31, 2017 to January 31, 2017, with a special advance pension accrual for eligible active employees effective January 31, 2017. The plan was most recently amended to enact the lump sum offer in 2020.

Covered employees	Completion of one year of eligibility service and attainment of age 21. Employees offered employment after February 9, 2006 are not eligible for the plan.
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Participation date	Date an employee becomes covered.
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Definitions

Vesting service	Plan years with at least 1,000 hours of service.
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Pension service	Plan years with at least 2,080 hours of service plus a pro-rata portion of a year of service for each plan year in which a member leaves or re-enters the plan, or is a part-time employee and works over 500 hours. For employees who chose to participate in the defined contribution plan during the 2006 Retirement Choice Program, benefit service was frozen as of December 31, 2006. As of January 31, 2017, benefit service is frozen for all plan participants.
------------------------	--

Pensionable pay	Compensation includes salary, wages, bonuses, and overtime pay.
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Average earnings	Annualized compensation of a participant averaged over the 60 consecutive calendar months of employment as an employee before his normal retirement date which produces the highest average.
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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Early retirement date (ERD)	Either permanently disabled while an employee, or attainment of age 55 and completion of 5 years of vesting service.
Late retirement date (LRD)	Immediate retirement if over age 65.
Monthly pension benefit	Normal: For employees hired before January 1, 1998: (1) 1.75% of final average compensation up to covered compensation multiplied by years of benefit service not in excess of 25, plus (2) 2.30% of final average compensation in excess of covered compensation multiplied by years of benefit service not in excess of 25, plus (3) .50% of final average compensation multiplied by years of service in excess of 25. The benefit will not be less than any accrued benefit under a prior plan. Former participants in the Concord Clinic and Keene Clinic plans will receive the above benefit based on Dartmouth Health (DHC) service plus the past service benefit accrued under the Concord plan as of June 30, 1985 and the Keene plan as of November 30, 1993. Former Keene Clinic participants who attain five years of vesting service with DHC are eligible to receive a total service benefit under the DHC formula. For most former Keene participants, this benefit improvement is effective July 1, 1998. For Employees hired after December 31, 1997: (1) 1.10% of Final Average Compensation up to Covered Compensation multiplied by Years of Benefit Service up to 35 years, plus

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

(2) 1.60% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service up to 35 years, plus

(3) .50% of Final Average Compensation multiplied by Years of Benefit Service greater than 35 years.

All benefit accruals will be frozen effective December 31, 2017.

Monthly preretirement death benefit

In the event of the death of a married participant after 5 years of service, the surviving spouse will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the spouse is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members.

For employees age 65 or older, and in the event of the death of a married participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Determined as for normal retirement, based on service and compensation to early retirement and covered compensation at early retirement, payable unreduced at age 65 or reduced by 1/2% per month for the first 60 months prior to age 65 and 1/4% per month thereafter.
Early retirement under "Rule of 85"	Determined as for normal retirement based on service and compensation to early retirement, with adjustment to the 2.30% component of the benefit formula for those hired before January 1, 1998 as necessary. This feature is not available to employees hired after December 31, 1997.
Postponed retirement	Determined as for normal retirement, based on service and compensation to actual retirement date and covered compensation at actual retirement date, and payable on the first day of month coinciding with or next following actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date. Reduced by applicable early retirement reductions if commencement is prior the Normal Retirement date.
Disablement	Monthly pension continues to accrue until normal retirement date assuming continued hours worked and compensation received at the time of disablement.
Preretirement death	In the event of the death of a married participant after 5 years of service, the surviving spouse will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the spouse is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

For employees age 65 or older, and in the event of the death of a married participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a social security level income option, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on a discount rate of 6% and the UP-1984 mortality table.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
35-39	2	6	0	8	0	0	0	0	0	0	16
	-	-	-	-	-	-	-	-	-	-	-
40-44	3	55	18	15	3	1	0	0	0	0	95
	-	1,498	-	-	-	-	-	-	-	-	3,260
45-49	11	79	39	21	25	2	0	0	0	0	177
	-	1,828	4,927	7,418	11,909	-	-	-	-	-	4,686
50-54	15	102	71	44	27	19	7	0	0	0	285
	-	3,415	6,261	17,104	16,530	-	-	-	-	-	8,824
55-59	9	81	77	58	57	23	32	12	0	0	349
	-	3,723	10,255	13,365	23,203	31,344	26,059	-	-	-	14,502
60-64	7	96	72	46	53	43	48	16	3	0	384
	-	3,338	11,455	23,602	16,546	42,489	28,309	-	-	-	17,921
65-69	7	34	26	18	20	18	20	6	1	2	152
	-	3,078	7,435	-	27,786	-	53,085	-	-	-	22,789
70 & over	0	6	4	2	2	3	3	2	1	0	23
	-	-	-	-	-	-	-	-	-	-	24,809
Total	54	459	307	212	187	109	110	36	5	2	1,481
	528	2,873	8,274	15,249	18,990	38,227	32,414	31,792	-	-	13,292

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

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,617,018	593,525	56,608,093	58,818,636
2025	4,275,613	1,254,050	55,552,818	61,082,481
2026	6,163,017	1,550,336	54,488,633	62,201,986
2027	7,845,897	1,988,589	53,366,343	63,200,829
2028	9,390,557	2,388,746	52,132,593	63,911,896
2029	10,719,209	2,765,193	50,779,357	64,263,759
2030	11,786,242	3,115,671	49,361,178	64,263,091
2031	12,583,455	3,360,117	47,891,488	63,835,060
2032	13,231,945	3,657,384	46,341,674	63,231,003
2033	13,757,349	3,954,790	44,696,593	62,408,732
2034	14,155,330	4,168,749	42,972,083	61,296,162
2035	14,449,419	4,385,060	41,184,169	60,018,648
2036	14,651,755	4,528,623	39,319,689	58,500,067
2037	14,749,995	4,587,400	37,381,478	56,718,873
2038	14,763,687	4,672,095	35,373,864	54,809,646
2039	14,707,482	4,745,542	33,303,297	52,756,321
2040	14,577,980	4,747,987	31,178,918	50,504,885
2041	14,381,697	4,731,611	29,012,850	48,126,158
2042	14,119,284	4,698,176	26,820,063	45,637,523
2043	13,788,500	4,644,317	24,618,127	43,050,944
2044	13,413,337	4,580,637	22,426,743	40,420,717
2045	12,997,022	4,484,847	20,267,071	37,748,940
2046	12,523,209	4,350,128	18,160,848	35,034,185
2047	12,000,719	4,207,589	16,129,560	32,337,868
2048	11,441,742	4,053,161	14,193,390	29,688,293
2049	10,848,408	3,880,496	12,370,340	27,099,244

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	10,227,972	3,696,191	10,675,555	24,599,718
2051	9,582,929	3,500,632	9,120,563	22,204,124
2052	8,918,252	3,295,857	7,712,875	19,926,984
2053	8,244,902	3,085,946	6,455,873	17,786,721
2054	7,570,426	2,872,745	5,348,854	15,792,025
2055	6,904,118	2,658,254	4,387,315	13,949,687
2056	6,253,067	2,444,555	3,563,637	12,261,259
2057	5,623,898	2,233,758	2,867,653	10,725,309
2058	5,022,561	2,027,864	2,287,397	9,337,822
2059	4,453,963	1,828,747	1,809,966	8,092,676
2060	3,922,038	1,638,066	1,422,096	6,982,200
2061	3,429,517	1,457,231	1,110,846	5,997,594
2062	2,978,054	1,287,408	864,033	5,129,495
2063	2,568,263	1,129,460	670,514	4,368,237
2064	2,199,784	983,968	520,357	3,704,109
2065	1,871,477	851,233	404,970	3,127,680
2066	1,581,570	731,245	317,071	2,629,886
2067	1,327,766	623,763	250,620	2,202,149
2068	1,107,395	528,342	200,703	1,836,440
2069	917,555	444,371	163,357	1,525,283
2070	755,249	371,143	135,465	1,261,857
2071	617,512	307,850	114,613	1,039,975
2072	501,465	253,624	98,958	854,047
2073	404,384	207,590	87,111	699,085

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(10,439,407)	15.00000	(10,439,407)	(949,780)
2. Shortfall	01/01/2023	178,918,525	14.00000	171,678,602	16,385,486
3. Shortfall	01/01/2022	(43,526,897)	13.00000	(39,976,665)	(4,022,384)
4. Shortfall	01/01/2021	7,171,310	12.00000	6,267,635	668,664
5. Shortfall	01/01/2020	(24,251,204)	11.00000	(19,992,400)	(2,276,865)
6. Shortfall	01/01/2019	135,851,511	10.00000	102,482,811	12,560,538
Total				210,020,576	22,365,659

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Mary Hitchcock Memorial Hospital
EIN/PN	02-0222140 / 001
Plan Name	Pension Plan for Employees of Dartmouth-Hitchcock
Valuation Date	January 1, 2024
Enrolled Actuary	Lori Wolfersberger
Enrollment Number	23-07341

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 8
Late Election to Apply Balances to Quarterly Installments
as of January 1, 2024

An election was made to use the funding standard carryover balance and/or prefunding balance to offset the amount of a required quarterly installment, but the election was made after the due date of the installment and therefore line 8 does not match line 35 of the prior year Schedule SB. Line 8 equals \$27,375,000 and the prior year line 35 equals \$27,311,199 for a difference of \$63,801 as detailed below:

Installment Due Date	Election Date	Election Amount	Additional Interest Discount
March 15, 2023	March 14, 2023	\$2,625,000	\$0
July 15, 2023	July 13, 2023	\$2,625,000	\$0
October 15, 2023	September 12, 2023	\$2,625,000	\$0
January 15, 2024	September 10, 2024	\$2,561,199	\$63,801
September 15, 2024	September 10, 2024	\$16,875,000	\$0
Total		\$27,311,199	\$63,801

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.050	1,000,000	1.000000	0.050000	2.750000
56	0.050	950,000	0.950000	0.047500	2.660000
57	0.050	902,500	0.902500	0.045125	2.572125
58	0.050	857,375	0.857375	0.042869	2.486388
59	0.050	814,506	0.814506	0.040725	2.402793
60	0.075	773,781	0.773781	0.058034	3.482014
61	0.075	715,747	0.715747	0.053681	3.274544
62	0.100	662,066	0.662066	0.066207	4.104811
63	0.100	595,860	0.595860	0.059586	3.753916
64	0.250	536,274	0.536274	0.134068	8.580379
65	0.250	402,205	0.402205	0.100551	6.535836
66	0.250	301,654	0.301654	0.075413	4.977290
67	0.250	226,240	0.226240	0.056560	3.789528
68	0.300	169,680	0.169680	0.050904	3.461479
69	0.300	118,776	0.118776	0.035633	2.458668
70	1.000	83,143	0.083143	0.083143	5.820036

Average age at retirement 63.109809

Rounded for Schedule SB item 22 63 ==> SCHB_WARA

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	1,617,018	593,525	56,608,093	58,818,636
2025	4,275,613	1,254,050	55,552,818	61,082,481
2026	6,163,017	1,550,336	54,488,633	62,201,986
2027	7,845,897	1,988,589	53,366,343	63,200,829
2028	9,390,557	2,388,746	52,132,593	63,911,896
2029	10,719,209	2,765,193	50,779,357	64,263,759
2030	11,786,242	3,115,671	49,361,178	64,263,091
2031	12,583,455	3,360,117	47,891,488	63,835,060
2032	13,231,945	3,657,384	46,341,674	63,231,003
2033	13,757,349	3,954,790	44,696,593	62,408,732
2034	14,155,330	4,168,749	42,972,083	61,296,162
2035	14,449,419	4,385,060	41,184,169	60,018,648
2036	14,651,755	4,528,623	39,319,689	58,500,067
2037	14,749,995	4,587,400	37,381,478	56,718,873
2038	14,763,687	4,672,095	35,373,864	54,809,646
2039	14,707,482	4,745,542	33,303,297	52,756,321
2040	14,577,980	4,747,987	31,178,918	50,504,885
2041	14,381,697	4,731,611	29,012,850	48,126,158
2042	14,119,284	4,698,176	26,820,063	45,637,523
2043	13,788,500	4,644,317	24,618,127	43,050,944
2044	13,413,337	4,580,637	22,426,743	40,420,717
2045	12,997,022	4,484,847	20,267,071	37,748,940
2046	12,523,209	4,350,128	18,160,848	35,034,185
2047	12,000,719	4,207,589	16,129,560	32,337,868
2048	11,441,742	4,053,161	14,193,390	29,688,293
2049	10,848,408	3,880,496	12,370,340	27,099,244

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	10,227,972	3,696,191	10,675,555	24,599,718
2051	9,582,929	3,500,632	9,120,563	22,204,124
2052	8,918,252	3,295,857	7,712,875	19,926,984
2053	8,244,902	3,085,946	6,455,873	17,786,721
2054	7,570,426	2,872,745	5,348,854	15,792,025
2055	6,904,118	2,658,254	4,387,315	13,949,687
2056	6,253,067	2,444,555	3,563,637	12,261,259
2057	5,623,898	2,233,758	2,867,653	10,725,309
2058	5,022,561	2,027,864	2,287,397	9,337,822
2059	4,453,963	1,828,747	1,809,966	8,092,676
2060	3,922,038	1,638,066	1,422,096	6,982,200
2061	3,429,517	1,457,231	1,110,846	5,997,594
2062	2,978,054	1,287,408	864,033	5,129,495
2063	2,568,263	1,129,460	670,514	4,368,237
2064	2,199,784	983,968	520,357	3,704,109
2065	1,871,477	851,233	404,970	3,127,680
2066	1,581,570	731,245	317,071	2,629,886
2067	1,327,766	623,763	250,620	2,202,149
2068	1,107,395	528,342	200,703	1,836,440
2069	917,555	444,371	163,357	1,525,283
2070	755,249	371,143	135,465	1,261,857
2071	617,512	307,850	114,613	1,039,975
2072	501,465	253,624	98,958	854,047
2073	404,384	207,590	87,111	699,085

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
 EIN / PN: 02-0222140 / 001
 Plan Sponsor: Mary Hitchcock Memorial Hospital
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of principal plan provisions for employees covered by former Retirement Plan for Employees of Mary Hitchcock Memorial Hospital (MHHM)

Plan Provisions

Effective March 31, 2013, Dartmouth-Hitchcock announced a delayed freeze of plan benefit accruals effective December 31, 2017.

In December 2016, Dartmouth-Hitchcock announced an acceleration of the freeze of pension plan benefit accruals from December 31, 2017 to January 31, 2017, with a special advance pension accrual for eligible active employees effective January 31, 2017. The plan was most recently amended to enact the lump sum offer in 2020.

Covered employees	Completion of one year of eligibility service and attainment of age 21. Employees offered employment after February 9, 2006 are not eligible for the plan.
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Participation date	Date employee becomes covered.
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Definitions

Vesting service	Plan years with at least 1,000 hours of service.
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Pension service	Years of participation with at least 1,000 hours of service. For employees who chose to participate in the defined contribution plan during 2006 Retirement Choice Program, benefit service was frozen as of December 31, 2006. As of January 31, 2017, benefit service is frozen for all plan participants.
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Pensionable pay	Compensation includes salary, wages, bonuses, and overtime pay.
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Average earnings	Average annual compensation for the five full highest consecutive Plan Years out of the last ten full Plan Years of employment.
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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	Later of age 65 and 5 th anniversary of participation.
Early retirement date (ERD)	Either permanently disabled while an employee, or attainment of age 55 and completion of 5 years of vesting service.
Special early retirement date	Age 55 and completion of 20 years of vesting service, with age and years of service totaling 80 or more. Age 55 with age and years of vesting service total 85 or more for employees who chose to participate in the defined contribution plan during the 2006 Retirement Choice Program.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits. Pre-retirement death benefit for deferred vested participants are payable to surviving spouse only.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

New Formula: 1.1% of FAC(5) up to Covered Compensation, plus 1.7% of FAC(5) in excess of Covered Compensation for each year of benefit service up to 25 years **plus** 0.5% of FAC(5) for each year in excess of 25 years.

Grandfather Formula for those age 55 with 5 years of vesting service on 1/1/89, or age 50 and 20 years of vesting service on 1/1/89: 2.2% of FAC(5) less 0.75% of FAC(3) up to Covered Compensation, for each year of benefit service up to 25 years plus 0.5% of FAC(5), for each year in excess of 25 years.

Grandfather Benefit 1990 for those age 55 with 5 years of vesting service on 1/1/89, or age 50 and 20 years of vesting service on 1/1/89: 2.4% of FAC(5) as of 12/31/90 less 0.75% of FAC(3) as of 12/31/90 up to Covered Compensation as of 12/31/90, for each year of benefit service to 12/31/90 up to 25 years plus 0.5% of FAC(5) as of 12/31/90 less 0.25% of FAC(3) as of 12/31/90 up to Covered Compensation as of 12/31/90, for each year of benefit service to 12/31/90 in excess of 25 years.

Minimum Benefit: 2.0% of FAC(5) up to \$9,000 for each year of benefit service.

All benefit accruals have been frozen effective December 31, 2017.

Early retirement

Determined as for normal retirement, based on service and compensation to early retirement and covered compensation at early retirement, payable unreduced at age 65 or reduced by 1/15th per year for the first 5 years prior to age 65 and 1/30th per year thereafter.

Early retirement under "Rule of 80"

Accrued Benefit reduced 4% per year prior to age 60.

Early retirement under "Rule of 85"

Accrued Benefit unreduced prior to age 65

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement	Determined as for normal retirement, based on service and compensation to actual retirement date and covered compensation at actual retirement date, and payable on the first day of month coinciding with or next following actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date. Reduced by applicable early retirement reductions if commencement is prior the Normal Retirement date.
Preretirement death	In the event of the death of a participant after 5 years of service, the beneficiary will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the beneficiary is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members. Pre-retirement death benefit for deferred vested participant payable to surviving spouse only. For employees age 65 or older, and in the event of the death of a participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.
Disability benefit	Active participant who becomes totally and permanently disabled. Accrued Retirement Benefit at date of disablement payable monthly during the disabled participant's lifetime unless the participant's disability ceases prior to his or her 65th birthday.
Maximum benefit	The accrued benefit is subject to a maximum annual amount of \$200,000 (limit for 2012, adjusted thereafter for cost-of-living increases) at age 62. This benefit limit is decreased for retirement prior to age 62.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a social security level income option, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on a discount rate of 7% and the UP-1984 mortality table, with a three year setback for participants.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

As of 12/18/2023, the plan was amended to increase the small benefit cashout limit from \$5,000 to \$7,000. However, this did not increase the plan's funding target.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions for employees covered by former Retirement Plan for Employees of Dartmouth-Hitchcock Clinic (D-HC)

Plan Provisions

Effective March 31, 2013, Dartmouth-Hitchcock announced a delayed freeze of plan benefit accruals effective December 31, 2017.

In December 2016, Dartmouth-Hitchcock announced an acceleration of the freeze of pension plan benefit accruals from December 31, 2017 to January 31, 2017, with a special advance pension accrual for eligible active employees effective January 31, 2017. The plan was most recently amended to enact the lump sum offer in 2020.

Covered employees	Completion of one year of eligibility service and attainment of age 21. Employees offered employment after February 9, 2006 are not eligible for the plan.
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Participation date	Date an employee becomes covered.
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Definitions

Vesting service	Plan years with at least 1,000 hours of service.
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Pension service	Plan years with at least 2,080 hours of service plus a pro-rata portion of a year of service for each plan year in which a member leaves or re-enters the plan, or is a part-time employee and works over 500 hours. For employees who chose to participate in the defined contribution plan during the 2006 Retirement Choice Program, benefit service was frozen as of December 31, 2006. As of January 31, 2017, benefit service is frozen for all plan participants.
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Pensionable pay	Compensation includes salary, wages, bonuses, and overtime pay.
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Average earnings	Annualized compensation of a participant averaged over the 60 consecutive calendar months of employment as an employee before his normal retirement date which produces the highest average.
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Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Social Security benefit	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of then current earnings to age 65.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Early retirement date (ERD)	Either permanently disabled while an employee, or attainment of age 55 and completion of 5 years of vesting service.
Late retirement date (LRD)	Immediate retirement if over age 65.
Monthly pension benefit	Normal: For employees hired before January 1, 1998: (1) 1.75% of final average compensation up to covered compensation multiplied by years of benefit service not in excess of 25, plus (2) 2.30% of final average compensation in excess of covered compensation multiplied by years of benefit service not in excess of 25, plus (3) .50% of final average compensation multiplied by years of service in excess of 25. The benefit will not be less than any accrued benefit under a prior plan. Former participants in the Concord Clinic and Keene Clinic plans will receive the above benefit based on Dartmouth Health (DHC) service plus the past service benefit accrued under the Concord plan as of June 30, 1985 and the Keene plan as of November 30, 1993. Former Keene Clinic participants who attain five years of vesting service with DHC are eligible to receive a total service benefit under the DHC formula. For most former Keene participants, this benefit improvement is effective July 1, 1998. For Employees hired after December 31, 1997: (1) 1.10% of Final Average Compensation up to Covered Compensation multiplied by Years of Benefit Service up to 35 years, plus

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

(2) 1.60% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service up to 35 years, plus

(3) .50% of Final Average Compensation multiplied by Years of Benefit Service greater than 35 years.

All benefit accruals will be frozen effective December 31, 2017.

Monthly preretirement death benefit

In the event of the death of a married participant after 5 years of service, the surviving spouse will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the spouse is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members.

For employees age 65 or older, and in the event of the death of a married participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Determined as for normal retirement, based on service and compensation to early retirement and covered compensation at early retirement, payable unreduced at age 65 or reduced by 1/2% per month for the first 60 months prior to age 65 and 1/4% per month thereafter.
Early retirement under "Rule of 85"	Determined as for normal retirement based on service and compensation to early retirement, with adjustment to the 2.30% component of the benefit formula for those hired before January 1, 1998 as necessary. This feature is not available to employees hired after December 31, 1997.
Postponed retirement	Determined as for normal retirement, based on service and compensation to actual retirement date and covered compensation at actual retirement date, and payable on the first day of month coinciding with or next following actual retirement date.
Vested termination	Monthly pension benefit determined as of termination date. Reduced by applicable early retirement reductions if commencement is prior the Normal Retirement date.
Disablement	Monthly pension continues to accrue until normal retirement date assuming continued hours worked and compensation received at the time of disablement.
Preretirement death	In the event of the death of a married participant after 5 years of service, the surviving spouse will receive a monthly lifetime benefit of 40% of the deceased participant's accrued benefit. If the spouse is 10 or more years younger than the member, the 40% is reduced 1-1/2% for each year more than 10. In no event will the death benefit be less than the ERISA pre-retirement spouse benefit for participants age 55 with 5 years of vesting service or the Retirement Equity Act death benefit for active vested members.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

For employees age 65 or older, and in the event of the death of a married participant, the pre-retirement death benefit is 100% of the 100% joint and survivor annuity.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 100% joint and survivor annuity, a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a social security level income option, a ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on a discount rate of 6% and the UP-1984 mortality table.
Pension Increases	None
Plan participants' contributions	None
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Plan Name:	Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN:	02-0222140 / 001
Plan Sponsor:	Mary Hitchcock Memorial Hospital
Valuation Date:	January 1, 2024

Plan Name	Pension Plan for Employees of Dartmouth-Hitchcock
Plan Sponsor EIN	02-0222140
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(10,439,407)	15.00000	(10,439,407)	(949,780)
2. Shortfall	01/01/2023	178,918,525	14.00000	171,678,602	16,385,486
3. Shortfall	01/01/2022	(43,526,897)	13.00000	(39,976,665)	(4,022,384)
4. Shortfall	01/01/2021	7,171,310	12.00000	6,267,635	668,664
5. Shortfall	01/01/2020	(24,251,204)	11.00000	(19,992,400)	(2,276,865)
6. Shortfall	01/01/2019	135,851,511	10.00000	102,482,811	12,560,538
Total				210,020,576	22,365,659

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The assumed administrative expenses were changed from \$3,500,000 for 2023 to \$3,750,000 for 2024.
- A recent experience study together with the past two years of additional experience was reviewed, and, as a result, the retirement rates assumption was updated to better reflect anticipated future experience.

Plan Name: Pension Plan for Employees of Dartmouth-Hitchcock
EIN / PN: 02-0222140 / 001
Plan Sponsor: Mary Hitchcock Memorial Hospital
Valuation Date: January 1, 2024