Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▸ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▸ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▸ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▸ 001

1c Effective date of plan
04/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CARE NEW ENGLAND

111 BREWSTER STREET
3RD FLOOR
PAWTUCKET, RI 02860

2b Employer Identification Number (EIN)
05-0259004

2c Plan Sponsor's telephone number
401-453-7900

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	CYNTHIA RING
	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

CYNTHIA RING
CARE NEW ENGLAND
111 BREWSTER STREET
3RD FLOOR
PAWTUCKET, RI 02986

3b Administrator's EIN 05-0490997

3c Administrator's telephone number 401-680-4334

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**	1547
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	**6a(1)**	144
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	137
b	Retired or separated participants receiving benefits	**6b**	859
c	Other retired or separated participants entitled to future benefits	**6c**	423
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1419
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	93
f	Total. Add lines **6d** and **6e**.	**6f**	1512
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	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 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) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust
(4) [ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information – Small Plan)
(3) [X] **A** (Insurance Information) – Number Attached 1
(4) [X] **C** (Service Provider Information)
(5) [X] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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 THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARE NEW ENGLAND	**D** Employer Identification Number (EIN) 05-0259004

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
01-0233346	65838	1004GAC	422	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	36675365
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			7b	39172494
c Additions: (1) Contributions deposited during the year	7c(1)			
(2) Dividends and credits	7c(2)			
(3) Interest credited during the year	7c(3)	1089257		
(4) Transferred from separate account	7c(4)			
(5) Other (specify below) ▶	7c(5)			
(6)Total additions			7c(6)	1089257
d Total of balance and additions (add lines **7b** and **7c(6)**).			7d	40261751
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3450304		
(2) Administration charge made by carrier	7e(2)	47174		
(3) Transferred to separate account	7e(3)			
(4) Other (specify below) ▶ REALIZED AND UNREALIZED GAINS AND LOSSES AND MARKET ADJUSTMENTS	7e(4)	88908		
(5) Total deductions			7e(5)	3586386
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	36675365

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	**9a(1)**			
	(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
	(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
	(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b	Benefit charges (1) Claims paid	**9b(1)**			
	(2) Increase (decrease) in claim reserves	**9b(2)**			
	(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
	(4) Claims charged			**9b(4)**	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	**9c(1)(A)**			
	(B) Administrative service or other fees	**9c(1)(B)**			
	(C) Other specific acquisition costs	**9c(1)(C)**			
	(D) Other expenses	**9c(1)(D)**			
	(E) Taxes	**9c(1)(E)**			
	(F) Charges for risks or other contingencies	**9c(1)(F)**			
	(G) Other retention charges	**9c(1)(G)**			
	(H) Total retention			**9c(1)(H)**	0
	(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
	(2) Claim reserves			**9d(2)**	
	(3) Other reserves			**9d(3)**	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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 THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CARE NEW ENGLAND	**D** Employer Identification Number (EIN) 05-0259004

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B **F** Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	84466505
b Actuarial value	**2b**	86751549

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	934	79520033	79520033
b For terminated vested participants	473	21617252	21617252
c For active participants	144	9426028	9760071
d Total	1551	110563313	110897356

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**	5.06 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1400000
c Target normal cost	**6c**	1400000

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	09/11/2025 Date
G. WILSON LOWRY Type or print name of actuary	23-04268 Most recent enrollment number
WILLIS TOWERS WATSON US LLC Firm name	617-638-3700 Telephone number (including area code)
75 ARLINGTON STREET FLOOR 2 BOSTON, MA 02116 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4200404
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4200404
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 10.66 %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		60
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		7
c Total available at beginning of current plan year to add to prefunding balance		67
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	78.22 %
15 Adjusted funding target attainment percentage	15	78.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.47 %
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
04/01/2024	1104000	0			
07/15/2024	1104000	0			
10/15/2024	1104000	0			
01/02/2025	1225000	0			
			Totals ► 18(b)	4537000	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	4393157

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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** | 59

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**	1400000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24145807	2989948
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** | 4389948

	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**	4389948
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4393157

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3209
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 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 THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARE NEW ENGLAND	**D** Employer Identification Number (EIN) 05-0259004

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

ARTISAN PARTNERS
875 E. WISCONSIN AVENUE
SUITE 800
MILWAUKEE, WI 53202

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

BLACKROCK ADVISORS, LLC
23-2784752

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

BRANDYWINE GLOBAL INVEST MGMT, LLC
1735 MARKET STREET
SUITE 1800
PHILADELPHIA, PA 19103

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

EDGEWOOD
535 MADISON AVENUE
15TH FL
NEW YORK, NY 10022

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

HARBOR FUNDS

34-1570746

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

METROPOLITAN WEST

95-4597302

(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

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(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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 50	NONE	147479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
13 28 50 51	NONE	49208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	48680	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)

ACADIAN ASSET MANAGEMENT

04-2929221

(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	37208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(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 51	NONE	19216	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)

FIDUCIENT ADVISORS

36-4001764

(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	17814	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT INC

51-0368279

(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 51	NONE	16569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYDER COURT GLOBAL

27-1516157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13807	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)

MONDRIAN INVESTMENT PARTNERS

56-2475915

(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	8937	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 ☐

(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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0259004

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: EMERGING MARKETS SMALL CO FUND

b Name of sponsor of entity listed in (a): ABERDEEN ASSET MANAGEMENT

c EIN-PN 61-1581337-003 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1863518

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN INTERNATIONAL ALL-CAP

b Name of sponsor of entity listed in (a): ACADIAN ASSET MGMT LLC

c EIN-PN 04-2929221-015 | **d** Entity code E | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4520175

a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN INTL EQUITY FUND

b Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP US, INC.

c EIN-PN 36-7205063-001 | **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: ARISTOTLE COLLECTIVE INVESTMENT TRU

b Name of sponsor of entity listed in (a): SEI TRUST CO

c EIN-PN 81-2704975-095 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7176862

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0259004

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	232500	1225000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36472	28817
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1553763	1150180
(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)	2233217	2361122
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6087331	7176862
(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)	12589590	6383694
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18919525	24834288
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	39172494	36675365
(15) Other	1c(15)	3649689	4242439

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	84474581	84077767
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	84474581	84077767

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)	4537000	
	(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)		4537000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87963	
	(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)	1089257	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1177220
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	8931	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	477418	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		486349
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	31713831	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31470168	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		243663
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1523265	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1523265

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1536696
c Other income	2c		4723
d Total income. Add all **income** amounts in column (b) and enter total	2d		9508916

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8292370	
(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)		8292370
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)	49208	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32760	
(5) Investment advisory and investment management fees	2i(5)	113551	
(6) Bank or trust company trustee/custodial fees	2i(6)	48680	
(7) Actuarial fees	2i(7)	147479	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1221682	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1613360
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9905730

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-396814
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) [X] 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) [X] 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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554552.

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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0259004

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): 01-0233346 56-2215036

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ______ Day ______ Year ______

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 79.0 % Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: 18.0 %

High-Yield Debt: 2.0 % Real Assets: _______% Cash or Cash Equivalents: 1.0 % Other: _______%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.________________________________

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements
and Supplemental Schedules

The Memorial Hospital Defined Benefit Pension Plan and Trust

December 31, 2024 and 2023

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

Financial Statements and Supplemental Schedules

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CBIZ CPAs

CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.761.0600 | F: 617.761.0601

Independent Auditors' Report

Plan Administrator
The Memorial Hospital Defined Benefit Pension Plan and Trust
Providence, Rhode Island

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

We have performed the audits of the financial statements of The Memorial Hospital Defined Benefit Pension Plan and Trust (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, 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors’ Responsibilities for the Audit of the Financial Statements

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Line 4j - 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.

Boston, Massachusetts
October 13, 2025

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31, 2024	December 31, 2023
Assets		
Investments, at fair value	$ 46,148,585	$ 45,033,115
Fully benefit-responsive investment contracts, at contract value	36,675,365	39,172,494
Total investments	**82,823,950**	**84,205,609**
Receivables:		
Employer contributions	1,225,000	232,500
Accrued investment income	28,817	36,472
Total receivables	**1,253,817**	**268,972**
Net assets available for benefits	**$ 84,077,767**	**$ 84,474,581**

See Independent Auditors' Report and accompanying notes to financial statements.

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2024	***2023***
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 1,665,149	$ 1,697,273
Net appreciation in fair value of investments	3,296,548	7,051,470
Total investment income	4,961,697	8,748,743
Employer contributions	4,537,000	232,500
Total additions to net assets	**9,498,697**	**8,981,243**
Deductions from net assets attributed to:		
Benefits paid to participants	8,292,366	8,099,236
Administrative expenses	1,603,145	1,594,090
Total deductions from net assets	**9,895,511**	**9,693,326**
Net decrease in net assets available for benefits	**(396,814)**	**(712,083)**
Net assets available for benefits, beginning of year	84,474,581	85,186,664
Net assets available for benefits, end of year	**$ 84,077,767**	**$ 84,474,581**

Note 1 - Description of the Plan

The following description of The Memorial Hospital Defined Benefit Pension Plan and Trust (the "Plan") is provided for general information purposes only. Plan participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit plan established on April 1, 1966 and restated on January 1, 2021, by The Memorial Hospital of Rhode Island ("Hospital") for the purpose of providing employees with certain retirement benefits. Care New England ("CNE" or "Employer") is the successor to the Hospital and sponsors the Plan. Bank of America, N.A. is the Trustee/Custodian of the Plan and John Hancock Life Insurance Company is the insurance company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All investments are non-participant directed.

Effective May 31, 2012, the Plan was frozen, except in connection with bargaining agreements. In conjunction with the freezing of benefit accruals for non-union participants effective May 31, 2012, in no event will a non-union participant's compensation earned after May 31, 2012 be considered in the determination of average monthly compensation under the Plan's benefit formula.

Effective June 1, 2013, the Plan was frozen to bargaining unit employees, except those bargaining unit employees who worked in excess of 1,000 hours as of the freeze, June 1, 2013. In conjunction with the freezing of benefit accruals for union participants effective June 1, 2013, in no event will a union participant's compensation earned after June 1, 2013 be considered in the determination of average monthly compensation under the Plan's benefit formula.

The Plan's Adjusted Funding Target Attainment Percentage ("AFTAP") for the Plan years beginning January 1, 2024 and 2023 is 78.22% and 77.47%, respectively.

Eligibility

An employee became eligible to participate in the Plan after the completion of one year of service and attainment of age 21, excluding those employees eligible to participate in a Teachers Insurance Annuity Association – College Retirement Equities Fund plan (TIAA-CREF), residents, interns, fellows, and students.

Vesting

A participant became vested, or earned the right to a benefit, when he/she completed five years of vesting service. A participant earned one year of vesting service for each calendar year during which he/she completed 1,000 hours of service.

Benefits

Normal Retirement – The normal retirement date is the first day of the month coincident with or following attainment of age 65. The annual benefit payable upon normal retirement is based upon a formula, which takes into account years of credited service, age, and the compensation level of the participant, as defined in the Plan.

Note 1 - Description of the Plan (Continued)

Benefits (Continued)

Early Retirement – A participant who has completed five years or more of credited service and who has reached the age of 55 is entitled to elect an early retirement date and receive a reduced benefit, as defined in the Plan.

Deferred Vested Benefits – Participants who terminate their service with five or more years of vesting service, but have not attained the age of 55, will be entitled to a deferred vested benefit on their normal retirement date or, at their option, in a reduced amount prior to their normal retirement date.

Death and Disability Benefits – The beneficiary of a deceased participant who is 100% vested shall receive a monthly benefit equal to the greater of (1) 50% of the present value of the accrued pension benefit or (2) a pre-retirement survivor annuity, as defined in the Plan. If the participant is not vested in the Plan at the time of death, no death benefits are available to the participant's beneficiary. An active participant who becomes totally disabled receives an amount equal to 100% of their accrued benefit in the form of a life annuity.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

Investments, Investment Valuation, and Income Recognition

Investments are reported at fair value, except for the insurance group annuity contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Employer Contributions (Funding Policy)

The Plan is funded by contributions from CNE under provisions of ERISA in amounts necessary on an actuarial basis to provide the Plan with assets sufficient to meet its pension obligation to Plan members. CNE's contributions meet the minimum funding requirement of ERISA.

Note 2 - Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits to participants are recorded upon distribution.

Plan Administration

CNE is the Plan administrator under the direction of an investment committee whose members are appointed by the Board of Trustees of Care New England Health System.

Use of Estimates

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

Reclassifications

Certain amounts reported in the 2023 financial statements have been reclassified to conform to the 2024 presentation. There was no effect on previously reported net assets available for benefits.

Subsequent Events

CNE and Plan management have evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Note 3 - Information Certified by the Trustee and Insurance Company

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A. and John Hancock Life Insurance Company, the trustee/custodian and insurance company of the Plan, respectively, have certified that the following data included in the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2024 and 2023 are complete and accurate:

- Investments at fair value
- Net appreciation of investments
- Interest and dividends
- Schedule of reportable transactions

Note 3 - Information Certified by the Trustee and Insurance Company (Continued)

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 4 - Group Annuity Investment Contract with Insurance Company

The Plan has a fully benefit-responsive group annuity contract with John Hancock Life Insurance Company (John Hancock) that they entered into on April 1, 1966. John Hancock maintains the contributions in the Immediate Participation Guarantee (IPG) Fund, and these contributions are then assigned to the general investment account of John Hancock (account). The IPG is valued at contract value by John Hancock Life Insurance Company. The value is based upon the investment yields and required cash flows for contracts maintained by John Hancock that are included in its general investment account. The account is credited with net earnings and charged for participant withdrawals and administrative expenses based on the investment experience of John Hancock in its general investment account. Contract or book value, as reported to the Plan by John Hancock, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

On October 2, 2017, pursuant to the provisions of Group Annuity Contract (GAC) No. 1004 between John Hancock Life Insurance Company and The Memorial Hospital, a letter was sent to John Hancock serving as official notice of Memorial Hospital's request to discontinue GAC 1004. The contract was discontinued effective December 31, 2017, as evidenced by Amendment No. 9 to GAC 1004.

The Plan retains the assets and liabilities associated with the contract until full settlement. The Plan is no longer subject to cash calls for the contract and upon discontinuance any excess funds will be transferred to the Plan's assets.

The total contract value of the fully benefit-responsive investment contract was $36,675,365 and $39,172,494 at December 31, 2024 and 2023, respectively.

Note 5 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. 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.

Note 5 - Fair Value Measurements (Continued)

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

Level 3 Inputs that are unobservable for the asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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

Mutual funds are valued daily at the closing price per share, as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These investments held by the Plan are deemed to be actively traded.

Common stocks traded on a national or international security exchange are valued at the closing price reported on the active market on which the individual securities are traded.

Common/collective trust fund and commingled funds participation units are valued at the NAV, as provided by the trustee, and used as a practical expedient to estimate fair value for all the common collective trusts and commingled funds. The NAV is based on the fair value of the underlying investments held by the account less its liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

103-12 investment entity fund's fair value of the participation units owned by the Plan are based on quoted redemption values on the last business day of the plan year.

Limited partnership/limited liability companies are based on the fair value on the last business day of the plan year as provided by the fund managers.

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

Note 5 - Fair Value Measurements (Continued)

The following tables summarize fair value measurements at December 31, 2024 and 2023 for financial assets measured at fair value:

	Assets at Fair Value as of December 31, 2024				
Description	**Level 1**	**Level 2**	**Level 3**	**Investments Measured at NAV Practical Expedient (a)**	**Total**
Mutual funds	$ 23,093,380	$ -	$ -	$ -	$ 23,093,380
Common stocks	4,102,031	-	-	-	4,102,031
Money market fund	1,150,180	-	-	-	1,150,180
Commingled funds	-	-	-	6,866,623	6,866,623
Common/collective trust	-	-	-	7,176,862	7,176,862
103-12 entity	-	-	-	1,863,518	1,863,518
Limited partnerships/limited liability companies	-	-	-	1,895,991	1,895,991
Total	**$ 28,345,591**	**$ -**	**$ -**	**$ 17,802,994**	**$ 46,148,585**

	Assets at Fair Value as of December 31, 2023				
Description	**Level 1**	**Level 2**	**Level 3**	**Investments Measured at NAV Practical Expedient (a)**	**Total**
Mutual funds	$ 18,973,044	$ -	$ -	$ -	$ 18,973,044
Common stocks	2,179,698	-	-	-	2,179,698
Money market fund	1,553,763	-	-	-	1,553,763
Commingled funds	-	-	-	7,836,925	7,836,925
Common/collective trust	-	-	-	6,087,331	6,087,331
103-12 entity	-	-	-	1,534,604	1,534,604
Limited partnerships/limited liability companies	-	-	-	6,867,750	6,867,750
Total	**$ 22,706,505**	**$ -**	**$ -**	**$ 22,326,610**	**$ 45,033,115**

(a) In accordance with ASC Subtopic 820-10, “Fair Value Measurements,” certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

Note 6 - Fair Value of Investments that Calculate Net Asset Value ("NAV") Practical Expedient

Investments		*Fair Value* 12/31/2024*		*Fair Value* 12/31/2023*	*Redemption Frequency*	*Redemption Notice Period*
Investments in Commingled Funds	$	6,866,623	$	7,836,925	Daily	Various
Investments in 103-12 Entity	$	1,863,518	$	1,534,604	Daily	N/A
Investments in Limited Partnerships/ Limited Liability Companies	$	1,895,991	$	6,867,750	Monthly	Monthly
Investments in Common/Collective Trust	$	7,176,862	$	6,087,331	Daily	Various

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

Note 7 - Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated Plan benefits are determined 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.

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 such as a pandemic or international conflict, which would 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 Statements of Net Assets Available for Benefits.

Note 8 - Plan Termination

CNE intends to continue the Plan indefinitely but reserves the right to terminate the Plan at any time. Upon termination, the Plan's assets would be allocated for the benefit of Participants and beneficiaries in the manner specified by the Plan and in accordance with ERISA.

Note 8 - Plan Termination (Continued)

If the Plan was terminated, certain benefits under the Plan would be insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The PBGC guaranteed up to $7,108 per month for plans terminating in 2024 and $6,750 per month for plans terminating in 2023 (assuming 65 years of age and a straight-life annuity). Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

In the event that the Plan is terminated, the assets then remaining, after providing for the administrative expenses of the Plan, would be allocated first to Participants, spouses or beneficiaries receiving benefits at least three years prior to the termination date; next, to pay all other insured benefits as provided for under Title IV, Section 4D44 of ERISA; then to provide all other vested benefits under the provisions of the Plan that are not insured under ERISA; and, finally, to provide all other accrued benefits for Participants who were not vested as of the date of Plan termination.

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

Note 9 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service Participants have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated Participants or their beneficiaries, beneficiaries of Participants who have died, and present employees. Benefits payable under the Plan are accumulated based on Participants' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered through the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of the accumulated Plan benefits was determined by an independent actuary as of January 1, 2024 and 2023 and is the 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.

Note 9 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Interest discount rate	6.00% per annum for 2024 and 2023.
Mortality basis	For 2024 and 2023, healthy mortality using Pri-2012 mortality tables (with blue, white, and mixed collar adjustments) with separate tables for employees, retirees, and contingent survivors, projected forward generationally using Scale MP-2021. Disabled mortality using Pri-2012 disabled retiree mortality tables projected forward generationally using Scale MP-2021.
Form of payment	60% of participant elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

Participants are assumed to retire between the ages of 55 and 65 based on eligibility for early retirement. The interest discount rate is based on the month of September and the three segment rates yield curve. During 2024 and 2023, the shortfall amortization installment was $2,989,948 and $2,999,709, respectively, which was included in the Plan’s minimum required contribution for each respective year.

There were changes in assumptions and methods made by the actuary included in the actuarial present value of the accumulated Plan benefits as of January 1, 2024 including the following:

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as of required by Internal Revenue Code (“IRC”) 430.

- The mortality table used to calculate the funding target and target normal cost was changed from static projection of mortality improvement to a generational projection as required by guidance issued by Internal Revenue Service (“IRS”) under IRC 430.

- The expected plan-related expenses were updated from $1,414,000 to $1,400,000.

Note 9 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

Vested benefits:	
Active employees	$ 8,660,732
Participants with deferred benefits	19,692,428
Participants receiving benefits	74,705,625
Total vested accumulated benefits	103,058,785
Nonvested benefits	308,886
Total actuarial present value of accumulated plan benefits	**$ 103,367,671**

The present value of accumulated Plan benefits was calculated on the assumption of an ongoing Plan. If the Plan were to terminate, the value shown above would be revised to reflect assumptions and methods appropriate upon Plan termination.

The following presents the changes in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2024:

Actuarial present value of accumulated plan benefits, beginning of year	$ 106,528,162
Increase (decrease) during the year attributable to:	
Decrease in discount period	6,148,713
Benefits paid	(8,099,235)
Actuarial gains	(1,209,969)
Net change	(3,160,491)
Actuarial present value of accumulated plan benefits as of January 1	**$ 103,367,671**

Note 10 - Tax Status

The Internal Revenue Service has determined and informed CNE, by a letter dated September 19, 2012, that the Plan and the related Trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10 - Tax Status (Continued)

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

Note 11 - Related-Party Transactions and Party-in-Interest Transactions

ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee is considered a party-in-interest transaction.

Plan investments include a Bank of America overnight deposit account and shares of common stock. Bank of America, N.A. is also the Plan trustee and, therefore, these transactions qualify as party-in-interest transactions. These investments and transactions are considered to be party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Supplemental Schedules

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - Plan Number 001)

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

December 31, 2024

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	JOHN HANCOCK LIFE INSURANCE COMPANY	Group Annuity Contract	$ 36,675,365	$ 36,675,365
	Total Group Annuity Contracts		**36,675,365**	**36,675,365**
*	BOA MONEY MARKET SAVINGS ACCOUNT	Money Market Funds	1,150,180	1,150,180
	Total Money Market Funds		**1,150,180**	**1,150,180**
	ABERCROMBIE & FITCH CO	Common Stock	53,733	58,293
	APPLIED INDUSTRL TECH	Common Stock	20,669	23,708
	ASCENDIS PHARMA A/S ADR	Common Stock	69,180	101,325
	AVIENT CORPORATION	Common Stock	45,763	42,208
	AXALTA COATING SYSTEMS LTD SHS	Common Stock	41,527	46,916
	BALDWIN INS GRP INC/THE	Common Stock	21,104	19,729
	BICYCLE THERAPEUTICS LTD SHS SPONSOR ADR	Common Stock	23,287	17,290
	BIO RAD LABS CL A	Common Stock	25,285	24,310
	BRINKER INTL INC	Common Stock	38,756	38,893
	CASELLA WASTE SYS INC A	Common Stock	54,226	68,247
	CHAMPIONX CORPORATION	Common Stock	24,589	20,936
	CHURCHILL DOWNS INC	Common Stock	29,905	41,932
	COMFORT SYSTEMS USA INC	Common Stock	45,558	91,173
	CYTOKINETICS INC SHS	Common Stock	29,994	20,133
	DYNATRACE INC REG SHS	Common Stock	40,050	50,546
	ELF BEAUTY INC SHS	Common Stock	25,273	17,451
	ENSIGN GROUP INC	Common Stock	12,541	12,090
	FABRINET	Common Stock	22,811	29,464
	FLUOR CORP NEW DEL COM	Common Stock	34,861	34,672
	FLYWIRE CORP	Common Stock	54,906	39,116
	FTAI AVIATION LTD	Common Stock	64,374	85,848
	F5 INC	Common Stock	26,940	41,241
	GENIUS SPORTS LTD REG SHS	Common Stock	13,448	12,110
	GLAUKOS CORP SHS	Common Stock	32,176	35,986
	GS GQG PARTNERS INTL OPPS FD CL R6	Common Stock	1,757,390	1,740,910
	HAEMONETICS CORP MASS	Common Stock	39,620	37,556
	ICHOR HOLDINGS LTD REG SHS	Common Stock	15,988	15,015
	INSMED INC	Common Stock	25,406	24,578
	INTRA-CELLULAR THERAPIES INC	Common Stock	23,385	28,731
	IRHYTHM TECHNOLOGIES INC	Common Stock	45,727	41,388
	ITT INC SHS	Common Stock	33,331	65,010
	KEMPER CORP DEL	Common Stock	40,202	43,518
	KYNDRYL HOLDINGS INCORP REGISTERED	Common Stock	23,797	27,853
	LANTHEUS HLDGS INC	Common Stock	37,855	43,388
	LATTICE SEMICNDTR CORP	Common Stock	21,586	24,190
	LIGHTSPEED COMM INC REG SHS S	Common Stock	31,394	34,070
	M/I HOMES INC	Common Stock	19,612	27,122
	MERUS B.V. SHS	Common Stock	21,169	17,241
	MOOG INC CL A	Common Stock	40,782	41,730

* Represents a party-in-interest as defined by ERISA.

(E.I.N. 05-0259004 - Plan Number 001)

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

December 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	MOONLAKE IMMUNO THERAPEUTICS CL A	Common Stock	$ 28,513	$ 42,399
	NEXTRACKER INC	Common Stock	35,445	26,448
	NORTHERN OIL AND GAS INC REG SHS	Common Stock	30,911	35,897
	ONESTREAM INC	Common Stock	14,820	18,110
	ONTO INNOVATION INC	Common Stock	34,191	27,834
	OPTION CARE HEALTH INC	Common Stock	52,581	47,282
	OSCAR HEALTH INC CL A	Common Stock	19,570	16,007
	PALOMAR HOLDINGS INC REG SHS	Common Stock	25,596	36,851
	PRIMERICA INC COM	Common Stock	21,189	31,213
	PRIMORIS SERVICES CORP	Common Stock	13,407	16,273
	PROCEPT BIOROBOTICS CORP	Common Stock	8,315	10,790
	PROCORE TECHNOLOGIES INC REG SHS	Common Stock	45,106	54,025
	RAMBUS INC CAL	Common Stock	41,774	43,345
	REGAL REXNORD CORP	Common Stock	32,427	35,370
	REVOLVE GROUP INC REG REG SHS CL A	Common Stock	11,366	22,170
	ROCKET LAB USA INC	Common Stock	20,063	24,349
	ROCKET PHARMACEUTICALS INC	Common Stock	32,019	18,377
	SAIA INC	Common Stock	16,857	40,104
	SAMSARA INC REG SHS CL A	Common Stock	21,990	45,394
	SHIFT4 PMTS INC CL A	Common Stock	22,808	45,144
	SOLENO THERAPEUTICS INC	Common Stock	16,233	15,058
	SPX TECHNOLOGIES INC REG SHS	Common Stock	13,575	11,060
	TALEN ENERGY CORP NEW	Common Stock	13,534	13,297
	TEXAS ROADHOUSE INC-CL A	Common Stock	20,606	29,951
	URANIUM ENERGY CORP	Common Stock	13,484	10,697
	VAXCYTE INC	Common Stock	40,147	57,384
	WESTERN ALLIANCE BANCORP	Common Stock	19,355	20,133
	WILLSCOT HLDGS CORP	Common Stock	31,272	26,559
	WINTRUST FINL CP ILL COM	Common Stock	20,006	25,191
	WIX COM LTD	Common Stock	32,831	32,397
	XENON PHARMACEUTICALS INC SHS	Common Stock	19,729	18,581
	89BIO INC	Common Stock	29,255	18,424
	Total Common Stock		**3,827,175**	**4,102,031**
	ACADIAN INTERNATIONAL ALL-CAP FUND	Commingled Funds	2,944,919	4,520,175
	ARTISAN GLOBAL OPPORTUNITIES FUND	Commingled Funds	1,072,046	2,346,448
	Total Commingled Funds		**4,016,965**	**6,866,623**
	ABERDEEN EMERGING MARKETS SMALLER CO FD A SER OF THE ABERDEEN INST	103-12 Entity	1,192,661	1,863,518
	Total 103-12 Entity		**1,192,661**	**1,863,518**
	RYDER COURT GLOBAL EMERGING MKTS OPPORTUNITIES FUND (DST)	Limited Partnership/Limited Liability Company	1,626,901	1,895,991
	Total Limited Partnership/Limited Liability Company		**1,626,901**	**1,895,991**

* Represents a party-in-interest as defined by ERISA.

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - Plan Number 001)

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

December 31, 2024

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	BRANDYWINEGLBL GLBL OPPORTUNITS BD FD CL IS	Mutual Funds	$ 792,636	$ 624,935
	DODGE & COX INCOME FUND CL I	Mutual Funds	6,636,384	6,545,213
	DODGE & COX INTL STOCK FD CL I	Mutual Funds	1,909,396	1,969,825
	BLACKROCK STRATEGIC INC OPPTNT PT CL CLASS K	Mutual Funds	1,915,276	1,833,058
	EDGEWOOD GROWTH FUND CL INST	Mutual Funds	5,331,788	7,319,488
	ARTISAN:GLBL VAL;INST	Mutual Funds	1,775,407	2,175,483
	HARBOR SMALL CAP VALUE FUND CL RETIRMNT	Mutual Funds	2,307,650	2,625,378
	Total Mutual Funds		**20,668,537**	**23,093,380**
	ARISTOTLE VALUE EQUITY CIT CL A	Common/Collective Trust	4,924,190	7,176,862
	Total Common/Collective Trust		**4,924,190**	**7,176,862**
	Total Investments		**$ 74,081,974**	**$ 82,823,950**

* Represents a party-in-interest as defined by ERISA.

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - Plan Number 001)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2024

(a) Identity of party involved	*(b) Description of asset (include interest rate and maturity in case of a loan)*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
Single Transactions in excess of 5% of plan assets								
DODGE & COX INCOME FUND CL I		$ 6,500,000	$ -	$ -	$ -	$ 6,500,000	$ 6,500,000	$ -
METROPOLITAN WEST TOTAL RETURN BOND FD CL P		-	6,567,653	-	-	7,274,073	6,633,961	(66,308)
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		4,323,623	-	-	-	4,323,623	4,323,623	-
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		-	4,320,000	-	-	4,320,000	4,320,000	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		4,175,627	-	-	-	4,175,627	4,175,627	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		-	4,323,623	-	-	4,323,623	4,323,623	-
MONDRIAN INTERNATIONAL EQUITY FUND LP		-	5,406,813	-	-	3,869,922	5,414,934	(8,121)
		$ 14,999,250	**$ 20,618,089**	**$ -**	**$ -**	**$ 34,786,868**	**$ 35,691,768**	**$ (74,429)**
Series transactions in excess of 5% of plan assets								
DODGE & COX INCOME FUND CL I		$ 6,636,384	$ -	$ -	$ -	$ 6,636,384	$ 6,636,384	$ -
METROPOLITAN WEST TOTAL RETURN BOND FD CL P		2,389,561	-	-	-	2,389,561	2,389,561	-
METROPOLITAN WEST TOTAL RETURN BOND FD CL P		-	6,567,653	-	-	6,567,653	6,567,653	-
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		11,688,946	-	-	-	11,688,946	11,688,946	-
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		-	11,944,533	-	-	11,944,533	11,944,533	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		10,321,278	-	-	-	10,321,278	10,321,278	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		-	10,469,271	-	-	10,469,271	10,469,271	-
		$ 31,036,169	**$ 28,981,457**	**$ -**	**$ -**	**$ 60,017,626**	**$ 60,017,626**	**$ -**

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2024

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	0	0	0	0	5	0	0	0	0	0	5
40-44	0	0	0	2	5	1	1	0	0	0	9
45-49	0	0	0	0	4	10	1	1	0	0	16
50-54	0	0	0	2	5	6	5	2	1	0	21
55-59	0	0	0	2	5	9	3	5	6	0	30
60-64	0	0	0	3	10	3	8	7	9	4	44
65-69	0	0	0	1	1	7	1	1	3	3	17
70 & over	0	0	0	0	1	0	0	0	0	1	2
Total	0	0	0	10	36	36	19	16	19	8	144

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

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2024

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Stabilization	**Not Reflecting Stabilization**
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.06%	4.41%

Annual rates of increase:

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on maximum benefits and compensation	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17).

Plan-related expenses	$1,400,000; expected to be paid from the trust

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality:

- PPA (All participants) 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).

Termination Representative termination rates (not due to disability, retirement, or mortality) at which participants terminate by age are given below, These rates are from the T-7 turnover table.

Attained Age	Percentage
20	10.00%
25	9.75%
30	9.40%
35	8.84%
40	7.65%
45	6.71%
50	4.87%
55	2.59%
60	1.70%

Disability None

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Rate (%)
55-59	15.0
60-61	20.0
62-64	25.0
65	55.0
66	40.0
67-69	50.0
70+	100.0

Form of payment

60% of participants elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

Marital assumptions:

- Percent married — 100% of male and female participants are assumed to be married.
- Spouse age — Husbands assumed to be 3 years older than wives.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which we have identified as the single life annuity for both single and married participants.

Timing of benefit payments

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

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (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 2022 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Current year active participants missing hours information were assumed to have zero hours for the current year.
- Participants included in the current year data as active, but who were also currently receiving benefit payments from the trustee, were valued as participants in-pay.
- Retirees missing beneficiary information were assumed to each have an associated male (female) beneficiary who is three years older (younger) than that of the retiree.

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-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality:

• PPA	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on a published table for pension participants believed to have similar characteristics to the plan population. Assumed termination rates differ by age due to expected differences in termination rates at younger versus older ages. Termination rates for at-risk funding calculations are as required by IRC §430.
Retirement	Retirement rates are based on an experience study conducted in 2020 blended with plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. Retirement rates for at-risk funding calculations are as required by IRC §430.

Benefit commencement date and form of payment:

• Deferred vested	Deferred vested participants are assumed to begin benefits at normal retirement date (or current age if later) in the normal form of payment. Deferred vested early commencement factors are not heavily subsidized so the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
• Retirement	Participants retiring from active employment are assumed to begin benefits at normal retirement date (or current age if later) in the normal form of payment.

SCHEDULE SB ATTACHMENTS

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.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was changed from static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430. The expected plan-related expenses were updated from $1,414,000 to $1,400,000.

Plan Name	**The Memorial Hospital Defined Pension Plan and Trust**
Plan Sponsor EIN	**05-0259004**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2024**

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)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0259004

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	84,466,505
b Actuarial value	2b	86,751,549

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	934	79,520,033	79,520,033
b For terminated vested participants	473	21,617,252	21,617,252
c For active participants	144	9,426,028	9,760,071
d Total	1,551	110,563,313	110,897,356

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	5.06%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,400,000
c Target normal cost	6c	1,400,000

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 G. Wilson Lowry G Wilson Lowry — September 11, 2025

Signature of actuary — Date

G. Wilson Lowry — 2304268

Type or print name of actuary — Most recent enrollment number

Willis Towers Watson US LLC — 617-638-3700

Firm name — Telephone number (including area code)

75 Arlington Street
Floor 2
Boston MA 02116

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,200,404
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	4,200,404
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.66 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		60
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		7
	c Total available at beginning of current plan year to add to prefunding balance		67
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	78.22 %
15	Adjusted funding target attainment percentage	15	78.22 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	77.47 %
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
04/01/2024	1,104,000	0			
07/15/2024	1,104,000	0			
10/15/2024	1,104,000	0			
01/02/2025	1,225,000	0			
			Totals ►	18(b) 4,537,000	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	4,393,157

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**	59

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**	1,400,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24,145,807	2,989,948
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**	4,389,948

	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**	4,389,948
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,393,157

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3,209
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 – Statement by Enrolled Actuary

Plan Sponsor	Care New England
EIN/PN	05-0259004/001
Plan Name	The Memorial Hospital Defined Benefit Pension Plan and Trust
Valuation Date	January 1, 2024
Enrolled Actuary	G. Wilson Lowry
Enrollment Number	23-04268

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

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. 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.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	15.0	1000	150	8250
56	15.0	850	128	7140
57	15.0	723	108	6177
58	15.0	614	92	5343
59	15.0	522	78	4620
60	20.0	444	89	5324
61	20.0	355	71	4331
62	25.0	284	71	4402
63	25.0	213	53	3354
64	25.0	160	40	2556
65	55.0	120	66	4283
66	40.0	54	22	1423
67	50.0	32	16	1084
68	50.0	16	8	550
69	50.0	8	4	279
70	100.0	4	4	283
			1,000	59,398

Weighted Average Retirement Age: **59.4**

The number of participants retiring at a given age is based on the assumed percentage rate of retirement times the number of participants remaining at each age (assuming 1,000 participants). The weighted amounts are then based on the number of retirees in the given year times the age. The weighted amounts are totaled and then divided by the total number of retirees (1,000).

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.06%	4.41%

Annual rates of increase:

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on maximum benefits and compensation	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17).

Plan-related expenses	$1,400,000; expected to be paid from the trust

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality:

- PPA (All participants)

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).

Termination

Representative termination rates (not due to disability, retirement, or mortality) at which participants terminate by age are given below, These rates are from the T-7 turnover table.

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30	9.40%
35	8.84%
40	7.65%
45	6.71%
50	4.87%
55	2.59%
60	1.70%

Disability

None

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Rate (%)
55-59	15.0
60-61	20.0
62-64	25.0
65	55.0
66	40.0
67-69	50.0
70+	100.0

Form of payment

60% of participants elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

Marital assumptions:

- Percent married — 100% of male and female participants are assumed to be married.
- Spouse age — Husbands assumed to be 3 years older than wives.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which we have identified as the single life annuity for both single and married participants.

Timing of benefit payments

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

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (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 2022 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Current year active participants missing hours information were assumed to have zero hours for the current year.
- Participants included in the current year data as active, but who were also currently receiving benefit payments from the trustee, were valued as participants in-pay.
- Retirees missing beneficiary information were assumed to each have an associated male (female) beneficiary who is three years older (younger) than that of the retiree.

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-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality:

• PPA	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on a published table for pension participants believed to have similar characteristics to the plan population. Assumed termination rates differ by age due to expected differences in termination rates at younger versus older ages. Termination rates for at-risk funding calculations are as required by IRC §430.
Retirement	Retirement rates are based on an experience study conducted in 2020 blended with plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. Retirement rates for at-risk funding calculations are as required by IRC §430.

Benefit commencement date and form of payment:

• Deferred vested	Deferred vested participants are assumed to begin benefits at normal retirement date (or current age if later) in the normal form of payment. Deferred vested early commencement factors are not heavily subsidized so the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
• Retirement	Participants retiring from active employment are assumed to begin benefits at normal retirement date (or current age if later) in the normal form of payment.

SCHEDULE SB ATTACHMENTS

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.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The mortality table used to calculate the funding target and target normal cost was changed from static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430. The expected plan-related expenses were updated from $1,414,000 to $1,400,000.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1966. The plan was amended and restated effective January 1, 2021.

Plan year	Calendar year
Covered employees	Attainment of age 21 Minimum months of service: 12 Minimum hours of service: 1,000
Participation date	January 1 or July 1 coinciding with or next following the date the requirements are met. The plan is frozen to new entrants effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.

Definitions

Vesting service	One year of vesting service for 1,000 hours completed in a calendar year
Year of service	A plan year in which the employee completes 1,000 hours of service
Normal retirement date (NRD)	The first day of the month coinciding with or preceding the attainment of age 65
Normal retirement benefit	37.5% of Average Monthly Compensation reduced by 1/30 for each Year of Service at NRD less than 30. Benefit accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Average monthly compensation	The monthly compensation of a participant averaged over the 5 consecutive plan years that produce the highest monthly average.

SCHEDULE SB ATTACHMENTS

Accrued benefit	Normal Retirement Benefit multiplied by ratio of actual service to projected service at 65. No reduction applies after termination older than age 60 with at least 30 years of service.

Eligibility for Benefits

Normal retirement	Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit. Payments will commence on the later of the first day of the month following a participant's retirement or the date of application for benefits.
Early retirement	Attainment of age 55 and completion of 5 years of service. A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.
Vested termination	Upon termination after 5 Years of Service. A participant's Deferred Vested Benefit commences in full on his or her NRD or, if he or she so elects, in a reduced amount prior to his or her NRD.
Total disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit. Benefit Accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Early retirement	The amount of benefit is equal to the Accrued Benefit reduced by 1/15 for each of the first five years and by 1/30 for each additional year by which early retirement precedes normal retirement. Effective January 1, 2001: If a Participant retires from active service at age 60 or older and has at least 30 Years of Service, his Normal Retirement Benefit shall be an amount equal to 37.5% of his Average Monthly Compensation.

Vested termination	100% of the Accrued Benefit deferred to NRD
Total disability retirement	100% of the Accrued Benefit with no reduction for early retirement
Pre-retirement death	The annuity equivalent of 50% of the present value of the Accrued Benefit
Post-retirement death	Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Other Plan Provisions

Forms of payment:

• Normal form	Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a 50% joint-and-survivor basis for married participants.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10-year certain-and-continuous annuity or as a 50%, 75%, or 100% joint-and-survivor benefit. Actuarial equivalence is based on the UP-1984 mortality table with no setbacks and a 3.00% interest rate (interest rate subject to change depending on PBGC immediate annuity rate).

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2024

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
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	0	0	0	0	5	0	0	0	0	0	5
40-44	0	0	0	2	5	1	1	0	0	0	9
45-49	0	0	0	0	4	10	1	1	0	0	16
50-54	0	0	0	2	5	6	5	2	1	0	21
55-59	0	0	0	2	5	9	3	5	6	0	30
60-64	0	0	0	3	10	3	8	7	9	4	44
65-69	0	0	0	1	1	7	1	1	3	3	17
70 & over	0	0	0	0	1	0	0	0	0	1	2
Total	0	0	0	10	36	36	19	16	19	8	144

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

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
Plan Sponsor: Care New England
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	147,062	291,784	8,132,400	8,571,246
2025	369,774	641,400	7,899,193	8,910,367
2026	494,750	793,682	7,645,233	8,933,665
2027	579,975	927,532	7,379,667	8,887,174
2028	642,439	1,018,154	7,110,570	8,771,163
2029	686,412	1,127,279	6,829,793	8,643,484
2030	715,996	1,274,219	6,539,107	8,529,322
2031	734,168	1,382,562	6,240,518	8,357,248
2032	745,242	1,470,457	5,933,665	8,149,364
2033	752,272	1,562,485	5,619,506	7,934,263
2034	754,212	1,627,679	5,299,351	7,681,242
2035	752,491	1,688,007	4,974,375	7,414,873
2036	748,008	1,738,578	4,646,153	7,132,739
2037	740,218	1,758,236	4,316,473	6,814,927
2038	729,512	1,764,427	3,987,325	6,481,264
2039	717,160	1,764,469	3,660,888	6,142,517
2040	702,860	1,763,338	3,339,417	5,805,615
2041	684,992	1,760,424	3,025,168	5,470,584
2042	665,550	1,746,810	2,720,368	5,132,728
2043	646,781	1,720,621	2,427,136	4,794,538
2044	625,662	1,685,747	2,147,470	4,458,879
2045	600,893	1,640,063	1,883,221	4,124,177
2046	574,803	1,590,195	1,636,003	3,801,001
2047	545,981	1,536,279	1,407,174	3,489,434
2048	514,964	1,473,252	1,197,788	3,186,004
2049	483,827	1,406,905	1,008,540	2,899,272
2050	451,656	1,337,702	839,692	2,629,050
2051	418,754	1,263,905	691,055	2,373,714
2052	385,801	1,186,469	562,027	2,134,297
2053	352,971	1,107,033	451,627	1,911,631
2054	320,987	1,027,202	358,563	1,706,752
2055	290,164	946,778	281,299	1,518,241
2056	260,777	867,275	218,143	1,346,195
2057	233,037	789,608	167,330	1,189,975
2058	207,100	714,626	127,100	1,048,826
2059	183,068	642,939	95,756	921,763
2060	160,989	575,049	71,717	807,755
2061	140,871	511,352	53,557	705,780
2062	122,677	452,137	40,027	614,841
2063	106,343	397,554	30,069	533,966
2064	91,776	347,640	22,809	462,225
2065	78,864	302,344	17,550	398,758
2066	67,483	261,526	13,745	342,754
2067	57,498	224,994	10,981	293,473

Plan Name:	The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN:	05-0259004/001
Plan Sponsor:	Care New England
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	48,769	192,509	8,949	250,227
2069	41,168	163,798	7,430	212,396
2070	34,573	138,574	6,264	179,411
2071	28,870	116,547	5,344	150,761
2072	23,961	97,423	4,593	125,977
2073	19,751	80,920	3,962	104,633

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(107,292)	15.00000	(107,292)	(9,761)
Shortfall	01/01/2023	4,677,535	14.00000	4,488,259	428,372
Shortfall	01/01/2022	(8,054,851)	13.00000	(7,397,859)	(744,360)
Shortfall	01/01/2021	1,779,287	12.00000	1,555,080	165,904
Shortfall	01/01/2020	(1,574,624)	11.00000	(1,298,099)	(147,836)
Shortfall	01/01/2019	35,666,294	10.00000	26,905,718	3,297,629
Total				24,145,807	2,989,948

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. 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.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	15.0	1000	150	8250
56	15.0	850	128	7140
57	15.0	723	108	6177
58	15.0	614	92	5343
59	15.0	522	78	4620
60	20.0	444	89	5324
61	20.0	355	71	4331
62	25.0	284	71	4402
63	25.0	213	53	3354
64	25.0	160	40	2556
65	55.0	120	66	4283
66	40.0	54	22	1423
67	50.0	32	16	1084
68	50.0	16	8	550
69	50.0	8	4	279
70	100.0	4	4	283
			1,000	59,398

Weighted Average Retirement Age: **59.4**

The number of participants retiring at a given age is based on the assumed percentage rate of retirement times the number of participants remaining at each age (assuming 1,000 participants). The weighted amounts are then based on the number of retirees in the given year times the age. The weighted amounts are totaled and then divided by the total number of retirees (1,000).

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	147,062	291,784	8,132,400	8,571,246
2025	369,774	641,400	7,899,193	8,910,367
2026	494,750	793,682	7,645,233	8,933,665
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2045	600,893	1,640,063	1,883,221	4,124,177
2046	574,803	1,590,195	1,636,003	3,801,001
2047	545,981	1,536,279	1,407,174	3,489,434
2048	514,964	1,473,252	1,197,788	3,186,004
2049	483,827	1,406,905	1,008,540	2,899,272
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2053	352,971	1,107,033	451,627	1,911,631
2054	320,987	1,027,202	358,563	1,706,752
2055	290,164	946,778	281,299	1,518,241
2056	260,777	867,275	218,143	1,346,195
2057	233,037	789,608	167,330	1,189,975
2058	207,100	714,626	127,100	1,048,826
2059	183,068	642,939	95,756	921,763
2060	160,989	575,049	71,717	807,755
2061	140,871	511,352	53,557	705,780
2062	122,677	452,137	40,027	614,841
2063	106,343	397,554	30,069	533,966
2064	91,776	347,640	22,809	462,225
2065	78,864	302,344	17,550	398,758
2066	67,483	261,526	13,745	342,754
2067	57,498	224,994	10,981	293,473

Plan Name:	The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN:	05-0259004/001
Plan Sponsor:	Care New England
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
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2070	34,573	138,574	6,264	179,411
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2072	23,961	97,423	4,593	125,977
2073	19,751	80,920	3,962	104,633

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Care New England
EIN/PN	05-0259004/001
Plan Name	The Memorial Hospital Defined Benefit Pension Plan and Trust
Valuation Date	January 1, 2024
Enrolled Actuary	G. Wilson Lowry
Enrollment Number	23-04268

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, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1966. The plan was amended and restated effective January 1, 2021.

Plan year	Calendar year
Covered employees	Attainment of age 21 Minimum months of service: 12 Minimum hours of service: 1,000
Participation date	January 1 or July 1 coinciding with or next following the date the requirements are met. The plan is frozen to new entrants effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.

Definitions

Vesting service	One year of vesting service for 1,000 hours completed in a calendar year
Year of service	A plan year in which the employee completes 1,000 hours of service
Normal retirement date (NRD)	The first day of the month coinciding with or preceding the attainment of age 65
Normal retirement benefit	37.5% of Average Monthly Compensation reduced by 1/30 for each Year of Service at NRD less than 30. Benefit accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Average monthly compensation	The monthly compensation of a participant averaged over the 5 consecutive plan years that produce the highest monthly average.

SCHEDULE SB ATTACHMENTS

Accrued benefit	Normal Retirement Benefit multiplied by ratio of actual service to projected service at 65. No reduction applies after termination older than age 60 with at least 30 years of service.

Eligibility for Benefits

Normal retirement	Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit. Payments will commence on the later of the first day of the month following a participant's retirement or the date of application for benefits.
Early retirement	Attainment of age 55 and completion of 5 years of service. A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.
Vested termination	Upon termination after 5 Years of Service. A participant's Deferred Vested Benefit commences in full on his or her NRD or, if he or she so elects, in a reduced amount prior to his or her NRD.
Total disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit. Benefit Accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Early retirement	The amount of benefit is equal to the Accrued Benefit reduced by 1/15 for each of the first five years and by 1/30 for each additional year by which early retirement precedes normal retirement. Effective January 1, 2001: If a Participant retires from active service at age 60 or older and has at least 30 Years of Service, his Normal Retirement Benefit shall be an amount equal to 37.5% of his Average Monthly Compensation.

Vested termination	100% of the Accrued Benefit deferred to NRD
Total disability retirement	100% of the Accrued Benefit with no reduction for early retirement
Pre-retirement death	The annuity equivalent of 50% of the present value of the Accrued Benefit
Post-retirement death	Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Other Plan Provisions

Forms of payment:

• Normal form	Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a 50% joint-and-survivor basis for married participants.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10-year certain-and-continuous annuity or as a 50%, 75%, or 100% joint-and-survivor benefit. Actuarial equivalence is based on the UP-1984 mortality table with no setbacks and a 3.00% interest rate (interest rate subject to change depending on PBGC immediate annuity rate).

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None

Plan Name	**The Memorial Hospital Defined Pension Plan and Trust**
Plan Sponsor EIN	**05-0259004**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2024**

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2024	(107,292)	15.00000	(107,292)	(9,761)
Shortfall	01/01/2023	4,677,535	14.00000	4,488,259	428,372
Shortfall	01/01/2022	(8,054,851)	13.00000	(7,397,859)	(744,360)
Shortfall	01/01/2021	1,779,287	12.00000	1,555,080	165,904
Shortfall	01/01/2020	(1,574,624)	11.00000	(1,298,099)	(147,836)
Shortfall	01/01/2019	35,666,294	10.00000	26,905,718	3,297,629
Total				24,145,807	2,989,948