

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SHORE MEDICAL CENTER PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1969
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SHORE MEDICAL CENTER 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244-2340
2b	Employer Identification Number (EIN) 21-0660835
2c	Plan Sponsor's telephone number 609-653-3500
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	VINCE AZZARELLO
	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 SHORE MEDICAL CENTER 100 MEDICAL CENTER WAY SOMERS POINT, NJ 08244	3b Administrator's EIN 21-0660835 3c Administrator's telephone number 609-653-3500
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	5 975
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 269 6a(2) 233 6b 458 6c 238 6d 929 6e 28 6f 957 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(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
22-1211670	68241	994511	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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	(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
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	(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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1951328

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. Specify nature of costs ▶	6d	

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	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)..... ▶	7c(5)		

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835	

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

(a) Name of insurance carrier
PROTECTIVE 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
63-0169720	68136	PX0371603	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1750419**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** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	001
SHORE MEDICAL CENTER PENSION PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SHORE MEDICAL CENTER	21-0660835	

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

(a) Name of insurance carrier

JACKSON NATIONAL 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
38-1659835	65056	1006134056	0	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

DONALD ROSS

WELLS FARGO CLEARING SERVICES L

1 N JEFFERSON AVE FL 9

ST LOUIS, MO 63103

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			7

(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

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(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** 4209837**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** 4077889**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 131948
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 131948**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4209837**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 4209837

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	169402560	
b	Actuarial value	2b	171270172	
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	440	105339125	105339125
b	For terminated vested participants	272	18500581	18500581
c	For active participants	266	43116025	43116025
d	Total	978	166955731	166955731
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	5.10 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	574123	
b	Expected plan-related expenses	6b	200000	
c	Target normal cost	6c	774123	

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 BRIAN D. EVITTS Type or print name of actuary CBIZ Firm name 1845 WALNUT STREET 10TH FLOOR PHILADELPHIA, PA 19103 Address of the firm	10/14/2025 Date 23-05995 Most recent enrollment number 215-825-4027 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16133395
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	16133395
10 Interest on line 9 using prior year's actual return of <u>15.15</u> %	0	2444209
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2142943
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		112076
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		2255019
d Portion of (c) to be added to prefunding balance		2255019
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	20832623

Part III Funding Percentages

14 Funding target attainment percentage	14	90.10 %
15 Adjusted funding target attainment percentage	15	102.58 %
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	89.59 %
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
04/15/2024	1500000	0			
07/15/2024	1500000	0			
10/15/2024	1500000	0			
Totals ►			18(b)	4500000	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	4381740

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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
-----------------	--

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	774123
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		16380107	1964785
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	2738908
	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	2738908
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	4381740
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1642832
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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(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)

CBIZ

31-1582098

(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 38 50 64 70	NONE	199139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC

22-1146430

(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 50 51 52	NONE	157955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(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 50 51 52	NONE	23448	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)

CAPTRUST

56-1984030

(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 50 51	NONE	12500	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan SHORE MEDICAL CENTER PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER				D Employer Identification Number (EIN) 21-0660835	
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: PRISA SA					
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.					
c EIN-PN 22-1211670-038		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1472282	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II SA					
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.					
c EIN-PN 22-1211670-039		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 479056	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
	A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835	

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)	1500000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14708382	6852662
(2) U.S. Government securities	1c(2)	24914312	43712363
(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)	89659279	94978269
(B) Common	1c(4)(B)		
(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)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2474189	1951328
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30339300	15009063
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5810021	5962503
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	169405483	168466188
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	169405483	168466188

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)	4500000	
(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)		4500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5354247
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9854247

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10302026	
(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)		10302026
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	193902	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	199139	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	98475	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		491516
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10793542

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-939295
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **GRANT THORNTON, LLP**

(2) EIN: **36-6055558**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		8000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562686.

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 SHORE MEDICAL CENTER PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SHORE MEDICAL CENTER		D Employer Identification Number (EIN) 21-0660835
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): 22-1146430		
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 8
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% 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 Report of
Independent Certified Public
Accountants

Shore Medical Center Pension Plan

December 31, 2024 and 2023

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Finance Committee
Shore Medical Center Pension Plan

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Shore Medical Center Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, 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 a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

- 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for opinion

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

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 for one year after the date the financial statements are available to be issued.

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

Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with US 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 of assets (held at end of year) as of December 31, 2024 and 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 supplementary 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 the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US 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 its 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).

Grant Thornton LLP

Philadelphia, Pennsylvania
October 13, 2025

Shore Medical Center Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 168,466,188	\$ 167,905,483
Employer contribution receivable	<u>-</u>	<u>1,500,000</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 168,466,188</u></u>	<u><u>\$ 169,405,483</u></u>

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

Shore Medical Center Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions		
Additions to net assets attributable to:		
Investment income (loss)		
Interest and dividend income	\$ 7,573,487	\$ 4,259,624
Net appreciation (depreciation) in fair value of investments	(2,258,675)	19,109,203
Other Income	39,435	-
Total investment income	5,354,247	23,368,827
Employer contributions	4,500,000	5,938,967
Total additions	9,854,247	29,307,794
Deductions		
Deductions from net assets attributable to:		
Benefits paid directly to participants	10,302,026	9,939,751
Administrative expenses	491,516	1,728,264
Total deductions	10,793,542	11,668,015
NET INCREASE (DECREASE)	(939,295)	17,639,779
Net assets available for benefits		
Beginning of year	169,405,483	151,765,704
End of year	<u>\$ 168,466,188</u>	<u>\$ 169,405,483</u>

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

Shore Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following brief description of the Shore Medical Center Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan sponsored by Shore Medical Center, formerly known as Shore Memorial Hospital (the "Hospital"). The Hospital is the Plan sponsor. Established in 1969, the Plan covers substantially all employees of the Hospital who were hired prior to June 1, 2007 and provides for pension, death and disability benefits. The Plan is subject to the regulations of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan was partially frozen effective June 1, 2007. No person who is hired by and becomes an employee of the Hospital on or after June 1, 2007 shall be eligible to participate in the Plan. Active participants as of June 1, 2007 who remain continuously employed will continue to accrue benefits. Any employee hired or rehired after June 1, 2007 shall be eligible to participate in a defined contribution plan sponsored by the Hospital.

On September 1, 2023, PNC Bank, N.A. ("PNC") became the trustee of the Plan. On that date assets in the amount of approximately \$143 million transferred from Prudential Insurance Company of America and Prudential Trust Company, (collectively Prudential) to PNC. Pooled separate accounts held by Prudential Insurance Company of America remained with that custodian and did not transfer to PNC.

Pension Benefits

Participants are entitled to plan benefits beginning at the normal retirement age of 65, although earlier retirement with lesser benefits is permitted. Participants who terminate after the completion of five years of service but prior to eligibility for normal or early retirement shall be entitled to a deferred vested benefit commencing at age 65 equal to their accrued benefit as of the date of termination.

Benefit payments are paid in the form of a life annuity or a 10-year certain and continuous life annuity for single participants, and a joint-and-survivor annuity for married participants, unless the participant elects a different form of payment. For married participants, spousal consent is required to change payment methods.

Participants become 100% vested in accrued benefits after the completion of five years of service, as defined.

Per IRS regulations, participants are required to take a required minimum distribution ("RMD") by April 1 of the year following the year they reach age 73.

As of January 1, 2013, the normal retirement benefit formula for all non-union active participants was changed from a final average pay formula to a career-average formula for plan years beginning after December 31, 2012.

On January 1, 2016, the Plan was amended to further change the normal retirement and disability benefit formulas for the Plan participants whose employment is not covered by a collective bargaining agreement. The new formula shall be an amount equal to 1/12 the greater of (a) and (b), where (a) is the annual amount previously determined as of December 31, 2015 and (b) is 0.75% of the Participants' Compensation for each year of service not to exceed 35 years. The minimum benefit under this formula is \$300, and in no event shall the benefit be less than what was previously accrued prior to January 1, 2016. The amendment also further changes the formula for those receiving disability benefits prospectively.

Shore Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

On November 15, 2016, the Plan was amended effective January 1, 2017 to change the benefit formula for union participants. The new formula changed beginning with service and compensation earned after January 1, 2017 to 0.75% of annual compensation, divided by 12 for each year of service credited (not to exceed 35 years).

Preretirement Death Benefits

The surviving spouse of an active or terminated participant is entitled to certain benefits as defined in the Plan document in the event that the participant dies prior to receiving benefit payments. The amount of the preretirement death benefit payable with respect to an unmarried participant is the actuarial equivalent of the death benefit that would have been payable to the surviving spouse of the participant if they were married on the date of his or her death and such spouse was exactly three years younger than such participant. Married participants may, with written spousal consent, waive the preretirement death benefit otherwise payable to their spouse and designate a non-spousal beneficiary to receive a death benefit that is the actuarial equivalent of the preretirement death benefit that would have been payable to the participant's spouse. In order to be eligible, certain requirements, which are fully described in the Plan document, must be satisfied.

Payment of Expenses

Significant expenses of administering the Plan, such as actuary fees, accounting fees, legal fees, and certain investment fees, are paid by the Plan, which is provided by the Plan document.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Plan Sponsor. Other Plan administrative costs are paid by the Plan as permitted by the Plan document.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is defined as 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 (an exit price). Plan management determined the Plan's valuation policies utilizing information provided by the Plan's custodian. See Note F for further discussion of fair value measurements.

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The Plan's actuary, CBIZ Retirement Plan Services, computes the actuarial present value of accumulated Plan benefits presented below. Accumulated Plan benefits under the Plan's provisions are those future periodic benefit payments that are attributable to service employees have rendered through the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, the beneficiaries of deceased employees, and present employees or their beneficiaries. Benefits under the Plan are based on employees' highest average annual compensation received in any five consecutive full calendar years during the last 10 years of employment. Benefits payable under all circumstances are included in accumulated Plan benefits to the extent they are deemed attributable to employee service rendered to the valuation date.

The accumulated plan benefit information is estimated as of the beginning of the Plan year and is as follows:

	December 31, 2023
Accumulated plan benefits	
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Retirees and beneficiaries	\$ 97,834,356
Terminated participants with deferred benefits	18,278,664
Active participants	<u>42,462,417</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 158,575,437</u></u>
Changes in accumulated plan benefits	
Actuarial present value of accumulated Plan benefits at beginning of year	\$ 159,516,390
Net (decrease) increase during the year attributed to:	
Actual benefits paid	(9,939,751)
Benefits accumulated and gains and losses	1,271,918
Interest due to decrease in discount period	7,727,326
Change of assumptions	<u>(446)</u>
Net increase	<u>(940,953)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 158,575,437</u></u>

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024, and 2023. Had the valuations been performed as of December 31, there would be no material differences.

Shore Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Significant assumptions underlying the actuarial computations as of December 31, 2023 and 2022 are as follows:

Discount rate	5.00% compounded annually as of December 31, 2023 and 2022, respectively.
Mortality	The mortality table used for projecting the benefit obligations of the DB Plan for both years is the Pri-2012, modified with 35% increase annual updates for projected improvements to the MP-2021 Generational Mortality Tables for December 31, 2023 and 2022.
Retirement	Normal retirement is at age 65 as of December 31, 2023 and 2022

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

NOTE D - PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan sponsor has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE E - INVESTMENTS AND INFORMATION CERTIFIED BY CUSTODIANS

The Plan sponsor 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, Prudential and PNC, the custodians and trustee of the Plan, have certified that the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments in pooled separate accounts and investments held by PNC such as - cash and cash equivalents, corporate bonds, government securities, and exchange traded funds (ETFs) at fair value, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023;
- Interest and dividend income and net appreciation (depreciation) of pooled separate accounts, and of investments held by PNC such as cash and cash equivalents, corporate bonds, government securities and exchange traded funds as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023; and
- Investments in pooled separate accounts investments held by PNC such as cash and cash equivalents, corporate bonds, government securities and exchange traded funds included on schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.

The Plan's independent accountants did not perform auditing procedures with respect to information certified by the custodians except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Investments in single premium deferred annuity contracts, money market fund, government bonds and certificates of deposit and the related investment income are not certified by the custodians (Note G).

NOTE F - FAIR VALUE MEASUREMENTS

Fair value is defined under Accounting Standards Codification ("ASC") 820 as 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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described below:

- Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:
 - Quoted prices for similar assets and liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in markets that are not active;

Shore Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals); and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs, minimize the use of unobservable inputs to the extent possible and consider valuation risks including counterparty credit risk and nonperformance risk when applicable in its assessment of fair value.

The fair values of the Plan's investments were determined as follows:

Money market fund, cash and cash equivalents, government bonds, government securities, and ETFs:

Stated at fair value as quoted in an active market.

Corporate bonds and certificates of deposit:

Fair value is determined by using observable market data for similar instruments.

Pooled separate accounts:

Valued using net asset value ("NAV") as the practical expedient as the fair value of underlying securities held by the fund, which represents the NAV of units held by the Plan at year end. The fair values of the underlying investments of these inactively traded funds are valued by the fund managers using valuation models and discounted cash flow analyses.

Deferred annuity contracts:

Value based on cash surrender value, which approximates fair value.

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

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

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 3,291	\$ -	\$ -	\$ 3,291
Cash and cash equivalents	2,867,850	-	-	2,867,850
Single premium deferred annuity contracts	-	-	5,962,503	5,962,503
Government bonds	6,030,229	-	-	6,030,229
Government securities	37,682,134	-	-	37,682,134
Certificates of deposit	-	3,981,514	-	3,981,514
Corporate bonds	-	94,978,267	-	94,978,267
ETFs	15,009,071	-	-	15,009,071
 Total investments, at fair value	 <u>\$ 61,592,575</u>	 <u>\$ 98,959,781</u>	 <u>\$ 5,962,503</u>	 166,514,859
 Investments measured at NAV ^(a)				 <u>1,951,329</u>
 Total investments, at fair value				 <u>\$ 168,466,188</u>

Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 18,135	\$ -	\$ -	\$ 18,135
Cash and cash equivalents	5,118,796	-	-	5,118,796
Single premium deferred annuity contracts	-	-	5,810,021	5,810,021
Government bonds	4,332,454	-	-	4,332,454
Government securities	24,914,312	-	-	24,914,312
Certificates of deposit	-	5,238,997	-	5,238,997
Corporate bonds	-	89,659,279	-	89,659,279
ETFs	30,339,300	-	-	30,339,300
 Total investments, at fair value	 <u>\$ 64,722,997</u>	 <u>\$ 94,898,276</u>	 <u>\$ 5,810,021</u>	 165,431,294
 Investments measured at NAV ^(a)				 <u>2,474,189</u>
 Total investments, at fair value				 <u>\$ 167,905,483</u>

- ^(a) In accordance with ASC Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. Certain numbers in the 2023 leveling table were reclassified to conform to current year presentation.

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 at December 31, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range
Jackson National Life 6 Year Fixed Annuity	\$ 4,212,084	\$ 4,077,890	Discounted cash flow	Risk-adjusted discount rate applied	3.30%
Protective Life Insurance Company 5-Year Fixed Annuity	1,750,419	1,732,131	Discounted cash flow	Risk-adjusted discount rate applied	1.05%

Significant increases or decreases in the above unobservable inputs in isolation would result in a significantly lower or higher fair value measurement for such assets.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 1, 2 or 3.

There were no purchases or sales of the Plan's Level 3 assets for the year ended December 31, 2024. There were no transfers into or out of Level 3 during 2024 and 2023.

In accordance with the fair value measurements and disclosures guidance, the following table presents the category, fair value, redemption frequency, and redemption notice period for Plan investments, the fair values of which are estimated using NAV per share as of December 31, 2024 and 2023:

	2024 Fair Value	2023 Fair Value	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Pooled separate accounts				
Real estate ^(a)	\$ 1,951,329	\$ 2,474,189	Quarterly	Quarterly
Total pooled separate accounts	<u>\$ 1,951,329</u>	<u>\$ 2,474,189</u>		

There are no unfunded commitments as of December 31, 2024 and 2023.

^(a) These funds invest in real estate properties, other real estate-related investments and securities. Underlying real estate holdings are valued principally using external appraisals. Underlying securities are generally priced using values obtained from independent pricing sources. Redemptions are permitted daily, except participant transfers out of the funds are limited to one per calendar quarter.

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE G - INVESTMENTS NOT CERTIFIED

The table below represents the fair value of investments that are certified or not certified as of December 31, 2024:

	Total Investments	Investments Certified	Investments Not Certified
Pooled separate accounts	\$ 1,951,329	\$ 1,951,329	\$ -
Cash and cash equivalents	2,867,850	2,867,850	-
Government securities	37,682,134	37,682,134	-
Corporate bonds	94,978,267	94,978,267	-
ETFs	15,009,071	15,009,071	-
Investments, at fair value, certified by custodian	152,488,651	152,488,651	-
Money market fund	3,291	-	3,291
Single premium deferred annuity contracts	5,962,503	-	5,962,503
Government bonds	6,030,229	-	6,030,229
Certificates of deposit	3,981,514	-	3,981,514
Investments, at fair value, not certified by custodian	15,976,537	-	15,977,537
Total investments, at fair value	\$ 168,466,188	\$ 152,488,651	\$ 15,977,537

The table below represents the fair value of investments that are certified or not certified as of December 31, 2023:

	Total Investments	Investments Certified	Investments Not Certified
Pooled separate accounts	\$ 2,474,189	\$ 2,474,189	\$ -
Cash and cash equivalents	5,118,796	5,118,796	-
Government securities	24,914,312	24,914,312	-
Corporate bonds	89,659,279	89,659,279	-
ETFs	30,339,300	30,339,300	-
Investments, at fair value, certified by custodian	152,505,876	152,505,876	-
Money market fund	18,135	-	18,135
Single premium deferred annuity contracts	5,810,021	-	5,810,021
Government bonds	4,332,454	-	4,332,454
Certificates of deposit	5,238,997	-	5,238,997
Investments, at fair value, not certified by custodian	15,399,607	-	15,399,607
Total investments, at fair value	\$ 167,905,483	\$ 152,505,876	\$ 15,399,607

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE H - INVESTMENT IN GUARANTEED PERIOD FIXED ANNUITY CONTRACTS

The Jackson National Life Six-Year Fixed Annuity is a guaranteed period fixed annuity contract offered by Jackson National Life Insurance Company ("Jackson"). The contract is a long-term financial instrument offered by the insurance company. Any guarantees offered in this annuity are backed by the claims-paying ability of Jackson. Limitations are placed on the amount of funds that can be withdrawn without a surrender charge. Surrender charges of up to 10% exist based on a specified period of time. In addition to surrender charges, the contract may assess an annual contract fee, such as an account maintenance fee.

This investment offers a fixed stream of income payments that do not change during the term of the payout period in exchange for a lump-sum investment. The contract principle, plus a specified minimum rate of interest, is guaranteed by Jackson's claims-paying ability. The base interest rate of the contract is 3.30% for a period of six years. An initial bonus interest rate of 2.75% was offered by the contract in the initial year of existence. The interest crediting rate was 3.30% for both years ended December 31, 2024 and 2023.

Contract payments usually take 30 days to begin and can be structured in a number of different ways. Payment options include: 1) period of term certain annuitization where payments are made for a specified period or term such as 10 years; 2) life annuitization where payments last for the life or joint life of the contract annuitant; or 3) life annuitization where payments last the longer of the life of the annuitant or the certain periods. If the payment period has not ended and the contract payments are continued under the contract, the contract beneficiaries will receive the remainder of the required payments. Once the payment period has ended, the annuitant will not receive any additional payments and will not receive any additional principal payment. Payment intervals can be structured to take place monthly, quarterly, semi-annually, or annually. The payout options typically cannot be changed once the annuitant has made a selection.

NOTE I - TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service ("IRS") dated March 2, 2017 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its tax qualified status. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE J - RELATED-PARTY TRANSACTIONS

Certain of the Plan's assets are or were invested during the year in pooled separate accounts, corporate debt, single premium deferred annuity contracts, and a money market fund managed by the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Certain administrative functions of the Plan are performed by employees of the Plan sponsor. No such employees receive compensation from the Plan.

Shore Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE K - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, valuation and credit risks. 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE L - SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 13, 2025, which is the date the financial statements were available to be issued. The Plan Administrator is not aware of any subsequent events, which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Exchange traded funds				
	ISHARES CORE S&P 500	12,161 units	\$ 5,415,672	\$ 7,158,937
	ISHARES CORE S&P MID-CAP ETF	25,185 units	1,286,908	1,569,277
	ISHARES CORE S&P SMALL CAP ETF	6,698 units	644,808	771,744
	MFS EMERGING MKTS DEBT FD-R6	0.046 units	1	1
	PGIM HIGH YIELD FUND (PHYQX)	1.501 units	7	7
	ISHARES CORE MSCI EAFE ETF	42,849 units	2,834,437	3,011,428
	ISHARES MSCI INTL QUALITY	17,975 units	643,705	667,232
	SCHWAB INTERNATIONAL SMALL CAP	19,360 units	645,503	664,629
	WISDOMTREE U.S. QUALITY DIVI	14,398 units	965,085	1,165,230
	Accrued Income		-	586
	Total exchange traded funds		12,436,126	15,009,071
Pooled separate accounts				
*	PRISA II SA	11 units	323,231	479,053
*	PRISA SA	19 units	943,963	1,472,276
	Total pooled separate accounts		1,267,194	1,951,329
Interest Bearing Cash				
	FEDERATED HERMES GOVT OBLIG PREM SHS	2,854,314 units	2,854,314	2,854,314
	Accrued Cash and Cash Equivalent			13,536
	Total Interest Bearing Cash		2,854,314	2,867,850
US government securities				
	USA TREASURY NOTES	39,056,122 units	38,192,345	37,357,776
	Accrued Income		-	324,358
	Total US government securities		38,192,345	37,682,134
Corporate Debt				
	AEP TRANSMISSION CO LLC CALL	1,375,000 units, 05.400% DUE 03/15/2053	1,341,947	1,310,238
	AT&T INC CALL	1,135,000 units, 03.500% DUE 06/01/2041	847,479	869,716
	ABBOTT LABORATORIES CALL	900,000 units, 04.750% DUE 11/30/2036	884,383	869,445
	ABBVIE INC CALL	910,000 units, 04.500% DUE 05/14/2035	857,944	852,197
	ABBVIE INC CALL	265,000 units, 05.500% DUE 03/15/2064	264,009	253,009

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AIR PRODUCTS & CHEMICALS	580,000 units, 04.600% DUE 02/08/2029	\$ 579,228	\$ 577,262
	ALLSTATE CORP CALL	570,000 units, 05.250% DUE 03/30/2033	563,876	568,940
	ALPHABET INC CALL	1,285,000 units, 01.900% DUE 08/15/2040	854,591	839,439
	AMAZON.COM INC CALL	675000 units, 03.950% DUE 04/13/2052	559,229	532,258
	AMERICAN EXPRESS COSER WI CALL	1,215,000 units, 03.300% DUE 05/03/2027	1,142,107	1,179,048
	AMERICAN HONDA FINANCE UNSC	550,000 units, 05.650% DUE 11/15/2028	562,828	564,878
	AMERIPRISE FINANCIAL INC CALL	835000 units, 05.700% DUE 12/15/2028	857,121	860,301
	AMGEN INC CALL	810,000 units, 05.650% DUE 03/02/2053	794,882	779,844
	ANHEUSER-BUSCH CO/INBEVSR CALL	865,000 units, 04.700% DUE 02/01/2036	825,346	820,470
	APPLE INC CALL	885,000 units, 02.550% DUE 08/20/2060	560,645	517,132
	AVALONBAY COMMUNITIES CALL	1,140,000 units, 05.300% DUE 12/07/2033	1,147,149	1,141,493
	BHP BILLITON FIN USA LTD	575,000 units, 04.900% DUE 02/28/2033	566,059	564,869
	BALTIMORE GAS & ELECTRIC CALL	1,034,000 units, 02.250% DUE 06/15/2031	849,079	875,126
	BANK OF AMERICA CORPORATION	1,020,000 units, VAR% DUE 02/13/2031	847,607	896,876
	BANK OF AMERICA CORPORATION	1,830,000 units, VAR% DUE 06/19/2041	1,267,668	1,270,441
	BANK OF MONTREAL	845,000 units, 05.203% DUE 02/01/2028	843,083	851,566
	BANK OF NY MELLON CORP CALL	550,000 units, VAR% DUE 10/25/2028	563,473	564,614
	BANK OF NOVA SCOTIA	865,000 units, VAR% DUE 09/08/2028	865,000	856,315
	BANK OF NOVA SCOTIA	1,155,000 units, 05.350% DUE 12/07/2026	1,155,842	1,169,819
	BERKSHIRE HATHAWAY FINCOM GTD	1,230,000 units, 04.400% DUE 05/15/2042	1,126,346	1,117,578
	BP CAP MARKETS AMERICA CALL	1,355,000 units, 04.812% DUE 02/13/2033	1,313,560	1,309,851
	BRISTOL-MYERS SQUIBB CO UNSC	350,000 units, 03.250% DUE 08/01/2042	252,077	256,953
	BURLINGTN NORTH SANTA FE CALL	1,340,000 units, 04.150% DUE 04/01/2045	1,119,226	1,101,936
	CSX CORP CALL	613,000 units, 03.350% DUE 09/15/2049	438,471	425,171
	CAPITAL ONE FINANCIAL CO CALL	910,000 units, 03.750% DUE 03/09/2027	851,046	888,460
	CITIGROUP INC CALL	1,640,000 units, VAR% DUE 11/03/2032	1,311,428	1,367,498
	COMCAST CORP CALL	2,470,000 units, 03.750% DUE 04/01/2040	2,028,373	1,986,695
	COCA-COLA CO/THE	685,000 units, 05.400% DUE 05/13/2064	675,980	659,176
	CONOCOPHILLIPS NOTES	1,200,000 units, 06.500% DUE 02/01/2039	1,333,458	1,311,660
	CON EDISON CO OF NY INC CALL	1,125,000 units, 05.500% DUE 03/15/2034	1,140,836	1,144,541
	WALT DISNEY COMPANY/THE COGT	1,200,000 units, 06.650% DUE 11/15/2037	1,361,791	1,338,180
	EIDP INC CALL	870,000 units, 04.800% DUE 05/15/2033	849,234	845,118
	DUKE ENERGY FLORIDA LLC CALL	1,050,000 units, 06.200% DUE 11/15/2053	1,125,706	1,106,553
	ENBRIDGE INC	510,000 units, 06.700% DUE 11/15/2053	556,394	553,391
	ENERGY TRANSFER LP CALL	550,000 units, 06.550% DUE 12/01/2033	575,351	585,492
	ENTERPRISE PRODUCTS OPER CALL	610,000 units, 04.850% DUE 03/15/2044	556,292	545,194
	EVERSOURCE ENERGY UNSC	880,000 units, 04.750% DUE 05/15/2026	864,059	879,287
	EXXON MOBIL CORPORATION	1,200,000 units, 04.114% DUE 03/01/2046	1,037,364	973,332
	FLORIDA POWER & LIGHT CO CALL	1,600,000 units, 05.300% DUE 04/01/2053	1,571,900	1,524,128
	FOX CORP SER WI CALL	575,000 units, 04.709% DUE 01/25/2029	557,634	567,962
	GILEAD SCIENCES INC UNSC	900,000 units, 04.600% DUE 09/01/2035	851,773	849,339
	GOLDMAN SACHS GROUP INC CALL	2,080,000 units, VAR% DUE 02/24/2033	1,744,236	1,792,690
	HOME DEPOT INC CALL	715,000 units, 03.300% DUE 04/15/2040	569,890	557,049
	HOME DEPOT INC CALL	165,000 units, 04.875% DUE 06/25/2027	164,454	166,564
	HONEYWELL INTERNATIONAL CALL	835,000 units, 05.000% DUE 02/15/2033	839,333	830,499
	HORMEL FOODS CORP CALL	830,000 units, 03.050% DUE 06/03/2051	562,572	539,400
	INTEL CORP CALL	1,200,000 units, 04.900% DUE 08/05/2052	1,101,998	947,460
	INTEL CORP CALL	270,000 units, 05.625% DUE 02/10/2043	281,899	247,428

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	INTERCONTINENTAL EXCHANGE CALL	840,000 units, 03.000% DUE 06/15/2050	\$ 574,457	\$ 535,613
	JP MORGAN CHASE & CO	2,455,000 units, VAR% DUE 07/24/2038	2,077,288	2,094,581
	JOHNSON & JOHNSON CALL	1,475,000 units, 03.550% DUE 03/01/2036	1,308,239	1,288,014
	KLA CORP CALL	1,150,000 units, 03.300% DUE 03/01/2050	856,612	794,282
	KINDER MORGAN ENER PART SR UNSEC	785,000 units, 06.950% DUE 01/15/2038	832,865	850,571
	KROGER CO	505,000 units, 05.500% DUE 09/15/2054	494,858	475,644
	ELI LILLY & CO CALL	665,000 units, 02.500% DUE 09/15/2060	387,633	354,179
	ELI LILLY & CO CALL	285,000 units, 05.050% DUE 08/14/2054	283,604	263,998
	MERCK & CO INC CALL	900,000 units, 02.900% DUE 12/10/2061	589,707	516,141
	MERCK & CO INC CALL	690,000 units, 03.600% DUE 09/15/2042	557,357	535,661
	METLIFE INC NOTES	1,080,000 units, 05.700% DUE 06/15/2035	1,106,900	1,111,320
	MICROSOFT CORP CALL	1,275,000 units, 03.450% DUE 08/08/2036	1,124,161	1,111,736
	MICROSOFT CORP CALL	890,000 units, 02.675% DUE 06/01/2060	578,082	521,246
	MIDAMERICAN ENERGY CO CALL	1,490,000 units, 03.650% DUE 08/01/2048	1,118,208	1,104,135
	MIDAMERICAN ENERGY CO CALL	290,000 units, 05.300% DUE 02/01/2055	288,770	273,946
	MORGAN STANLEY SR UNSEC	1,960,000 units, VAR% DUE 01/25/2052	1,238,812	1,197,011
	MORGAN STANLEY SER MTN CALL	1,075,000 units, VAR% DUE 10/20/2032	858,036	900,753
	NIKE INC CALL	700,000 units, 03.250% DUE 03/27/2040	557,947	540,540
	NORFOLK SOUTHERN CORP CALL	850,000 units, 05.050% DUE 08/01/2030	853,715	858,687
	NORTHERN STATES PWR-MINN	1,475,000 units, 05.050% DUE 08/01/2030	1,127,604	1,120,366
	NORTHROP GRUMMAN CORP	230,000 units, 05.200% DUE 06/01/2054	229,112	213,953
	NOVARTIS CAPITAL CORP CO GUARNT	680,000 units, 03.700% DUE 09/21/2042	562,724	547,502
	ORACLE CORP	1,435,000 units, 04.300% DUE 07/08/2034	1,298,601	1,319,138
	PEPSICO INC CALL	590,000 units, 04.650% DUE 02/15/2053	555,425	515,046
	PFIZER INVESTMENT ENTER	1,405,000 units, 05.300% DUE 05/19/2053	1,364,908	1,315,530
	PHILLIPS 66 CALL	605,000 units, 04.650% DUE 11/15/2034	564,576	564,011
	PIONEER NATURAL RESOURCE UNSC	1,140,000 units, 05.100% DUE 03/29/2026	1,139,021	1,147,855
	PROGRESSIVE CORP	445,000 units, 04.200% DUE 03/15/2048	366,643	363,258
	PROLOGIS LP CALL	675,000 units, 02.250% DUE 04/15/2030	575,053	590,470
	PROLOGIS INC CALL	530,000 units, 04.625% DUE 01/15/2033	496,960	510,825
	PRUDENTIAL FINANCIAL INC SER MTN CALL	750,000 units, 03.700% DUE 03/13/2051	555,322	542,723
	RTX CORP CALL	825,000 units, 06.000% DUE 03/15/2031	854,898	865,450
	REALTY INCOME CORP CALL	435,000 units, 03.250% DUE 06/15/2029	395,641	405,324
	REALTY INCOME CORP CALL	1,540,000 units, 01.800% DUE 03/15/2033	1,131,686	1,178,423
	ROYAL BANK OF CANADA SER GMTN	1,125,000 units, 05.200% DUE 07/20/2026	1,123,482	1,135,519
	SAN DIEGO G & E SER WWW CALL	1,725,000 units, 02.950% DUE 08/15/2051	1,114,757	1,108,968
	SHELL INTERNATIONAL FIN SR NOTES	1,000,000 units, 06.375% DUE 12/15/2038	1,106,482	1,088,380
	JM SMUCKER CO CALL	550,000 units, 05.900% DUE 11/15/2028	566,612	569,679
	STATE STREET CORP CALL	1,350,000 units, VAR% DUE 08/04/2033	1,223,540	1,259,766
	SUMITOMO MITSUI FINL GRP	885,000 units, 03.784% DUE 03/09/2026	853,424	875,955
	SYSCO CORPORATION CALL	550,000 units, 06.000% DUE 01/17/2034	572,906	576,521
	T-MOBILE USA INC SER WI CALL	1,310,000 units, 04.375% DUE 04/15/2040	1,125,256	1,135,521
	TARGET CORP CALL	1,035,000 units, 02.950% DUE 01/15/2052	679,295	659,657
	TEXAS INSTRUMENTS INC	600,000 units, 05.050% DUE 05/18/2063	604,668	540,660
	TORONTO-DOMINION BANK SER MTN	665,000 units, 03.200% DUE 03/10/2032	567,265	580,798
	TOYOTA MOTOR CREDIT CORP UNSC	1,135,000 units, 05.400% DUE 11/20/2026	1,151,321	1,152,513
	TRUIST FINANCIAL CORPORATION SER MTN CALL	680,000 units, VAR% DUE 06/07/2029	574,631	613,503
	UNITED PARCEL SERVICE	580,000 units, 05.600% DUE 05/22/2064	576,242	562,391
	US BANCORP CALL	710,000 units, VAR% DUE 02/01/2034	656,867	679,633
	UNITEDHEALTH GROUP INC CALL	425,000 units, 04.950% DUE 05/15/2062	395,882	366,231
	UNITEDHEALTH GROUP INC CALL	1,040,000 units, 05.875% DUE 02/15/2053	1,118,313	1,042,766
	VALERO ENERGY CORP BDS	785,000 units, 06.625% DUE 06/15/2037	826,390	823,418
	VERIZON COMMUNICATIONS	1,335,000 units, 05.250% DUE 03/16/2037	1,315,434	1,303,106
	VIRGINIA ELEC & POWER CO CALL	1,170,000 units, 05.000% DUE 04/01/2033	1,135,172	1,145,020
	VISA INC CALL	885,000 units, 04.150% DUE 12/14/2035	833,787	817,642

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	WALMART INC CALL WELLS FARGO & COMPANY SER MTN CALL Accrued Income	1,905,000 units, 04.150% DUE 12/14/2035 1,955,000 units, VAR% DUE 04/24/2034	\$ 1,331,735 1,951,467 -	\$ 1,311,421 1,933,239 1,164,147
	Total Corporate Debt		94,673,609	94,978,267
	Single premium deferred annuity contracts			
*	Jackson National Life	4,212,084 units	2,508,302	4,212,084
*	Protective Life Insurance Company	N/A	1,699,188	1,750,419
	Total single premium deferred annuity contracts		\$ 4,207,490	\$ 5,962,503

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities				
Wells Fargo				
Government Bonds				
	US TREASURY	215,000 units, 4.250% DUE 02/28/29	\$ 212,864	\$ 213,994
	US TREASURY	191,000 units, 4.125% DUE 08/31/30	186,627	188,058
	US TREASURY NOTE	31,000 units, DUE 11/15/30	24,877	23,629
	US TREASURY	65,000 units, 4.250% DUE 02/28/31	64,713	64,262
	US TREASURY NOTES	100,000 units, 4.125% DUE 03/31/31	100,645	98,161
	US TREASURY	430,000 units, DUE 11/15/40	203,350	192,846
	US TREASURY	620,000 units, DUE 11/15/42	263,212	250,579
	FEDERAL HOME LOAN BANK	205,000 units, 4.000% DUE 04/28/25	205,825	204,695
	FEDERAL HOME LOAN BANK	285,000 units, 1.900% DUE 08/28/25	273,256	280,528
	FEDERAL HOME LOAN BANK	20,000 units, 4.375% DUE 06/12/26	19,946	20,024
	FEDERAL HOME LOAN BANK	450,000 units, 2.250% DUE 12/28/26	417,850	435,591
	FEDERAL HOME LOAN BANK	45,000 units, 4.200% DUE 04/01/27	45,179	44,735
	FEDERAL HOME LOAN BANK	205,000 units, 3.200% DUE 04/21/27	198,857	199,537
	FEDERAL HOME LOAN BANK	40,000 units, 3.400% DUE 04/29/27	38,775	39,102
	FEDERAL HOME LOAN BANK	100,000 units, 4.000% DUE 05/17/27	99,042	99,778
	FEDERAL HOME LOAN BANK	50,000 units, 4.080% DUE 08/17/27	49,727	49,504
	FEDERAL HOME LOAN BANK	265,000 units, 4.125% DUE 09/10/27	263,255	263,731
	FEDERAL HOME LOAN BANK	200,000 units, 4.000% DUE 06/30/28	199,089	198,490
	FEDERAL HOME LOAN BANK	25,000 units, 4.375% DUE 09/08/28	24,672	24,990
	FEDERAL HOME LOAN BANK	480,000 units, 4.000% DUE 03/28/29	478,399	472,214
	FEDERAL HOME LOAN BANK	20,000 units, 4.120% DUE 06/29/29	19,733	19,649
	FEDERAL HOME LOAN BANK	40,000 units, 4.750% DUE 03/08/30	39,751	40,573
	FEDERAL HOME LOAN BANK	20,000 units, 4.080% DUE 05/25/33	19,143	18,741
	FEDERAL HOME LOAN BANK	130,000 units, 4.140% DUE 07/05/33	126,778	123,417
	FEDERAL HOME LOAN BANK	330,000 units, 4.375% DUE 03/10/34	322,354	319,110
	FEDERAL HOME LN MTG CORP	105,000 units, 4.000% DUE 05/17/27	104,572	103,843
	FEDERAL HOME LN MTG CORP	50,000 units, 4.000% DUE 07/27/27	49,650	49,412
	FEDERAL HOME LN MTG CORP	150,000 units, 4.625% DUE 07/10/29	149,731	149,267
	FEDERAL HOME LN MTG CORP	80,000 units, 4.000% DUE 08/20/29	79,739	77,739
	FEDERAL HOME LN MTG CORP	290,000 units, 4.250% DUE 12/19/29	290,007	286,236
	FEDERAL HOME LN MTG CORP	275,000 units, 4.375% DUE 12/26/29	274,638	272,921
	FEDERAL FARM CREDIT BANK	105,000 units, 4.400% DUE 06/22/26	105,007	104,900
	FEDERAL FARM CREDIT BANK	22,000 units, 4.750% DUE 09/01/26	21,989	22,171
	FEDERAL FARM CREDIT BANK	205,000 units, 4.470% DUE 06/22/28	202,137	204,278
	FEDERAL FARM CREDIT BANK	49,000 units, 3.700% DUE 04/18/29	47,914	47,086
	FEDERAL FARM CREDIT BANK	500,000 units, 2.250% DUE 12/18/29	461,527	448,715
	FEDERAL FARM CREDIT BANK	15,000 units, 4.370% DUE 05/17/32	14,812	14,358
	FEDERAL FARM CREDIT BANK	120,000 units, 4.370% DUE 05/17/32	113,945	114,863
	FEDERAL FARM CREDIT BANK	125,000 units, 4.550% DUE 02/17/33	124,445	119,935
	FEDERAL FARM CREDIT BANK	89,000 units, 4.500% DUE 08/08/33	87,991	86,796
	FEDERAL FARM CREDIT BANK	20,000 units, 4.990% DUE 06/08/37	19,575	19,891
	FEDERAL FARM CREDIT BANK	22,000 units, 4.990% DUE 06/08/37	21,578	21,880
Total government bonds			\$ 6,067,176	\$ 6,030,229

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Certificates of deposit				
	DISCOVER BANK	52,000 units; 3.100% DUE 06/02/25	\$ 50,870	\$ 51,758
	SALLIE MAE BANK/SALT	100,000 units; 4.500% DUE 01/13/25	100,006	100,005
	FIRST UNITED BK	28,000 units; 4.000% DUE 02/08/27	27,728	27,990
	AMERICAN EXPRNATL BK	100,000 units; 4.750% DUE 03/29/28	100,000	102,241
	CAPITAL ONE BK	102,000 units; 3.450% DUE 07/07/27	98,801	100,613
	LCA BANK CORPORATION	60,000 units; 1.000% DUE 07/24/25	60,067	58,942
	SOUTHPOINT BANK	100,000 units; 4.400% DUE 01/17/25	99,846	100,004
	SAFRA NATIONAL BANK	120,000 units; 1.250% DUE 02/10/25	120,007	119,570
	MORGAN STANLEY BK	8,000 units; 1.800% DUE 02/13/25	83,811	79,741
	POPPY BANK	120,000 units; 0.800% DUE 05/22/25	120,980	118,392
	DISCOVER BANK	30,000 units; 3.400% DUE 08/23/27	28,816	29,536
	ALLY BANK	46,000 units; 3.050% DUE 06/02/25	44,953	45,769
	JP MORGAN CHASE BK	65,000 units; 3.400% DUE 06/24/25	63,927	64,746
	ALLY BANK	56,000 units; 3.550% DUE 08/04/25	54,860	55,779
	ALLY BANK	100,000 units; 3.300% DUE 12/30/25	96,907	99,186
	1ST FINL BK	50,000 units; 3.100% DUE 08/12/25	48,419	49,676
	STATE BANK OF INDIA	10,000 units; 3.400% DUE 08/15/25	9,735	9,951
	PARKSIDE FINL BK	84,000 units; 4.500% DUE 08/28/25	83,983	84,184
	PARKSIDE FINL BK	163,000 units; 4.600% DUE 09/17/25	163,902	163,512
	UBS BANK	85,000 units; 4.100% DUE 09/29/25	84,480	84,980
	ALLY BANK	25,000 units; 3.400% DUE 07/28/26	24,122	24,741
	BRIDGEWATER BK	247,000 units; 4.500% DUE 01/27/26	246,140	247,040
	MACHIAS SAVINGS BANK	15,000 units; 4.100% DUE 02/09/26	14,862	14,997
	MORGAN STANLEY BK	120,000 units; 4.250% DUE 02/09/26	119,246	120,124
	BMW BK N AMERICA	247,000 units; 4.200% DUE 02/10/26	246,614	247,123
	EAGLEBANK	95,000 units; 4.250% DUE 02/24/26	94,286	95,106
	EAGLEBANK	12,000 units; 4.250% DUE 02/24/26	11,939	12,013
	BANK OF MISSOURI	16,000 units; 4.400% DUE 02/27/26	15,971	16,052
	STONE BANK	38,000 units; 2.250% DUE 06/15/26	40,816	36,967
	FIRST NATL BK OF AMER	40,000 units; 3.350% DUE 07/27/26	38,644	39,565
	ALLY BANK	20,000 units; 3.600% DUE 08/04/26	19,418	19,852
	FIRST NATL BK OF AMER	50,000 units; 3.550% DUE 08/17/26	48,867	49,599
	FIRST ST BK WINCHESTE	25,000 units; 3.600% DUE 09/16/26	24,461	24,814
	JP MORGAN CHASE BK	112,000 units; 4.500% DUE 02/03/27	112,024	112,012
	STATE BK INDIA	15,000 units; 4.500% DUE 03/01/27	15,043	15,149
	LIVE OAK BANKING CO	40,000 units; 3.500% DUE 06/29/27	38,343	39,515
	BMO HARRIS BANK NA	39,000 units; 3.550% DUE 07/27/27	38,167	38,559
	SYNCHRONY BANK	45,000 units; 3.500% DUE 07/29/27	43,414	44,429
	STATE BANK OF INDIA	20,000 units; 3.450% DUE 08/16/27	19,179	19,717
	STATE BANK OF INDIA	45,000 units; 3.500% DUE 08/16/27	43,231	44,419
	STATE BANK OF INDIA	25,000 units; 3.450% DUE 08/23/27	23,969	24,644
	HSBC BANK	15,000 units; 3.125% DUE 09/16/27	14,210	14,598
	TEXAS EXCHANGE BK SSB	45,000 units; 3.400% DUE 10/15/27	43,249	44,280
	HSBC BANK USA NA	4,000 units; 3.125% DUE 12/28/27	3,786	3,931
	SOUTHERN BANCORP BANK	70,000 units; 3.750% DUE 01/13/28	67,837	69,493
	FIRST WESTERN TR BK	247,000 units; 4.550% DUE 01/27/28	247,150	247,070
	AFFINITY BANK	247,000 units; 4.150% DUE 02/23/28	244,238	248,087
	NEBRASKALAND BANK	15,000 units; 3.750% DUE 02/24/28	14,591	14,888
	MORGAN STANLEY PVT BK	247,000 units; 4.750% DUE 03/30/28	247,000	252,540
	CITY NATL BK	247,000 units; 5.000% DUE 03/31/28	247,000	253,615
	Total certificates of deposit		3,949,915	3,981,514
Money market fund				
*	Bank Deposit Sweep Option		3,291	3,291
	Total money market fund		3,291	3,291
	Total investments, at fair value			\$ 168,466,188

* Indicates party-in-interest to the Plan.

Shore Medical Center Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (loss)
<u>Category iii - Series of transactions in same security exceeds 5% of value</u>						
PNC	ISHARES CORE S&P 500 ETF					
	4 Sale	\$ -	\$ 7,690,132	\$ 5,830,720	\$ 5,830,720	\$ 1,859,412
PNC	FEDERATED HERMES GOVT OBLIG PREM SHS					
	11 Purchases	5,467,103	-	5,467,103	5,467,103	-
	13 Sale	-	7,731,585	7,731,585	7,731,585	-

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	1	1	1	-	-	-	-	-	3
40 to 44	-	1	-	2	11	9	-	-	-	-	23
45 to 49	-	-	-	-	9	19	2	-	-	-	30
50 to 54	-	1	2	-	17	19	6	5	-	-	50
55 to 59	-	1	-	-	13	17	6	9	6	-	52
60 to 64	1	-	-	-	12	10	11	17	12	7	70
65 to 69	-	-	-	-	3	7	5	13	2	4	34
70 & Over	-	-	-	-	2	1	1	1	-	1	6
Total	1	3	3	3	68	82	31	45	20	12	268

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.10%. For the prior Plan Year, the EIR was 5.23%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets	The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below: (a) The expected long-term rate of return on assets based on policy trust allocations; or (b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes. The results are as follows: <table><tr><td>Plan Year</td><td>Assumption (a)</td><td>Seg. III (b)</td><td>EROA (smaller of (a) or (b))</td></tr><tr><td>2023</td><td>5.00%</td><td>5.74%</td><td>5.00%</td></tr><tr><td>2022</td><td>5.75%</td><td>5.92%</td><td>5.75%</td></tr></table> The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan’s investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.	Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))	2023	5.00%	5.74%	5.00%	2022	5.75%	5.92%	5.75%
Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))										
2023	5.00%	5.74%	5.00%										
2022	5.75%	5.92%	5.75%										
Funding Administrative Expenses	Administrative expenses of \$200,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost. Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.												
Salary Scale	2.00% per year, compounded annually. The current assumption has been selected based on observations of recent compensation, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.												
Social Security Wage Base Increases	Future Wage bases will increase at the rate of 4.00% per year, compounded annually. The assumed rate of increase to the Social Security Wage Base into these measurements is based on recent government wage and inflation data, as well as a review of national wage and inflation trends.												

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is the GATT Post-1994 Disability Mortality Table.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Number of withdrawals per 1,000 participants in one year:

Age	Rate
25	175.04
30	155.32
35	111.64
40	42.08
45	15.28
50	2.08
55+	0.00

The current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Number of disabilities per 1,000 participants in one year:

Age	Male	Female
25	0.299	0.500
30	0.399	0.599
35	0.500	0.799
40	0.699	1.000
45	1.000	1.500
50	1.800	2.600
55	3.600	4.899
60	9.000	12.099
65+	0.000	0.000

The current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Active Status:

Age 65, or an age on valuation date, if greater.

Terminated Vested Status:

Number of retirements per 1,000 participants in one year:

Age	Rate
55	300
56	100
57	50
58	50
59	100
60	100
61	50
62	150
63	150
64	50
65	900
66	700
67	1000

The current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

80% of employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

The current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

For all future vested terminations whose lump sum is less than \$50,000, it is assumed that 75% will elect the lump sum option and 25% will elect the annuity option. All other participants are assumed to elect the Normal form of payment.

The current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

**Lump Sum Conversion
Basis**

The discount rates used to convert annuities into actuarially equivalent lump sums are the same as the discount rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

The interest rate and mortality assumptions used to value lump sum distributions are prescribed by law and based on elections made by the Plan Sponsor.

**Changes in funding
assumptions since the
prior valuation**

In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The funding mortality table for developing lump sums was changed from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

The administrative expense assumption was changed from \$1,145,000 to \$200,000 to reflect expected expenses paid from the trust during the plan year.

The Expected Return on Assets Assumption for the purposes of valuing the Actuarial Value of Assets was changed from 5.75% in 2022 to 5.00% in 2023.

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not verified by the plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

Shore Medical Center Pension Plan

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (loss)
Category iii - Series of transactions in same security exceeds 5% of value						
PNC	ISHARES CORE S&P 500 ETF					
	4 Sale	\$ -	\$ 7,690,132	\$ 5,830,720	\$ 5,830,720	\$ 1,859,412
PNC	FEDERATED HERMES GOVT OBLIG PREM SHS					
	11 Purchases	5,467,103	-	5,467,103	5,467,103	-
	13 Sale	-	7,731,585	7,731,585	7,731,585	-

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SHORE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHORE MEDICAL CENTER	D Employer Identification Number (EIN) 21-0660835
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	169,402,560	
b	Actuarial value	2b	171,270,172	
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	440	105,339,125	105,339,125
b	For terminated vested participants	272	18,500,581	18,500,581
c	For active participants	266	43,116,025	43,116,025
d	Total	978	166,955,731	166,955,731
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	5.10%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	574,123	
b	Expected plan-related expenses	6b	200,000	
c	Target normal cost	6c	774,123	

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	BRIAN D. EVITTS <i>BDE</i>
Signature of actuary	
BRIAN D. EVITTS	Date <i>10/11/2025</i>
Type or print name of actuary	
CBIZ	2305995
Firm name	
Most recent enrollment number	
215-825-4027	
Telephone number (including area code)	
1845 WALNUT STREET	
10TH FLOOR	
PHILADELPHIA	PA 19103
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	16,133,395
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	16,133,395
10	Interest on line 9 using prior year's actual return of <u>15.15</u> %	0	2,444,209
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,142,943
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		112,076
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		2,255,019
	d Portion of (c) to be added to prefunding balance		2,255,019
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	20,832,623

Part III	Funding Percentages
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14	Funding target attainment percentage.....	14	90.10 %
15	Adjusted funding target attainment percentage.....	15	102.58 %
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	89.59 %
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
04/15/2024	1,500,000	0			
07/15/2024	1,500,000	0			
10/15/2024	1,500,000	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	4,381,740

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 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	774,123	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	16,380,107	1,964,785	
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	2,738,908	
	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	2,738,908	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,381,740	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,642,832	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

			Effective		Penalty	Additional	Present
	Amount of	Plan Year	Interest	Amount	Interest	Amount	Value on
Date	Contribution	Beginning	Rate	Discounted	Rate	Discounted	Date
4/15/2024	1,500,000	1/1/2024	5.10%	21,253	N/A	N/A	1,478,747
7/15/2024	1,500,000	1/1/2024	5.10%	39,429	N/A	N/A	1,460,571
10/15/2024	1,500,000	1/1/2024	5.10%	57,578	N/A	N/A	1,442,422
Total	4,500,000						4,381,740

SCHEDULE SB ATTACHMENT
Line 24 - Change in Actuarial Assumptions

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

Plan administrative expenses are assumed to be \$200,000, compared to \$1,145,000 in 2023.

The Expected Return on Assets Assumption for the purposes of valuing the Actuarial Value of Assets was changed from 5.75% in 2022 to 5.00% in 2023.

SCHEDULE SB ATTACHMENT

Line 26 - Schedule of Active Participant Data

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	1	1	1	-	-	-	-	-	3
40 to 44	-	1	-	2	11	9	-	-	-	-	23
45 to 49	-	-	-	-	9	19	2	-	-	-	30
50 to 54	-	1	2	-	17	19	6	5	-	-	50
55 to 59	-	1	-	-	13	17	6	9	6	-	52
60 to 64	1	-	-	-	12	10	11	17	12	7	70
65 to 69	-	-	-	-	3	7	5	13	2	4	34
70 & Over	-	-	-	-	2	1	1	1	-	1	6
Total	1	3	3	3	68	82	31	45	20	12	268

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2024			--EXEMPT--	
1/1/2023	14.00	7 Year	3,428,002	327,178
1/1/2021	12.00	7 Year	88,672	9,460
1/1/2020	11.00	7 Year	(5,944,383)	(676,985)
1/1/2019	10.00	7 Year	18,807,816	2,305,132

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.10%. For the prior Plan Year, the EIR was 5.23%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2023	5.00%	5.74%	5.00%
2022	5.75%	5.92%	5.75%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses

Administrative expenses of \$200,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Salary Scale

2.00% per year, compounded annually.

The current assumption has been selected based on observations of recent compensation, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Social Security Wage Base Increases

Future Wage bases will increase at the rate of 4.00% per year, compounded annually.

The assumed rate of increase to the Social Security Wage Base into these measurements is based on recent government wage and inflation data, as well as a review of national wage and inflation trends.

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year.

Disability Mortality is the GATT Post-1994 Disability Mortality Table.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Number of withdrawals per 1,000 participants in one year:

Age	Rate
25	175.04
30	155.32
35	111.64
40	42.08
45	15.28
50	2.08
55+	0.00

The current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Number of disabilities per 1,000 participants in one year:

Age	Male	Female
25	0.299	0.500
30	0.399	0.599
35	0.500	0.799
40	0.699	1.000
45	1.000	1.500
50	1.800	2.600
55	3.600	4.899
60	9.000	12.099
65+	0.000	0.000

The current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Active Status:

Age 65, or an age on valuation date, if greater.

Terminated Vested Status:

Number of retirements per 1,000 participants in one year:

Age	Rate
55	300
56	100
57	50
58	50
59	100
60	100
61	50
62	150
63	150
64	50
65	900
66	700
67	1000

The current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

80% of employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

The current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

For all future vested terminations whose lump sum is less than \$50,000, it is assumed that 75% will elect the lump sum option and 25% will elect the annuity option. All other participants are assumed to elect the Normal form of payment.

The current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

**Lump Sum Conversion
Basis**

The discount rates used to convert annuities into actuarially equivalent lump sums are the same as the discount rates for the associated liability measure.

The mortality table for developing lump sum factors is the IRS 2024 Applicable Mortality Table.

The interest rate and mortality assumptions used to value lump sum distributions are prescribed by law and based on elections made by the Plan Sponsor.

**Changes in funding
assumptions since the
prior valuation**

In accordance with federal law, the discount rates for funding purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

The funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

The funding mortality table for developing lump sums was changed from the IRS 2023 Applicable Mortality Table to the IRS 2024 Applicable Mortality Table.

The administrative expense assumption was changed from \$1,145,000 to \$200,000 to reflect expected expenses paid from the trust during the plan year.

The Expected Return on Assets Assumption for the purposes of valuing the Actuarial Value of Assets was changed from 5.75% in 2022 to 5.00% in 2023.

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. This information was not verified by the plan's actuary. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Effective Date	October 1, 1969. Provisions are for the revised plan restated effective January 1, 2016 and amended through January 1, 2021.
Eligibility for Participation	All employees hired or rehired prior to June 1, 2007 became participants on the first day of the month coincident with or next following the attainment of age 21 and one year of service.
Final Average Earnings	Basic earnings averaged over the highest five consecutive years during the last ten years of service prior to termination, retirement, or death.
Covered Compensation	The average Social Security Wage Base over the 35-year period ending in the year in which the participant attains his/her Social Security Normal Retirement Age.
Credited Service	Through September 30, 1976: each full month counted as pension service. October 1, 1976 to September 30, 1983: each year of 1,000 hours from October 1 to September 30. October 1, 1983 to December, 1983: each participant earned 3 months of service. January 1, 1984 to present: each plan year of 1,000 hours.
Normal Retirement Date	The first day of the month coincident with or next following attainment of age 65.
Normal Retirement Eligibility	Retires on or after Normal Retirement Date.

Normal Retirement Benefit Union participant

An amount equal to 1/12 of the sum of (i) and (ii) but not less than (iii):

- (i) the benefit accrued prior to January 1, 2017 under the following formula: 1.3% of Final Average Earnings up to Covered Compensation, plus 1.75% of Final Average Earnings in excess of Covered Compensation, multiplied by years and months of Credited Service, limited to 35 years.
- (ii) 0.75% of Compensation for each Year of Service completed after December 31, 2016.
- (iii) \$3,600.00.

Non-Union participant

The greater of an amount equal to 1/12 of the sum of (i), (ii) and (iii) (but not less than (iv)) and 1/12 of 0.75% of Compensation for each Year of Service (limited to 35 years) completed during employment:

- (i) the benefit accrued prior to January 1, 2013 under the following formula: 1.3% of Final Average Earnings up to Covered Compensation, plus 1.75% of Final Average Earnings in excess of Covered Compensation, multiplied by years and months of Credited Service, limited to 35 years.
- (ii) 1.25% of Compensation for each Year of Service (limited to 35 years) completed between December 31, 2012 and December 31, 2014.
- (iii) 0.75% of Compensation for each Year of Service (limited to 35 years) completed between December 31, 2014 and December 31, 2015.
- (iv) \$3,600.00.

The Normal Retirement Benefit may not be less than the participant's accrued monthly benefit as of December 31, 1998 under the prior plan.

Payment: commencing on the first of the month coincident with or next following retirement

Accrued Benefit

The Normal Retirement Benefit, but based on Final Average Earnings and Credited Service as of the date of computation.

Early Retirement Eligibility

Retires prior to Normal Retirement Date after attainment of age 55 and completion of at least ten years of vesting service.

Early Retirement Benefit

Accrued Benefit at date of retirement, reduced by 1/4% for each month that the Early Retirement Benefit commencement precedes the participant's Normal Retirement Date.

Deferred Vested Retirement Eligibility	Completion of five years of vesting service.
Deferred Vested Retirement Benefit	Accrued benefit at date of termination, deferred to Normal Retirement Date. A participant may elect commencement at or after age 55 if he/she has completed at least ten years of service, in which case payments are reduced as for Early Retirement.
Disability Retirement Eligibility	Participant becomes disabled while employed after completing one year of vesting service.
Disability Retirement Benefit	The benefit is calculated based on the participant being credited with service during their period of disability (through their Normal Retirement Date), and the participant's Final Average Compensation and Social Security Covered Compensation (or after December 31, 2012, Compensation for Non-Union participants) determined as if the participant terminated employment on the date the disability began.
Forms of Payment	Normal Form: Life Annuity; actuarially equivalent Joint & 50% Survivor Annuity. Optional Forms: Actuarially equivalent Joint & 50%, 75%, or 100% Survivor annuities; life annuity with ten years certain; limited lump sum (under \$50,000).
Pre-retirement Death Benefit Eligibility	Participant died in service after eligibility for a vested benefit or after termination of service with a deferred vested benefit, and is survived by an eligible spouse.
Pre-retirement Death Benefit	50% of a reduced amount that the participant would have received had he/she terminated or retired on the date of his/her death and elected a Joint & 50% Survivor Annuity. The benefit commences on the first month following the death of the participant, but no earlier than the participant's Early Retirement Date. The benefit is payable to the spouse for his/her life.
Changes since the Prior Valuation	None.

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

			Effective		Penalty	Additional	Present
	Amount of	Plan Year	Interest	Amount	Interest	Amount	Value on
Date	Contribution	Beginning	Rate	Discounted	Rate	Discounted	Date
4/15/2024	1,500,000	1/1/2024	5.10%	21,253	N/A	N/A	1,478,747
7/15/2024	1,500,000	1/1/2024	5.10%	39,429	N/A	N/A	1,460,571
10/15/2024	1,500,000	1/1/2024	5.10%	57,578	N/A	N/A	1,442,422
Total	4,500,000						4,381,740

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Effective Date	October 1, 1969. Provisions are for the revised plan restated effective January 1, 2016 and amended through January 1, 2021.
Eligibility for Participation	All employees hired or rehired prior to June 1, 2007 became participants on the first day of the month coincident with or next following the attainment of age 21 and one year of service.
Final Average Earnings	Basic earnings averaged over the highest five consecutive years during the last ten years of service prior to termination, retirement, or death.
Covered Compensation	The average Social Security Wage Base over the 35-year period ending in the year in which the participant attains his/her Social Security Normal Retirement Age.
Credited Service	Through September 30, 1976: each full month counted as pension service. October 1, 1976 to September 30, 1983: each year of 1,000 hours from October 1 to September 30. October 1, 1983 to December, 1983: each participant earned 3 months of service. January 1, 1984 to present: each plan year of 1,000 hours.
Normal Retirement Date	The first day of the month coincident with or next following attainment of age 65.
Normal Retirement Eligibility	Retires on or after Normal Retirement Date.

Normal Retirement Benefit Union participant

An amount equal to 1/12 of the sum of (i) and (ii) but not less than (iii):

- (i) the benefit accrued prior to January 1, 2017 under the following formula: 1.3% of Final Average Earnings up to Covered Compensation, plus 1.75% of Final Average Earnings in excess of Covered Compensation, multiplied by years and months of Credited Service, limited to 35 years.
- (ii) 0.75% of Compensation for each Year of Service completed after December 31, 2016.
- (iii) \$3,600.00.

Non-Union participant

The greater of an amount equal to 1/12 of the sum of (i), (ii) and (iii) (but not less than (iv)) and 1/12 of 0.75% of Compensation for each Year of Service (limited to 35 years) completed during employment:

- (i) the benefit accrued prior to January 1, 2013 under the following formula: 1.3% of Final Average Earnings up to Covered Compensation, plus 1.75% of Final Average Earnings in excess of Covered Compensation, multiplied by years and months of Credited Service, limited to 35 years.
- (ii) 1.25% of Compensation for each Year of Service (limited to 35 years) completed between December 31, 2012 and December 31, 2014.
- (iii) 0.75% of Compensation for each Year of Service (limited to 35 years) completed between December 31, 2014 and December 31, 2015.
- (iv) \$3,600.00.

The Normal Retirement Benefit may not be less than the participant's accrued monthly benefit as of December 31, 1998 under the prior plan.

Payment: commencing on the first of the month coincident with or next following retirement

Accrued Benefit

The Normal Retirement Benefit, but based on Final Average Earnings and Credited Service as of the date of computation.

Early Retirement Eligibility

Retires prior to Normal Retirement Date after attainment of age 55 and completion of at least ten years of vesting service.

Early Retirement Benefit

Accrued Benefit at date of retirement, reduced by 1/4% for each month that the Early Retirement Benefit commencement precedes the participant's Normal Retirement Date.

Deferred Vested Retirement Eligibility	Completion of five years of vesting service.
Deferred Vested Retirement Benefit	Accrued benefit at date of termination, deferred to Normal Retirement Date. A participant may elect commencement at or after age 55 if he/she has completed at least ten years of service, in which case payments are reduced as for Early Retirement.
Disability Retirement Eligibility	Participant becomes disabled while employed after completing one year of vesting service.
Disability Retirement Benefit	The benefit is calculated based on the participant being credited with service during their period of disability (through their Normal Retirement Date), and the participant's Final Average Compensation and Social Security Covered Compensation (or after December 31, 2012, Compensation for Non-Union participants) determined as if the participant terminated employment on the date the disability began.
Forms of Payment	Normal Form: Life Annuity; actuarially equivalent Joint & 50% Survivor Annuity. Optional Forms: Actuarially equivalent Joint & 50%, 75%, or 100% Survivor annuities; life annuity with ten years certain; limited lump sum (under \$50,000).
Pre-retirement Death Benefit Eligibility	Participant died in service after eligibility for a vested benefit or after termination of service with a deferred vested benefit, and is survived by an eligible spouse.
Pre-retirement Death Benefit	50% of a reduced amount that the participant would have received had he/she terminated or retired on the date of his/her death and elected a Joint & 50% Survivor Annuity. The benefit commences on the first month following the death of the participant, but no earlier than the participant's Early Retirement Date. The benefit is payable to the spouse for his/her life.
Changes since the Prior Valuation	None.

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Exchange traded funds				
	ISHARES CORE S&P 500	12,161 units	\$ 5,415,672	\$ 7,158,937
	ISHARES CORE S&P MID-CAP ETF	25,185 units	1,286,908	1,569,277
	ISHARES CORE S&P SMALL CAP ETF	6,698 units	644,808	771,744
	MFS EMERGING MKTS DEBT FD-R6	0.046 units	1	1
	PGIM HIGH YIELD FUND (PHYQX)	1.501 units	7	7
	ISHARES CORE MSCI EAFE ETF	42,849 units	2,834,437	3,011,428
	ISHARES MSCI INTL QUALITY	17,975 units	643,705	667,232
	SCHWAB INTERNATIONAL SMALL CAP	19,360 units	645,503	664,629
	WISDOMTREE U.S. QUALITY DIVI	14,398 units	965,085	1,165,230
	Accrued Income		-	586
	Total exchange traded funds		12,436,126	15,009,071
Pooled separate accounts				
*	PRISA II SA	11 units	323,231	479,053
*	PRISA SA	19 units	943,963	1,472,276
	Total pooled separate accounts		1,267,194	1,951,329
Interest Bearing Cash				
	FEDERATED HERMES GOVT OBLIG PREM SHS	2,854,314 units	2,854,314	2,854,314
	Accrued Cash and Cash Equivalent			13,536
	Total Interest Bearing Cash		2,854,314	2,867,850
US government securities				
	USA TREASURY NOTES	39,056,122 units	38,192,345	37,357,776
	Accrued Income		-	324,358
	Total US government securities		38,192,345	37,682,134
Corporate Debt				
	AEP TRANSMISSION CO LLC CALL	1,375,000 units, 05.400% DUE 03/15/2053	1,341,947	1,310,238
	AT&T INC CALL	1,135,000 units, 03.500% DUE 06/01/2041	847,479	869,716
	ABBOTT LABORATORIES CALL	900,000 units, 04.750% DUE 11/30/2036	884,383	869,445
	ABBVIE INC CALL	910,000 units, 04.500% DUE 05/14/2035	857,944	852,197
	ABBVIE INC CALL	265,000 units, 05.500% DUE 03/15/2064	264,009	253,009

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	AIR PRODUCTS & CHEMICALS	580,000 units, 04.600% DUE 02/08/2029	\$ 579,228	\$ 577,262
	ALLSTATE CORP CALL	570,000 units, 05.250% DUE 03/30/2033	563,876	568,940
	ALPHABET INC CALL	1,285,000 units, 01.900% DUE 08/15/2040	854,591	839,439
	AMAZON.COM INC CALL	675,000 units, 03.950% DUE 04/13/2052	559,229	532,258
	AMERICAN EXPRESS COSER WI CALL	1,215,000 units, 03.300% DUE 05/03/2027	1,142,107	1,179,048
	AMERICAN HONDA FINANCE UNSC	550,000 units, 05.650% DUE 11/15/2028	562,828	564,878
	AMERIPRISE FINANCIAL INC CALL	835,000 units, 05.700% DUE 12/15/2028	857,121	860,301
	AMGEN INC CALL	810,000 units, 05.650% DUE 03/02/2053	794,882	779,844
	ANHEUSER-BUSCH CO/INBEVSR CALL	865,000 units, 04.700% DUE 02/01/2036	825,346	820,470
	APPLE INC CALL	885,000 units, 02.550% DUE 08/20/2060	560,645	517,132
	AVALONBAY COMMUNITIES CALL	1,140,000 units, 05.300% DUE 12/07/2033	1,147,149	1,141,493
	BHP BILLITON FIN USA LTD	575,000 units, 04.900% DUE 02/28/2033	566,059	564,869
	BALTIMORE GAS & ELECTRIC CALL	1,034,000 units, 02.250% DUE 06/15/2031	849,079	875,126
	BANK OF AMERICA CORPORATION	1,020,000 units, VAR% DUE 02/13/2031	847,607	896,876
	BANK OF AMERICA CORPORATION	1,830,000 units, VAR% DUE 06/19/2041	1,267,668	1,270,441
	BANK OF MONTREAL	845,000 units, 05.203% DUE 02/01/2028	843,083	851,566
	BANK OF NY MELLON CORP CALL	550,000 units, VAR% DUE 10/25/2028	563,473	564,614
	BANK OF NOVA SCOTIA	865,000 units, VAR% DUE 09/08/2028	865,000	856,315
	BANK OF NOVA SCOTIA	1,155,000 units, 05.350% DUE 12/07/2026	1,155,842	1,169,819
	BERKSHIRE HATHAWAY FINCOM GTD	1,230,000 units, 04.400% DUE 05/15/2042	1,126,346	1,117,578
	BP CAP MARKETS AMERICA CALL	1,355,000 units, 04.812% DUE 02/13/2033	1,313,560	1,309,851
	BRISTOL-MYERS SQUIBB CO UNSC	350,000 units, 03.250% DUE 08/01/2042	252,077	256,953
	BURLINGTN NORTH SANTA FE CALL	1,340,000 units, 04.150% DUE 04/01/2045	1,119,226	1,101,936
	CSX CORP CALL	613,000 units, 03.350% DUE 09/15/2049	438,471	425,171
	CAPITAL ONE FINANCIAL CO CALL	910,000 units, 03.750% DUE 03/09/2027	851,046	888,460
	CITIGROUP INC CALL	1,640,000 units, VAR% DUE 11/03/2032	1,311,428	1,367,498
	COMCAST CORP CALL	2,470,000 units, 03.750% DUE 04/01/2040	2,028,373	1,986,695
	COCA-COLA CO/THE	685,000 units, 05.400% DUE 05/13/2064	675,980	659,176
	CONOCOPHILLIPS NOTES	1,200,000 units, 06.500% DUE 02/01/2039	1,333,458	1,311,660
	CON EDISON CO OF NY INC CALL	1,125,000 units, 05.500% DUE 03/15/2034	1,140,836	1,144,541
	WALT DISNEY COMPANY/THE COGT	1,200,000 units, 06.650% DUE 11/15/2037	1,361,791	1,338,180
	EIDP INC CALL	870,000 units, 04.800% DUE 05/15/2033	849,234	845,118
	DUKE ENERGY FLORIDA LLC CALL	1,050,000 units, 06.200% DUE 11/15/2053	1,125,706	1,106,553
	ENBRIDGE INC	510,000 units, 06.700% DUE 11/15/2053	556,394	553,391
	ENERGY TRANSFER LP CALL	550,000 units, 06.550% DUE 12/01/2033	575,351	585,492
	ENTERPRISE PRODUCTS OPER CALL	610,000 units, 04.850% DUE 03/15/2044	556,292	545,194
	EVERSOURCE ENERGY UNSC	880,000 units, 04.750% DUE 05/15/2026	864,059	879,287
	EXXON MOBIL CORPORATION	1,200,000 units, 04.114% DUE 03/01/2046	1,037,364	973,332
	FLORIDA POWER & LIGHT CO CALL	1,600,000 units, 05.300% DUE 04/01/2053	1,571,900	1,524,128
	FOX CORP SER WI CALL	575,000 units, 04.709% DUE 01/25/2029	557,634	567,962
	GILEAD SCIENCES INC UNSC	900,000 units, 04.600% DUE 09/01/2035	851,773	849,339
	GOLDMAN SACHS GROUP INC CALL	2,080,000 units, VAR% DUE 02/24/2033	1,744,236	1,792,690
	HOME DEPOT INC CALL	715,000 units, 03.300% DUE 04/15/2040	569,890	557,049
	HOME DEPOT INC CALL	165,000 units, 04.875% DUE 06/25/2027	164,454	166,564
	HONEYWELL INTERNATIONAL CALL	835,000 units, 05.000% DUE 02/15/2033	839,333	830,499
	HORMEL FOODS CORP CALL	830,000 units, 03.050% DUE 06/03/2051	562,572	539,400
	INTEL CORP CALL	1,200,000 units, 04.900% DUE 08/05/2052	1,101,998	947,460
	INTEL CORP CALL	270,000 units, 05.625% DUE 02/10/2043	281,899	247,428

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	INTERCONTINENTAL EXCHANGE CALL	840,000 units, 03.000% DUE 06/15/2050	\$ 574,457	\$ 535,613
	JP MORGAN CHASE & CO	2,455,000 units, VAR% DUE 07/24/2038	2,077,288	2,094,581
	JOHNSON & JOHNSON CALL	1,475,000 units, 03.550% DUE 03/01/2036	1,308,239	1,288,014
	KLA CORP CALL	1,150,000 units, 03.300% DUE 03/01/2050	856,612	794,282
	KINDER MORGAN ENER PART SR UNSEC	785,000 units, 06.950% DUE 01/15/2038	832,865	850,571
	KROGER CO	505,000 units, 05.500% DUE 09/15/2054	494,858	475,644
	ELI LILLY & CO CALL	665,000 units, 02.500% DUE 09/15/2060	387,633	354,179
	ELI LILLY & CO CALL	285,000 units, 05.050% DUE 08/14/2054	283,604	263,998
	MERCK & CO INC CALL	900,000 units, 02.900% DUE 12/10/2061	589,707	516,141
	MERCK & CO INC CALL	690,000 units, 03.600% DUE 09/15/2042	557,357	535,661
	METLIFE INC NOTES	1,080,000 units, 05.700% DUE 06/15/2035	1,106,900	1,111,320
	MICROSOFT CORP CALL	1,275,000 units, 03.450% DUE 08/08/2036	1,124,161	1,111,736
	MICROSOFT CORP CALL	890,000 units, 02.675% DUE 06/01/2060	578,082	521,246
	MIDAMERICAN ENERGY CO CALL	1,490,000 units, 03.650% DUE 08/01/2048	1,118,208	1,104,135
	MIDAMERICAN ENERGY CO CALL	290,000 units, 05.300% DUE 02/01/2055	288,770	273,946
	MORGAN STANLEY SR UNSEC	1,960,000 units, VAR% DUE 01/25/2052	1,238,812	1,197,011
	MORGAN STANLEY SER MTN CALL	1,075,000 units, VAR% DUE 10/20/2032	858,036	900,753
	NIKE INC CALL	700,000 units, 03.250% DUE 03/27/2040	557,947	540,540
	NORFOLK SOUTHERN CORP CALL	850,000 units, 05.050% DUE 08/01/2030	853,715	858,687
	NORTHERN STATES PWR-MINN	1,475,000 units, 05.050% DUE 08/01/2030	1,127,604	1,120,366
	NORTHROP GRUMMAN CORP	230,000 units, 05.200% DUE 06/01/2054	229,112	213,953
	NOVARTIS CAPITAL CORP CO GUARNT	680,000 units, 03.700% DUE 09/21/2042	562,724	547,502
	ORACLE CORP	1,435,000 units, 04.300% DUE 07/08/2034	1,298,601	1,319,138
	PEPSICO INC CALL	590,000 units, 04.650% DUE 02/15/2053	555,425	515,046
	PFIZER INVESTMENT ENTER	1,405,000 units, 05.300% DUE 05/19/2053	1,364,908	1,315,530
	PHILLIPS 66 CALL	605,000 units, 04.650% DUE 11/15/2034	564,576	564,011
	PIONEER NATURAL RESOURCE UNSC	1,140,000 units, 05.100% DUE 03/29/2026	1,139,021	1,147,855
	PROGRESSIVE CORP	445,000 units, 04.200% DUE 03/15/2048	366,643	363,258
	PROLOGIS LP CALL	675,000 units, 02.250% DUE 04/15/2030	575,053	590,470
	PROLOGIS INC CALL	530,000 units, 04.625% DUE 01/15/2033	496,960	510,825
	PRUDENTIAL FINANCIAL INC SER MTN CALL	750,000 units, 03.700% DUE 03/13/2051	555,322	542,723
	RTX CORP CALL	825,000 units, 06.000% DUE 03/15/2031	854,898	865,450
	REALTY INCOME CORP CALL	435,000 units, 03.250% DUE 06/15/2029	395,641	405,324
	REALTY INCOME CORP CALL	1,540,000 units, 01.800% DUE 03/15/2033	1,131,686	1,178,423
	ROYAL BANK OF CANADA SER GMTN	1,125,000 units, 05.200% DUE 07/20/2026	1,123,482	1,135,519
	SAN DIEGO G & E SER WWW CALL	1,725,000 units, 02.950% DUE 08/15/2051	1,114,757	1,108,968
	SHELL INTERNATIONAL FIN SR NOTES	1,000,000 units, 06.375% DUE 12/15/2038	1,106,482	1,088,380
	JM SMUCKER CO CALL	550,000 units, 05.900% DUE 11/15/2028	566,612	569,679
	STATE STREET CORP CALL	1,350,000 units, VAR% DUE 08/04/2033	1,223,540	1,259,766
	SUMITOMO MITSUI FINL GRP	885,000 units, 03.784% DUE 03/09/2026	853,424	875,955
	SYSCO CORPORATION CALL	550,000 units, 06.000% DUE 01/17/2034	572,906	576,521
	T-MOBILE USA INC SER WI CALL	1,310,000 units, 04.375% DUE 04/15/2040	1,125,256	1,135,521
	TARGET CORP CALL	1,035,000 units, 02.950% DUE 01/15/2052	679,295	659,657
	TEXAS INSTRUMENTS INC	600,000 units, 05.050% DUE 05/18/2063	604,668	540,660
	TORONTO-DOMINION BANK SER MTN	665,000 units, 03.200% DUE 03/10/2032	567,265	580,798
	TOYOTA MOTOR CREDIT CORP UNSC	1,135,000 units, 05.400% DUE 11/20/2026	1,151,321	1,152,513
	TRUIST FINANCIAL CORPORATION SER MTN CALL	680,000 units, VAR% DUE 06/07/2029	574,631	613,503
	UNITED PARCEL SERVICE	580,000 units, 05.600% DUE 05/22/2064	576,242	562,391
	US BANCORP CALL	710,000 units, VAR% DUE 02/01/2034	656,867	679,633
	UNITEDHEALTH GROUP INC CALL	425,000 units, 04.950% DUE 05/15/2062	395,882	366,231
	UNITEDHEALTH GROUP INC CALL	1,040,000 units, 05.875% DUE 02/15/2053	1,118,313	1,042,766
	VALERO ENERGY CORP BDS	785,000 units, 06.625% DUE 06/15/2037	826,390	823,418
	VERIZON COMMUNICATIONS	1,335,000 units, 05.250% DUE 03/16/2037	1,315,434	1,303,106
	VIRGINIA ELEC & POWER CO CALL	1,170,000 units, 05.000% DUE 04/01/2033	1,135,172	1,145,020
	VISA INC CALL	885,000 units, 04.150% DUE 12/14/2035	833,787	817,642

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	WALMART INC CALL WELLS FARGO & COMPANY SER MTN CALL Accrued Income	1,905,000 units, 04.150% DUE 12/14/2035 1,955,000 units, VAR% DUE 04/24/2034	\$ 1,331,735 1,951,467 -	\$ 1,311,421 1,933,239 1,164,147
	Total Corporate Debt		94,673,609	94,978,267
	Single premium deferred annuity contracts			
*	Jackson National Life	4,212,084 units	2,508,302	4,212,084
*	Protective Life Insurance Company	N/A	1,699,188	1,750,419
	Total single premium deferred annuity contracts		\$ 4,207,490	\$ 5,962,503

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Fixed Income Securities				
Wells Fargo				
Government Bonds				
	US TREASURY	215,000 units, 4.250% DUE 02/28/29	\$ 212,864	\$ 213,994
	US TREASURY	191,000 units, 4.125% DUE 08/31/30	186,627	188,058
	US TREASURY NOTE	31,000 units, DUE 11/15/30	24,877	23,629
	US TREASURY	65,000 units, 4.250% DUE 02/28/31	64,713	64,262
	US TREASURY NOTES	100,000 units, 4.125% DUE 03/31/31	100,645	98,161
	US TREASURY	430,000 units, DUE 11/15/40	203,350	192,846
	US TREASURY	620,000 units, DUE 11/15/42	263,212	250,579
	FEDERAL HOME LOAN BANK	205,000 units, 4.000% DUE 04/28/25	205,825	204,695
	FEDERAL HOME LOAN BANK	285,000 units, 1.900% DUE 08/28/25	273,256	280,528
	FEDERAL HOME LOAN BANK	20,000 units, 4.375% DUE 06/12/26	19,946	20,024
	FEDERAL HOME LOAN BANK	450,000 units, 2.250% DUE 12/28/26	417,850	435,591
	FEDERAL HOME LOAN BANK	45,000 units, 4.200% DUE 04/01/27	45,179	44,735
	FEDERAL HOME LOAN BANK	205,000 units, 3.200% DUE 04/21/27	198,857	199,537
	FEDERAL HOME LOAN BANK	40,000 units, 3.400% DUE 04/29/27	38,775	39,102
	FEDERAL HOME LOAN BANK	100,000 units, 4.000% DUE 05/17/27	99,042	99,778
	FEDERAL HOME LOAN BANK	50,000 units, 4.080% DUE 08/17/27	49,727	49,504
	FEDERAL HOME LOAN BANK	265,000 units, 4.125% DUE 09/10/27	263,255	263,731
	FEDERAL HOME LOAN BANK	200,000 units, 4.000% DUE 06/30/28	199,089	198,490
	FEDERAL HOME LOAN BANK	25,000 units, 4.375% DUE 09/08/28	24,672	24,990
	FEDERAL HOME LOAN BANK	480,000 units, 4.000% DUE 03/28/29	478,399	472,214
	FEDERAL HOME LOAN BANK	20,000 units, 4.120% DUE 06/29/29	19,733	19,649
	FEDERAL HOME LOAN BANK	40,000 units, 4.750% DUE 03/08/30	39,751	40,573
	FEDERAL HOME LOAN BANK	20,000 units, 4.080% DUE 05/25/33	19,143	18,741
	FEDERAL HOME LOAN BANK	130,000 units, 4.140% DUE 07/05/33	126,778	123,417
	FEDERAL HOME LOAN BANK	330,000 units, 4.375% DUE 03/10/34	322,354	319,110
	FEDERAL HOME LN MTG CORP	105,000 units, 4.000% DUE 05/17/27	104,572	103,843
	FEDERAL HOME LN MTG CORP	50,000 units, 4.000% DUE 07/27/27	49,650	49,412
	FEDERAL HOME LN MTG CORP	150,000 units, 4.625% DUE 07/10/29	149,731	149,267
	FEDERAL HOME LN MTG CORP	80,000 units, 4.000% DUE 08/20/29	79,739	77,739
	FEDERAL HOME LN MTG CORP	290,000 units, 4.250% DUE 12/19/29	290,007	286,236
	FEDERAL HOME LN MTG CORP	275,000 units, 4.375% DUE 12/26/29	274,638	272,921
	FEDERAL FARM CREDIT BANK	105,000 units, 4.400% DUE 06/22/26	105,007	104,900
	FEDERAL FARM CREDIT BANK	22,000 units, 4.750% DUE 09/01/26	21,989	22,171
	FEDERAL FARM CREDIT BANK	205,000 units, 4.470% DUE 06/22/28	202,137	204,278
	FEDERAL FARM CREDIT BANK	49,000 units, 3.700% DUE 04/18/29	47,914	47,086
	FEDERAL FARM CREDIT BANK	500,000 units, 2.250% DUE 12/18/29	461,527	448,715
	FEDERAL FARM CREDIT BANK	15,000 units, 4.370% DUE 05/17/32	14,812	14,358
	FEDERAL FARM CREDIT BANK	120,000 units, 4.370% DUE 05/17/32	113,945	114,863
	FEDERAL FARM CREDIT BANK	125,000 units, 4.550% DUE 02/17/33	124,445	119,935
	FEDERAL FARM CREDIT BANK	89,000 units, 4.500% DUE 08/08/33	87,991	86,796
	FEDERAL FARM CREDIT BANK	20,000 units, 4.990% DUE 06/08/37	19,575	19,891
	FEDERAL FARM CREDIT BANK	22,000 units, 4.990% DUE 06/08/37	21,578	21,880
	Total government bonds		\$ 6,067,176	\$ 6,030,229

Shore Medical Center Pension Plan

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

December 31, 2024

EMPLOYER ID NO: 21-0660835, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Certificates of deposit				
	DISCOVER BANK	52,000 units; 3.100% DUE 06/02/25	\$ 50,870	\$ 51,758
	SALLIE MAE BANK/SALT	100,000 units; 4.500% DUE 01/13/25	100,006	100,005
	FIRST UNITED BK	28,000 units; 4.000% DUE 02/08/27	27,728	27,990
	AMERICAN EXPRNATL BK	100,000 units; 4.750% DUE 03/29/28	100,000	102,241
	CAPITAL ONE BK	102,000 units; 3.450% DUE 07/07/27	98,801	100,613
	LCA BANK CORPORATION	60,000 units; 1.000% DUE 07/24/25	60,067	58,942
	SOUTHPOINT BANK	100,000 units; 4.400% DUE 01/17/25	99,846	100,004
	SAFRA NATIONAL BANK	120,000 units; 1.250% DUE 02/10/25	120,007	119,570
	MORGAN STANLEY BK	8,000 units; 1.800% DUE 02/13/25	83,811	79,741
	POPPY BANK	120,000 units; 0.800% DUE 05/22/25	120,980	118,392
	DISCOVER BANK	30,000 units; 3.400% DUE 08/23/27	28,816	29,536
	ALLY BANK	46,000 units; 3.050% DUE 06/02/25	44,953	45,769
	JP MORGAN CHASE BK	65,000 units; 3.400% DUE 06/24/25	63,927	64,746
	ALLY BANK	56,000 units; 3.550% DUE 08/04/25	54,860	55,779
	ALLY BANK	100,000 units; 3.300% DUE 12/30/25	96,907	99,186
	1ST FINL BK	50,000 units; 3.100% DUE 08/12/25	48,419	49,676
	STATE BANK OF INDIA	10,000 units; 3.400% DUE 08/15/25	9,735	9,951
	PARKSIDE FINL BK	84,000 units; 4.500% DUE 08/28/25	83,983	84,184
	PARKSIDE FINL BK	163,000 units; 4.600% DUE 09/17/25	163,902	163,512
	UBS BANK	85,000 units; 4.100% DUE 09/29/25	84,480	84,980
	ALLY BANK	25,000 units; 3.400% DUE 07/28/26	24,122	24,741
	BRIDGEWATER BK	247,000 units; 4.500% DUE 01/27/26	246,140	247,040
	MACHIAS SAVINGS BANK	15,000 units; 4.100% DUE 02/09/26	14,862	14,997
	MORGAN STANLEY BK	120,000 units; 4.250% DUE 02/09/26	119,246	120,124
	BMW BK N AMERICA	247,000 units; 4.200% DUE 02/10/26	246,614	247,123
	EAGLEBANK	95,000 units; 4.250% DUE 02/24/26	94,286	95,106
	EAGLEBANK	12,000 units; 4.250% DUE 02/24/26	11,939	12,013
	BANK OF MISSOURI	16,000 units; 4.400% DUE 02/27/26	15,971	16,052
	STONE BANK	38,000 units; 2.250% DUE 06/15/26	40,816	36,967
	FIRST NATL BK OF AMER	40,000 units; 3.350% DUE 07/27/26	38,644	39,565
	ALLY BANK	20,000 units; 3.600% DUE 08/04/26	19,418	19,852
	FIRST NATL BK OF AMER	50,000 units; 3.550% DUE 08/17/26	48,867	49,599
	FIRST ST BK WINCHESTE	25,000 units; 3.600% DUE 09/16/26	24,461	24,814
	JP MORGAN CHASE BK	112,000 units; 4.500% DUE 02/03/27	112,024	112,012
	STATE BK INDIA	15,000 units; 4.500% DUE 03/01/27	15,043	15,149
	LIVE OAK BANKING CO	40,000 units; 3.500% DUE 06/29/27	38,343	39,515
	BMO HARRIS BANK NA	39,000 units; 3.550% DUE 07/27/27	38,167	38,559
	SYNCHRONY BANK	45,000 units; 3.500% DUE 07/29/27	43,414	44,429
	STATE BANK OF INDIA	20,000 units; 3.450% DUE 08/16/27	19,179	19,717
	STATE BANK OF INDIA	45,000 units; 3.500% DUE 08/16/27	43,231	44,419
	STATE BANK OF INDIA	25,000 units; 3.450% DUE 08/23/27	23,969	24,644
	HSBC BANK	15,000 units; 3.125% DUE 09/16/27	14,210	14,598
	TEXAS EXCHANGE BK SSB	45,000 units; 3.400% DUE 10/15/27	43,249	44,280
	HSBC BANK USA NA	4,000 units; 3.125% DUE 12/28/27	3,786	3,931
	SOUTHERN BANCORP BANK	70,000 units; 3.750% DUE 01/13/28	67,837	69,493
	FIRST WESTERN TR BK	247,000 units; 4.550% DUE 01/27/28	247,150	247,070
	AFFINITY BANK	247,000 units; 4.150% DUE 02/23/28	244,238	248,087
	NEBRASKALAND BANK	15,000 units; 3.750% DUE 02/24/28	14,591	14,888
	MORGAN STANLEY PVT BK	247,000 units; 4.750% DUE 03/30/28	247,000	252,540
	CITY NATL BK	247,000 units; 5.000% DUE 03/31/28	247,000	253,615
	Total certificates of deposit		3,949,915	3,981,514
Money market fund				
*	Bank Deposit Sweep Option		3,291	3,291
	Total money market fund		3,291	3,291
	Total investments, at fair value			\$ 168,466,188

* Indicates party-in-interest to the Plan.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2024			--EXEMPT--	
1/1/2023	14.00	7 Year	3,428,002	327,178
1/1/2021	12.00	7 Year	88,672	9,460
1/1/2020	11.00	7 Year	(5,944,383)	(676,985)
1/1/2019	10.00	7 Year	18,807,816	2,305,132

SCHEDULE SB ATTACHMENT
Line 24 - Change in Actuarial Assumptions

Plan Name: Shore Medical Center Pension Plan

EIN/PN: 21-0660835/001

Valuation Date: January 1, 2024

Plan administrative expenses are assumed to be \$200,000, compared to \$1,145,000 in 2023.

The Expected Return on Assets Assumption for the purposes of valuing the Actuarial Value of Assets was changed from 5.75% in 2022 to 5.00% in 2023.