

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

<p>1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF REDINGTON FAIRVIEW GENERAL HOSPITAL</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>REDINGTON-FAIRVIEW GENERAL HOSPITAL</u></p> <p><u>P.O. BOX 468</u> <u>46 FAIRVIEW AVENUE</u> <u>SKOWHEGAN, ME 04976-0468</u></p>	<p>1c Effective date of plan <u>07/01/1987</u></p> <p>2b Employer Identification Number (EIN) <u>01-0284446</u></p> <p>2c Plan Sponsor's telephone number <u>207-474-5121</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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.	11/19/2025	DANA KEMPTON
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1282
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)	723
	6a(2)	661
	6b	327
	6c	275
	6d	1263
	6e	0
	6f	1263
	6g(1)	
6g(2)		
6h		
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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF REDINGTON FAIRVIEW GENERAL HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>REDINGTON-FAIRVIEW GENERAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>01-0284446</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>83909139</u>
	b Actuarial value	2b	<u>83909139</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>313</u>	<u>28198821</u>
	b For terminated vested participants	<u>246</u>	<u>8098088</u>
	c For active participants	<u>723</u>	<u>30747705</u>
	d Total	<u>1282</u>	<u>67044614</u>
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	<u>5.34 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>2713953</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>2713953</u>

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

SIGN HERE		
	Signature of actuary	<u>04/07/2025</u>
	<u>MATTHEW PINE</u>	Date
	Type or print name of actuary	<u>23-08037</u>
	<u>EPIC RETIREMENT PLAN SERVICES</u>	Most recent enrollment number
	Firm name	<u>207-879-9200</u>
	<u>5 WIDGERY WHARF</u>	Telephone number (including area code)
	<u>2ND FLOOR</u>	
	<u>PORTLAND, ME 04101</u>	
	Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19152669
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	19152669
10	Interest on line 9 using prior year's actual return of <u>10.96</u> %	0	2099133
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2781310
	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>5.50</u> %		152972
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2934282
	d Portion of (c) to be added to prefunding balance		2934282
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	24186084

Part III		Funding Percentages	
14	Funding target attainment percentage	14	87.75 %
15	Adjusted funding target attainment percentage	15	123.29 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.34 %
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
05/23/2024	1400000	0			
10/15/2024	1500000	0			
01/17/2025	1200000	0			
03/14/2025	1200000	0			
			Totals ▶	18(b)	18(c)
				5300000	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	4944533	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	2713953	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	8330854	762945	
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	3476898	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1781033	1781033
36 Additional cash requirement (line 34 minus line 35).....	36	1695865	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4944533	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3248668	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1781033	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
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SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REDINGTON FAIRVIEW GENERAL HOSPITAL	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 REDINGTON-FAIRVIEW GENERAL HOSPITAL	D Employer Identification Number (EIN) 01-0284446	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CHARLES SCHWAB & CO.

94-1737782

(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?
72 19 27	CUSTODIAN	49914	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF REDINGTON FAIRVIEW GENERAL HOSPITAL	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 REDINGTON-FAIRVIEW GENERAL HOSPITAL	D Employer Identification Number (EIN) 01-0284446	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3600000	3900000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	126199	138800
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1102466	1700684
(2) U.S. Government securities	1c(2)	7530833	8030458
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2715598	4143811
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	38812063	44099948
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28298758	32761987
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1918611	2050032

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	84104528	96825720
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	84104528	96825720

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)	5300000	
(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)		5300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35615	
(B) U.S. Government securities	2b(1)(B)	152390	
(C) Corporate debt instruments	2b(1)(C)	189601	
(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)		377606
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	832505	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1320124	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		2152629
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	9510800	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8190404	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1320396
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6230106	
(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)		120451
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15501188

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2730082	
(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)		2730082
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)	49914	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		49914
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2779996

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12721192
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: WIPFLI LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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 534738.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF REDINGTON FAIRVIEW GENERAL HOSPITAL</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>REDINGTON-FAIRVIEW GENERAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>01-0284446</u>	

Part I	Distributions
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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	<u>0</u>
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): <u>01-6117334</u>		
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	<u>0</u>

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 74.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 22.8 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.4 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501553A.

Retirement Plan for Employees of Redington-Fairview General Hospital

Financial Statements and Supplemental Schedules

Years Ended June 30, 2024 and 2023



**Redington-Fairview
General Hospital**

Independent Auditor's Report

To the Retirement Committee
Retirement Plan for Employees of Redington-Fairview General Hospital
Skowhegan, Maine

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

We have performed audits of the financial statements of Retirement Plan for Employees of Redington-Fairview General Hospital, 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 June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Retirement Plan for Employees of Redington-Fairview General Hospital'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 and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 6 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 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Retirement Plan for Employees of Redington-Fairview General Hospital'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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Plan for Employees of Redington-Fairview General Hospital'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 Retirement Plan for Employees of Redington-Fairview General Hospital's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).

Wipfli LLP

Wipfli LLP

South Portland, Maine

November 13, 2025

Retirement Plan for Employees of Redington-Fairview General Hospital

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2024	2023
Assets		
Investments, at fair value:		
U.S. Government and agency obligations	\$ 8,030,458	\$ 7,530,833
Corporate bonds	4,143,811	2,715,598
Exchange traded funds	744,536	542,552
Common stocks	44,099,948	38,812,063
Real estate investment trusts	1,305,496	1,376,059
Mutual funds	32,761,987	28,298,758
Cash and cash management assets	1,700,684	1,102,466
Total investments, at fair value	92,786,920	80,378,329
Receivables:		
Hospital contributions	3,900,000	3,600,000
Accrued interest and dividends	138,800	126,199
Total receivables	4,038,800	3,726,199
Total assets	96,825,720	84,104,528
Net assets available for benefits	\$ 96,825,720	\$ 84,104,528

See accompanying notes to financial statements.

Retirement Plan for Employees of Redington-Fairview General Hospital

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended June 30,</i>	2024	2023
Additions:		
Investment income :		
Net appreciation in fair value of investments	\$ 7,670,953	\$ 5,867,470
Interest and dividends	2,530,235	1,930,944
Investment income	10,201,188	7,798,414
Less investment expenses	49,914	49,038
Net investment income	10,151,274	7,749,376
Hospital contributions	5,300,000	5,600,000
Total additions	15,451,274	13,349,376
Deductions:		
Benefits paid to participants	2,730,082	2,568,350
Foreign taxes	-	26,213
Total deductions	2,730,082	2,594,563
Net increase in net assets available for benefits	12,721,192	10,754,813
Net assets available for benefits		
Beginning of year	84,104,528	73,349,715
End of year	\$ 96,825,720	\$ 84,104,528

See accompanying notes to financial statements.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Retirement Plan for Employees of Redington-Fairview General Hospital (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan covering substantially all employees of Redington-Fairview General Hospital (the Hospital) who have regularly scheduled hours. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Hospital's Retirement Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Eligibility

Employees of the Hospital who have regularly scheduled hours become eligible for the Plan after one year of service in which 1,000 hours are worked. Participants must be age 21 to accrue benefits. Normal retirement is age 65, but there are early retirement options that offer actuarially reduced benefits. Early retirement is age 55 with ten years of credited service, or age 53 with thirty years of vesting service.

Benefits

The annual retirement benefit payable to a participant who retires shall be an amount equal to:

0.9% of average compensation, plus 0.5% of excess compensation, the sum multiplied by years of credited service, not to exceed 25.

Average compensation means the average of the participant's total compensation in the highest five consecutive calendar years during his/her last ten years of employment. Total compensation includes amounts contributed under a Section 403(b) salary reduction agreement by the Hospital.

Participants with a vested accrued benefit greater than \$5,000 may elect to receive their pension benefits under available distribution forms authorized under the Plan. Each method of distribution is actuarially equivalent to the single life annuity. If an optional form of distribution is not elected, the benefit will be payable in the form of a qualified Joint and Survivor annuity (if married at the time of distribution) or a Single life annuity (if not married) payable monthly. Terminated participants with vested accrued benefits less than \$5,000 may receive a lump-sum distribution.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 1: Description of Plan (Continued)

Vesting

Participants become vested in the Plan according to the following schedule:

Years of Vesting Service	Vesting Percentage
Less than 5 years	0 %
5 years or more	100 %

Death and Disability Benefits

If a participant with vested benefits dies, a death benefit is paid to the participant's beneficiary. Benefits vary depending upon age of participant, service, and marital status at the time of death. Active participants with ten or more years of vesting service who become totally and permanently disabled are eligible to receive a distribution benefit equal to their entire vested accrued benefit.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amount of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

The Plan considers the actuarial assumptions related to the calculation of the present value of accumulated Plan benefits to be significant estimates that are subject to change in the near term.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Hospital pays a significant portion of the administrative expenses of the Plan. Expenses that are paid by the Hospital are excluded from these financial statements.

Note 3: Funding Policy and Actuarial Present Value of Accumulated Plan Benefits

The Hospital has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to plan participants. Contributions are calculated using the Traditional Unit Credit Method. The calculated minimum contributions for the years ended June 30, 2024 and 2023 were \$0 and \$2,442,441, respectively. The Hospital's contributions for 2024 and 2023 met or exceeded the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired, disabled or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of the employee's total compensation in the highest five consecutive calendar years during their last ten years of employment and an amount by which this average exceeds the covered compensation base. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of July 1, 2023 were (a) life expectancy of participants (IRS 2023 Generational Mortality), (b) retirement age assumptions (the assumed average retirement age was 64), and (c) investment return. The July 1, 2023 valuation included assumed average long-term rate of return of 8% for the period ended July 1, 2023, compounded annually (net of all plan expenses). 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. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuation been performed as of June 30, 2023, there would be no material differences.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 3: Funding Policy and Actuarial Present Value of Accumulated Plan Benefits

(Continued)

The actuarial present value of accumulated plan benefits as of July 1, 2023 is, as follows:

1. Vested benefits:		
a. Participants currently receiving benefits	\$	27,582,651
b. Participants entitled to deferred benefits		5,514,342
c. Other participants		27,245,178
d. Total vested		60,342,171
2. Non-vested benefits		908,775
3. Total actuarial present value of accumulated plan benefits	\$	61,250,946

The changes in the actuarial present value of accumulated plan benefits between July 1, 2022 and July 1, 2023 are due to the following:

1. Actuarial present value of accumulated plan benefits at July 1, 2022	\$	56,894,244
2. Increase (decrease) during the Plan year attributable to:		
a. Benefits paid	(2,573,175)	
b. Interest accumulation	3,476,697	
c. Assumption changes	0	
d. Benefits accumulated	3,453,180	
Net increase		4,356,702
3. Actuarial present value of accumulated plan benefits at July 1, 2023	\$	61,250,946

Note 4: Plan Termination

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

A full description of the defined benefit plan termination priorities is available in the Plan document.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 5: Fair Value Measurements

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

Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2024 and 2023.

Cash Management Assets: Valued at a constant carrying value per share, which materially approximates the fair value of the underlying investments due to their short-term nature.

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

Corporate Bonds and U.S. Government and Agency Obligations: In general, U.S. government and agency obligations and corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 5: Fair Value Measurements (Continued)

Common Stock, Exchange Traded Funds and Real Estate Investment Trusts: Valued at the closing price reported on the active market where the individual securities are traded.

Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of June 30:

	Assets at Fair Value as of June 30, 2024			Total
	Level 1	Level 2	Level 3	
Cash management assets	\$ 1,700,684	\$ -	\$ -	\$ 1,700,684
Mutual funds	32,761,987	-	-	32,761,987
Common stocks	44,099,948	-	-	44,099,948
Real estate investment trusts	1,305,496	-	-	1,305,496
U.S. Government and agency obligations	-	8,030,458	-	8,030,458
Corporate bonds	-	4,143,811	-	4,143,811
Exchange traded funds	744,536	-	-	744,536
Total investment assets at fair value	\$ 80,612,651	\$ 12,174,269	\$ -	\$ 92,786,920

	Assets at Fair Value as of June 30, 2023			Total
	Level 1	Level 2	Level 3	
Cash management assets	\$ 1,102,466	\$ -	\$ -	\$ 1,102,466
Mutual funds	28,298,758	-	-	28,298,758
Common stocks	38,812,063	-	-	38,812,063
Real estate investment trusts	1,376,059	-	-	1,376,059
U.S. Government and agency obligations	-	7,530,833	-	7,530,833
Corporate bonds	-	2,715,598	-	2,715,598
Exchange traded funds	542,552	-	-	542,552
Total investment assets at fair value	\$ 70,131,898	\$ 10,246,431	\$ -	\$ 80,378,329

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 6: Information Prepared and Certified by Trustee

Certain financial information included in the Plan's financial statements and supplemental schedules regarding the Plan's investment assets and accrued interest and dividends as of June 30, 2024 and 2023, and net appreciation in fair value of investments and interest and dividends for the years then ended has been derived from information certified as complete and accurate by Camden National Bank, the trustee of the Plan, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The financial information certified by Camden National Bank as of and for the year ended June 30, 2024, consists of investments at fair value of \$68,971,632 accrued interest and dividends of \$93,816, net appreciation in fair value of investments of \$5,683,973 and interest and dividends of \$2,094,233. The financial information certified by Camden National Bank as of and for the year ended June 30, 2023, consists of investments at fair value of \$62,641,766, accrued interest and dividends of \$100,558, net appreciation in fair value of investments of \$4,889,256 and interest and dividends of \$1,614,449.

Note 7: Income Taxes

The Plan obtained its latest opinion letter on March 30, 2018, in which the Internal Revenue Service stated that the volume submitter defined benefit plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been restated since receiving the opinion letter; however, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and accordingly, believe the Plan is qualified and the related trust is tax-exempt from taxes. No provision for income taxes has been recorded in the Plan's financial statements.

Note 8: Party-In-Interest Transactions

Camden National Bank is the trustee and Charles Schwab and Co., Inc. is the custodian as defined by the Plan and, therefore, fees paid to Camden National Bank and Charles Schwab and Co. Inc. qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$49,914 and \$49,038 for the years ended June 30, 2024 and 2023, respectively.

Note 9: Risks and Uncertainties

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

Retirement Plan for Employees of Redington-Fairview General Hospital

Notes to Financial Statements

Note 9: Risks and Uncertainties (Continued)

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

Note 10: Subsequent Events

The Plan has evaluated subsequent events through November 13, 2025, which is the date the financial statements were available to be issued.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>CASH AND CASH MANAGEMENT ASSETS</u>				
* CAMDEN NATIONAL WEALTH MANAGEMENT				
MONEY MARKET DEPOSIT ACCOUNT	1,634,142.08 units		\$ 1,634,142	\$ 1,634,142
CASH			11,554	11,554
* CHARLES SCHWAB BANK SWEEP ACCOUNT			54,988	54,988
<u>U.S. GOVERNMENT AND AGENCY OBLIGATIONS</u>				
FEDERAL FARM CREDIT BANK	\$500,000	2.640% 12/03/25	548,960	483,950
FEDERAL HOME LOAN BANK	\$225,000	3.000% 07/08/24	220,198	224,874
FEDERAL HOME LOAN BANK	\$275,000	5.000% 12/13/24	274,784	274,423
FEDERAL HOME LOAN BANK	\$500,000	0.375% 03/13/26	491,950	463,930
FEDERAL HOME LOAN BANK	\$500,000	0.625% 07/28/26	500,000	458,765
US TREASURY	\$700,000	BILL 0% 07/11/24	682,966	682,966
US TREASURY	\$700,000	BILL 0% 09/19/24	682,684	682,684
US TREASURY	\$800,000	BILL 0% 12/26/24	779,313	779,313
US TREASURY	\$800,000	NT 4.250% 05/31/25	796,660	793,320
US TREASURY	\$200,000	NT 2.250% 12/31/24	198,219	196,996
US TREASURY	\$500,000	NT 1.750% 12/31/26	528,906	466,640
US TREASURY	\$500,000	NT 0.625% 12/31/27	485,156	438,165
US TREASURY	\$400,000	NT 1.000% 7/31/28	402,250	349,392
US TREASURY	\$100,000	BOND 5.250% 11/15/28	99,344	103,461
US TREASURY	\$60,000	NT 0.75% 11/15/24	56,536	58,988
US TREASURY	\$400,00	NT 1.00% 12/15/24	385,716	392,312
US TREASURY	\$200,000	NT 3.00% 07/15/25	194,921	195,781
US TREASURY	\$200,000	NT 0.75% 04/30/26	185,872	185,969
US TREASURY	\$225,000	NT 2.50% 03/31/27	215,340	213,258
US TREASURY	\$225,000	NT 4.125% 09/30/27	224,613	222,469
US TREASURY	\$150,000	NT 3.875% 09/30/29	150,033	146,578
US TREASURY	\$240,000	NT 2.875% 05/15/32	219,786	216,224

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>CORPORATE BONDS</u>				
AIR PRODUCTS & CHEMICALS	\$300,000	1.850% 05/15/27	\$ 310,320	\$ 275,722
AMGEN INC.	\$225,000	5.250% 03/02/30	221,508	225,965
BANK OF AMERICA	\$225,000	4.375% 12/31/99	219,053	212,906
BP CAPITAL MARKETS	\$200,000	4.875% 12/31/99	209,768	188,250
CENTENE CORPORATION	\$200,000	4.25% 12/15/27	202,730	190,900
CVS HEALTH CORPORATION	\$225,000	5.25% 01/30/31	218,769	220,783
EQUINOR ASA	\$220,000	3% 04/06/27	212,766	208,725
GOLDMAN SACHS A	\$200,000	2.875% 1/15/26	198,751	190,912
HEWLETT PACKARD E	\$150,000	4.9% 10/15/25	230,107	223,140
INTEL CORP	\$200,000	5.125% 02/10/30	201,187	200,790
L3 HARRIS TECHNOLOGY	\$225,000	5.35% 06/10/24	218,710	222,010
LOWE'S COMPANIES INC	\$225,000	5.00% 04/15/33	218,964	221,115
MOTOROLA SOLUTIONS	\$150,000	4.6% 5/23/29	148,362	146,068
NOV INC.	\$145,000	3.6% 12/1/29	146,958	133,058
ORACLE CORP	\$200,000	4.5% 05/06/2028	192,885	195,984
PARKER-HANNIFIN C	\$150,000	3.3% 11/21/24	151,270	148,701
PNC FINL SVCS GRO	\$215,000	3.4% 09/15/26	174,490	193,500
SCHLUMBERGER HOLDING	\$150,000	4% 12/21/25	153,350	146,940
TEXAS INSTRUMENTS	\$200,000	1.375% 03/12/25	206,800	194,540
THE BANK OF NEW YORK MELLON	\$200,000	3.75% 12/20/26	173,214	184,500
WASTE CONNECTIONS	\$225,000	5% 03/01/34	222,107	219,302

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>COMMON STOCKS</u>				
ABBOTT LABORATORIES	3,000 Shares		\$ 280,012	\$ 311,730
ABBVIE INC	1,350 Shares		121,418	231,552
ACCENTURE PLC CL A	3,887 Shares		415,308	1,179,355
ADOBE INC	1,880 Shares		353,582	1,044,415
ALCON INC	5,795 Shares		376,443	516,219
ALLEGION PLC	1,850 Shares		202,930	218,578
ALPHABET INC	1,500 Shares		173,273	273,225
AMAZON.COM, INC.	1,750 Shares		202,894	338,188
AMERICAN WATER WORKS COMPANY, INC.	1,850 Shares		243,641	238,946
APPLE INC	1,500 Shares		108,469	315,930
ASML HOLDING NV ADR	325 Shares		133,839	332,387
ASTRAZENECA PLC ADR	3,249 Shares		161,827	253,390
BAKER HUGHES CO	3,600 Shares		91,709	126,612
BROADRIDGE FINANCIAL SOLUTIONS, INC.	600 Shares		75,458	118,200
CHECK POINT SOFTWARE TECH LTD	5,755 Shares		526,269	949,575
CHEVRON CORPORATION	2,995 Shares		477,392	468,478
CHUBB LTD	3,791 Shares		474,659	967,008
CHURCH & DWIGHT CO., INC.	2,100 Shares		167,865	217,728
CONOCOPHILLIPS	1,950 Shares		222,823	223,041
CONSTELLATION BRANDS INC	2,580 Shares		584,891	663,782
COSTCO WHOLESALE CORP	1,338 Shares		420,179	1,137,287
CROWDSTRIKE HOLDINGS INC	300 Shares		48,050	114,957
DEERE & CO	1,452 Shares		529,879	542,511
DUKE ENERGY CORP	5,736 Shares		461,273	574,919
EDWARDS LIFESCIENCES CORP	5,950 Shares		451,851	549,602
ELEVANCE HEALTH INC	300 Shares		142,356	162,558
EXPEDITORS INTL OF WASHINGTON INC	2,490 Shares		291,992	310,727
GENUINE PARTS CO	4,980 Shares		468,959	688,834

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>COMMON STOCKS</u>				
HOME DEPOT INC		2,290 Shares	\$ 615,561	\$ 788,310
HOULIHAN LOCKEY INC		1,850 Shares	163,581	249,491
HYATT HOTELS		850 Shares	97,051	129,132
INTUITIVE SURGICAL, INC.		370 Shares	72,026	164,595
IQVIA HOLDINGS INC		975 Shares	194,456	206,154
JOHNSON & JOHNSON		5,202 Shares	433,499	760,324
JP MORGAN CHASE & CO		6,670 Shares	715,061	1,349,074
KINDER MORGAN INC		26,000 Shares	432,978	516,620
L3 HARRIS TECHNOLOGIES INC		2,970 Shares	616,953	667,002
LINDE PLC		2,825 Shares	543,430	1,239,638
LIVE NATION ENTERTAINMENT		1,250 Shares	110,360	117,175
LONZA GROUP AG SPONSORED ADR		2,125 Shares	98,073	115,813
MARSH & MCLENNAN COMPANIES INC		1,100 Shares	121,961	231,792
MCCORMICK & CO INC		6,450 Shares	452,883	457,563
MCDONALDS CORP		3,331 Shares	351,148	848,872
MEDTRONIC PLC		7,615 Shares	646,101	599,377
MERCK & CO INC		7,444 Shares	312,999	921,567
MICROSOFT CORP		3,109 Shares	243,688	1,389,568
MONDELEZ INTERNATIONAL INC		10,765 Shares	508,264	704,462
NESTLE SA		2,900 Shares	303,130	297,105
NEXTERA ENERGY INC		11,070 Shares	679,412	783,867
NIKE INC		5,851 Shares	549,373	440,990
NOVARTIS AG		7,155 Shares	492,631	761,721
NVIDIA CORP		7,969 Shares	97,703	984,490
NXP SEMICONDUCTORS NV		1,025 Shares	144,560	275,817
OMNICOM GROUP		8,930 Shares	471,263	801,021
ORACLE CORPORATION		7,045 Shares	502,676	994,754
PACKAGING CORP OF AMERICA		1,550 Shares	201,346	282,968

* Denotes party-in-interest.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>MUTUAL FUNDS</u>				
	GMO GLOBAL ASSET ALLOC III	772,682.03 Shares	24,582,757	25,552,595
	BLACKROCK EVENT DRIVEN EQUITY INSTL	45,878.515 Shares	455,000	459,244
	JPMORGAN HEDGED EQUITY I	15,309.45 Shares	360,050	477,349
	PIONEER ILS INTERVAL FD	25,704.2670 Shares	219,061	235,194
*	SCHWAB GOVERNMENT MONEY MARKET	550,000 Shares	550,000	550,000
	WASATCH SMALL CAP GROWTH FUND	137,448.2530 Shares	5,050,040	4,975,627
	WASATCH EMERGING MARKETS	12,267.8480 Shares	195,000	211,866
	THORNBURG DEVELOPING WORLD I	13,082.4920 Shares	290,000	300,112
<u>REAL ESTATE INVESTMENT TRUSTS</u>				
	ALEXANDRIA REAL ESTATE EQUITIES, INC	1,775 Units	260,466	207,622
	PROLOGIS INC	4,320 Units	364,395	485,179
	PUBLIC STORAGE INC	2,130 Units	493,882	612,695
<u>EXCHANGE TRADED FUNDS</u>				
	SPDR GOLD SHARES ETF	1,400 Shares	188,424	301,014
	ISHARES GOLD TRUST	5,000 Shares	175,787	219,650
	JANUS HENDERSON AAA	4,400 Shares	221,421	223,872
	Total investments		\$ 73,898,891	\$ 92,786,920

* Denotes party-in-interest.

Retirement Plan for Employees of Redington-Fairview General Hospital

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #01-0284446 Plan #001

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
*	CAMDEN NATIONAL WEALTH MANAGEMENT MONEY MARKET DEPOSIT ACCOUNT							
	8,053,488 Units	\$ 8,053,488				\$ 8,053,488		
	7,468,594 Units		\$ 7,468,594			7,468,594	\$ 7,468,594	\$0

* Denotes party in interest.

See Independent Auditor's Report.

Schedule SB, Line 26
 Retirement Plan for Employees of Redington-Fairview General Hospital
 EIN / PN: 01-0284446/ 001
 Plan Year: 7/1/2023 to 6/30/2024

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of credited service																					
	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 & up			
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.			
No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	
Under 25	10		22	39,237	0		0		0		0		0		0		0		0		0	
25 to 29	7		53	50,178	16		1		0		0		0		0		0		0		0	
30 to 34	16		44	81,198	20	59,261	19		2		0		0		0		0		0		0	
35 to 39	9		29	79,340	24	74,401	11		12		0		0		0		0		0		0	
40 to 44	5		20	64,355	15		14		12		4		0		0		0		0		0	
45 to 49	8		19		15		10		15		7		1		1		0		0		0	
50 to 54	5		24	54,469	13		15		20	116,121	7		0		3		1		0		0	
55 to 59	7		21	60,770	15		17		18		7		9		1		2		1		1	
60 to 64	6		12		6		12		7		7		5		6		3		4		4	
65 to 69	3		4		6		2		2		2		0		1		0		2		2	
70 & up	0		1		0		1		0		1		0		1		1		1		1	

FUNDING ASSUMPTIONS

Actuarial assumptions are estimates of the occurrence of future events affecting the costs of the plan such as mortality rates, changes in compensation levels, retirement ages, rates of investment earnings, expenses, etc. The assumptions have been chosen to anticipate the long-range experience of the plan. The enrolled actuary will certify to the reasonableness of these assumptions, as required by ERISA.

The actuarial assumptions used in this year's valuation are as follows:

Asset Method:	Market value	
Target Liability Interest Rates	ARPA Rates	PPA Rates
1st Segment	4.75%	3.22%
2nd Segment	5.00%	4.22%
3rd Segment	5.74%	4.34%
Effective Rate¹	5.34% per annum	
Salary Increases:	4.50% per annum	
Mortality:	IRS 2023 Generational Mortality	
Turnover:	Watson Wyatt Termination Rates	
Retirement:	Watson Wyatt Retirement Rates	
Expenses in Target Normal Cost:	\$0 per annum	
Percent Married	100% of participants are assumed to be married	
Spouse Age Difference	Females are 3 years younger than males	
Assumed Forms of Benefit:	Life Annuity	100%

FUNDING METHODS

Valuation Date:	July 1, 2023
Asset Valuation	Plan assets are valued using fair market value of assets.
Liabilities	Liabilities are calculated using the traditional unit credit method in accordance with IRS section 430 and related guidance.

¹ The effective rate is the single rate that yields a liability equal to the liability calculated using the multiple rates shown above.

Retirement Plan for Employees of Redington-Fairview General Hospital

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #01-0284446 Plan #001

Year Ended June 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
*	CAMDEN NATIONAL WEALTH MANAGEMENT MONEY MARKET DEPOSIT ACCOUNT							
	8,053,488 Units	\$ 8,053,488				\$ 8,053,488		
	7,468,594 Units		\$ 7,468,594			7,468,594	\$ 7,468,594	\$0

* Denotes party in interest.

See Independent Auditor's Report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **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 Retirement Plan for Employees of Redington-Fairview General Hospital	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Redington-Fairview General Hospital	D Employer Identification Number (EIN) 01-0284446	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a		83,909,139
b Actuarial value.....	2b		83,909,139
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.....	313	28,198,821	28,198,821
b For terminated vested participants.....	246	8,098,088	8,098,088
c For active participants.....	723	30,747,705	31,757,000
d Total.....	1,282	67,044,614	68,053,909
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		5.34%
6 Target normal cost			
a Present value of current plan year accruals.....	6a		2,713,953
b Expected plan-related expenses.....	6b		0
c Target normal cost.....	6c		2,713,953

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	Matthew Pine <i>mp</i> Signature of actuary	<u>04/07/2025</u> Date
	<u>Matthew Pine</u> Type or print name of actuary	<u>2308037</u> Most recent enrollment number
	<u>EPIC Retirement Plan Services</u> Firm name	<u>207-879-9200</u> Telephone number (including area code)
	<u>5 Widgery Wharf 2nd Floor Portland ME 04101</u> Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	2,713,953	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	8,330,854		762,945
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	3,476,898	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	1,781,033
36 Additional cash requirement (line 34 minus line 35)	36	1,695,865	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,944,533	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,248,668	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,781,033	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021
--

Schedule SB, Part V – Summary of Plan Provisions
Retirement Plan for Employees of Redington-Fairview General Hospital
EIN / PN: 01-0284446/ 001
Plan Year: 7/1/2023 to 6/30/2024

PLAN PROVISIONS

Plan Name	Retirement Plan for Employees of Redington-Fairview General Hospital
Plan Year:	July 1 through June 30
Effective Dates:	Original Plan: July 1, 1987 Most Recent Amendment: January 1, 2012 Most Recent Restatement: January 1, 2020
Employee:	Any person employed by Redington-Fairview Hospital with scheduled hours of work.
Eligibility Requirements:	1,000 hours in first year of employment or subsequent Plan Year and attainment of age 21
Plan Entry Date:	An eligible employee will enter the plan on the first day of the month coinciding with or next following fulfilling eligibility requirements
Vesting Service:	An employee earns one year of Vesting Service for each Plan Year on or after July 1, 1987 in which he/she completes 1,000 or more hours of service. For Plan Years prior to July 1, 1987, Vesting Service is granted based on completed months of employment.
Benefit Service:	Benefit Service equals Vesting Service, except for the Past Service provision shown below and employees with no scheduled hours do not earn Benefit Service.
Past Service:	Service prior to July 1, 1987 is recognized as Benefit Service if the participant was an eligible employee on July 1, 1987.
Normal Retirement Date:	First day of the month coincident with or next following attainment of age 65.
Average Salary:	Average Salary is the participant's total compensation in the highest five consecutive calendar years during his/her last ten years of employment. Total compensation includes amounts contributed under a Section 403(b) salary reduction agreement, but not in excess of the compensation limit of \$200,000, as indexed after 2002.
Accrued Benefit:	The participant's benefit calculated as of the date of determination based on the Normal Retirement Benefit Formula payable at the Participant's Normal Retirement Date.
Normal Retirement Benefit:	The annual retirement benefit is equal to : 0.9% of Average Salary, plus 0.5% of Average Salary in excess of half the Taxable Wage Base; Multiplied by Years of Benefit Service, not in excess of 25.

PLAN PROVISIONS (CONTINUED)

- Early Retirement Benefit:** Eligibility: Attainment of age 55 and completion of 10 Years of Vesting Service.
- Benefit: The early retirement benefit is equal to a participant's vested Accrued Benefit as of the date of termination, reduced by:
5/9ths of 1% for each of the first 60 months under age 65 plus
5/18ths of 1% for the next 60 months under age 60
- Deferred Retirement Benefit:** Eligibility: Continuation of employment beyond Normal Retirement Date.
- Benefit: The greater of the benefit computed based on service and salary earned as of the participant's actual retirement date, or the normal retirement benefit actuarially increased to reflect the period after Normal Retirement Age for which the participant did not receive benefits.
- Pre-Retirement Death Benefit:** Eligibility: Five years of Vesting Service
- Benefit: The spouse of a married participant shall receive a benefit equal to that which he/she would have received had the participant retired on the day preceding his/her death and chosen the 50% Joint and Survivor Annuity Option. The survivor annuity is payable on the later of the first day of the month coinciding with or next following the date of death or the participant's earliest retirement date.
- The beneficiary of an unmarried participant shall to receive the value of his or her benefit in a lump sum payment that is actuarially equivalent to the benefit computed as though the beneficiary is a spouse and is the same age as the participant.
- Vesting:** Participants will be vested in their accrued benefits, based on Years of Service, in accordance with the following schedule:
- | <u>Years of Service</u> | <u>Vesting Percent</u> |
|-------------------------|------------------------|
| Less than 5 years | 0% |
| 5 years or more | 100% |
- Forms of Benefit Payment:**
- Life Annuity (Normal form)
 - 50% Joint and Survivor Annuity
 - 66-2/3% Joint and Survivor Annuity
 - 100% Joint and Survivor Annuity
 - Ten-year Certain and Continuous Annuity

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>CASH AND CASH MANAGEMENT ASSETS</u>				
* CAMDEN NATIONAL WEALTH MANAGEMENT				
MONEY MARKET DEPOSIT ACCOUNT	1,634,142.08 units		\$ 1,634,142	\$ 1,634,142
CASH			11,554	11,554
* CHARLES SCHWAB BANK SWEEP ACCOUNT			54,988	54,988
<u>U.S. GOVERNMENT AND AGENCY OBLIGATIONS</u>				
FEDERAL FARM CREDIT BANK	\$500,000	2.640% 12/03/25	548,960	483,950
FEDERAL HOME LOAN BANK	\$225,000	3.000% 07/08/24	220,198	224,874
FEDERAL HOME LOAN BANK	\$275,000	5.000% 12/13/24	274,784	274,423
FEDERAL HOME LOAN BANK	\$500,000	0.375% 03/13/26	491,950	463,930
FEDERAL HOME LOAN BANK	\$500,000	0.625% 07/28/26	500,000	458,765
US TREASURY	\$700,000	BILL 0% 07/11/24	682,966	682,966
US TREASURY	\$700,000	BILL 0% 09/19/24	682,684	682,684
US TREASURY	\$800,000	BILL 0% 12/26/24	779,313	779,313
US TREASURY	\$800,000	NT 4.250% 05/31/25	796,660	793,320
US TREASURY	\$200,000	NT 2.250% 12/31/24	198,219	196,996
US TREASURY	\$500,000	NT 1.750% 12/31/26	528,906	466,640
US TREASURY	\$500,000	NT 0.625% 12/31/27	485,156	438,165
US TREASURY	\$400,000	NT 1.000% 7/31/28	402,250	349,392
US TREASURY	\$100,000	BOND 5.250% 11/15/28	99,344	103,461
US TREASURY	\$60,000	NT 0.75% 11/15/24	56,536	58,988
US TREASURY	\$400,00	NT 1.00% 12/15/24	385,716	392,312
US TREASURY	\$200,000	NT 3.00% 07/15/25	194,921	195,781
US TREASURY	\$200,000	NT 0.75% 04/30/26	185,872	185,969
US TREASURY	\$225,000	NT 2.50% 03/31/27	215,340	213,258
US TREASURY	\$225,000	NT 4.125% 09/30/27	224,613	222,469
US TREASURY	\$150,000	NT 3.875% 09/30/29	150,033	146,578
US TREASURY	\$240,000	NT 2.875% 05/15/32	219,786	216,224

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>CORPORATE BONDS</u>				
AIR PRODUCTS & CHEMICALS	\$300,000	1.850% 05/15/27	\$ 310,320	\$ 275,722
AMGEN INC.	\$225,000	5.250% 03/02/30	221,508	225,965
BANK OF AMERICA	\$225,000	4.375% 12/31/99	219,053	212,906
BP CAPITAL MARKETS	\$200,000	4.875% 12/31/99	209,768	188,250
CENTENE CORPORATION	\$200,000	4.25% 12/15/27	202,730	190,900
CVS HEALTH CORPORATION	\$225,000	5.25% 01/30/31	218,769	220,783
EQUINOR ASA	\$220,000	3% 04/06/27	212,766	208,725
GOLDMAN SACHS A	\$200,000	2.875% 1/15/26	198,751	190,912
HEWLETT PACKARD E	\$150,000	4.9% 10/15/25	230,107	223,140
INTEL CORP	\$200,000	5.125% 02/10/30	201,187	200,790
L3 HARRIS TECHNOLOGY	\$225,000	5.35% 06/10/24	218,710	222,010
LOWE'S COMPANIES INC	\$225,000	5.00% 04/15/33	218,964	221,115
MOTOROLA SOLUTIONS	\$150,000	4.6% 5/23/29	148,362	146,068
NOV INC.	\$145,000	3.6% 12/1/29	146,958	133,058
ORACLE CORP	\$200,000	4.5% 05/06/2028	192,885	195,984
PARKER-HANNIFIN C	\$150,000	3.3% 11/21/24	151,270	148,701
PNC FINL SVCS GRO	\$215,000	3.4% 09/15/26	174,490	193,500
SCHLUMBERGER HOLDING	\$150,000	4% 12/21/25	153,350	146,940
TEXAS INSTRUMENTS	\$200,000	1.375% 03/12/25	206,800	194,540
THE BANK OF NEW YORK MELLON	\$200,000	3.75% 12/20/26	173,214	184,500
WASTE CONNECTIONS	\$225,000	5% 03/01/34	222,107	219,302

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>COMMON STOCKS</u>				
ABBOTT LABORATORIES	3,000 Shares		\$ 280,012	\$ 311,730
ABBVIE INC	1,350 Shares		121,418	231,552
ACCENTURE PLC CL A	3,887 Shares		415,308	1,179,355
ADOBE INC	1,880 Shares		353,582	1,044,415
ALCON INC	5,795 Shares		376,443	516,219
ALLEGION PLC	1,850 Shares		202,930	218,578
ALPHABET INC	1,500 Shares		173,273	273,225
AMAZON.COM, INC.	1,750 Shares		202,894	338,188
AMERICAN WATER WORKS COMPANY, INC.	1,850 Shares		243,641	238,946
APPLE INC	1,500 Shares		108,469	315,930
ASML HOLDING NV ADR	325 Shares		133,839	332,387
ASTRAZENECA PLC ADR	3,249 Shares		161,827	253,390
BAKER HUGHES CO	3,600 Shares		91,709	126,612
BROADRIDGE FINANCIAL SOLUTIONS, INC.	600 Shares		75,458	118,200
CHECK POINT SOFTWARE TECH LTD	5,755 Shares		526,269	949,575
CHEVRON CORPORATION	2,995 Shares		477,392	468,478
CHUBB LTD	3,791 Shares		474,659	967,008
CHURCH & DWIGHT CO., INC.	2,100 Shares		167,865	217,728
CONOCOPHILLIPS	1,950 Shares		222,823	223,041
CONSTELLATION BRANDS INC	2,580 Shares		584,891	663,782
COSTCO WHOLESALE CORP	1,338 Shares		420,179	1,137,287
CROWDSTRIKE HOLDINGS INC	300 Shares		48,050	114,957
DEERE & CO	1,452 Shares		529,879	542,511
DUKE ENERGY CORP	5,736 Shares		461,273	574,919
EDWARDS LIFESCIENCES CORP	5,950 Shares		451,851	549,602
ELEVANCE HEALTH INC	300 Shares		142,356	162,558
EXPEDITORS INTL OF WASHINGTON INC	2,490 Shares		291,992	310,727
GENUINE PARTS CO	4,980 Shares		468,959	688,834

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>COMMON STOCKS</u>				
HOME DEPOT INC		2,290 Shares	\$ 615,561	\$ 788,310
HOULIHAN LOCKEY INC		1,850 Shares	163,581	249,491
HYATT HOTELS		850 Shares	97,051	129,132
INTUITIVE SURGICAL, INC.		370 Shares	72,026	164,595
IQVIA HOLDINGS INC		975 Shares	194,456	206,154
JOHNSON & JOHNSON		5,202 Shares	433,499	760,324
JP MORGAN CHASE & CO		6,670 Shares	715,061	1,349,074
KINDER MORGAN INC		26,000 Shares	432,978	516,620
L3 HARRIS TECHNOLOGIES INC		2,970 Shares	616,953	667,002
LINDE PLC		2,825 Shares	543,430	1,239,638
LIVE NATION ENTERTAINMENT		1,250 Shares	110,360	117,175
LONZA GROUP AG SPONSORED ADR		2,125 Shares	98,073	115,813
MARSH & MCLENNAN COMPANIES INC		1,100 Shares	121,961	231,792
MCCORMICK & CO INC		6,450 Shares	452,883	457,563
MCDONALDS CORP		3,331 Shares	351,148	848,872
MEDTRONIC PLC		7,615 Shares	646,101	599,377
MERCK & CO INC		7,444 Shares	312,999	921,567
MICROSOFT CORP		3,109 Shares	243,688	1,389,568
MONDELEZ INTERNATIONAL INC		10,765 Shares	508,264	704,462
NESTLE SA		2,900 Shares	303,130	297,105
NEXTERA ENERGY INC		11,070 Shares	679,412	783,867
NIKE INC		5,851 Shares	549,373	440,990
NOVARTIS AG		7,155 Shares	492,631	761,721
NVIDIA CORP		7,969 Shares	97,703	984,490
NXP SEMICONDUCTORS NV		1,025 Shares	144,560	275,817
OMNICOM GROUP		8,930 Shares	471,263	801,021
ORACLE CORPORATION		7,045 Shares	502,676	994,754
PACKAGING CORP OF AMERICA		1,550 Shares	201,346	282,968

* Denotes party-in-interest.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
		Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
Identity of Issue, Borrower, Lessor, or Similar Party				
<u>COMMON STOCKS</u>				
PEPSICO INC		5,851 Shares	\$ 581,569	\$ 965,005
PROCTER & GAMBLE CO		4,740 Shares	334,677	781,721
QUANTA SERVICES INC		1,900 Shares	230,496	482,771
REPUBLIC SERVICES INC		5,116 Shares	172,510	994,243
S&P GLOBAL INC		1,200 Shares	419,327	535,200
SERVICE NOW INC		350 Shares	183,822	275,335
SHERWIN WILLIAMS CORPORATION		750 Shares	150,862	223,822
SNAP-ON INC		565 Shares	149,550	147,685
STRYKER CORPORATION		675 Shares	186,566	229,668
T ROWE PRICE GROUP INC		2,935 Shares	391,319	338,435
TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD		2,300 Shares	134,354	399,763
TARGET CORP		3,625 Shares	291,477	536,645
TEXAS INSTRUMENTS INC		1,410 Shares	252,908	274,287
THERMO FISHER SCIENTIFIC INC		500 Shares	186,354	276,500
TJX COS INC		8,862 Shares	383,161	975,706
T-MOBILE US INC		5,638 Shares	425,289	993,303
TOTALENERGIES SE SPONSORED ADR		3,400 Shares	166,500	226,712
TRANE TECHNOLOGIES PLC F		500 Shares	93,125	164,465
TRUIST FINANCIAL CORP		7,289 Shares	346,736	283,178
UNION PACIFIC CORP		1,300 Shares	240,191	294,138
UNITED RENTALS INC		200 Shares	89,849	129,346
UNITEDHEALTH GROUP INCORPORATED		600 Shares	186,121	305,556
US BANCORP		6,930 Shares	360,059	275,121
VERISK ANALYTICS, INC.		800 Shares	166,315	215,640
VERTEX PHARMACEUTICALS INC		1,065 Shares	242,515	499,187
VISA INC		4,635 Shares	729,421	1,216,548
WASTE MANAGEMENT, INC		1,150 Shares	134,766	245,341
XYLEM INC		6,580 Shares	195,051	892,445
ZOETIS INC		4,460 Shares	429,350	773,186

* Denotes party-in-interest.

See Independent Auditor's Report.

Retirement Plan for Employees of Redington-Fairview General Hospital

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

EIN #01-0284446 Plan #001

June 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value		Cost	Current Value
<u>MUTUAL FUNDS</u>				
	GMO GLOBAL ASSET ALLOC III	772,682.03 Shares	24,582,757	25,552,595
	BLACKROCK EVENT DRIVEN EQUITY INSTL	45,878.515 Shares	455,000	459,244
	JPMORGAN HEDGED EQUITY I	15,309.45 Shares	360,050	477,349
	PIONEER ILS INTERVAL FD	25,704.2670 Shares	219,061	235,194
*	SCHWAB GOVERNMENT MONEY MARKET	550,000 Shares	550,000	550,000
	WASATCH SMALL CAP GROWTH FUND	137,448.2530 Shares	5,050,040	4,975,627
	WASATCH EMERGING MARKETS	12,267.8480 Shares	195,000	211,866
	THORNBURG DEVELOPING WORLD I	13,082.4920 Shares	290,000	300,112
<u>REAL ESTATE INVESTMENT TRUSTS</u>				
	ALEXANDRIA REAL ESTATE EQUITIES, INC	1,775 Units	260,466	207,622
	PROLOGIS INC	4,320 Units	364,395	485,179
	PUBLIC STORAGE INC	2,130 Units	493,882	612,695
<u>EXCHANGE TRADED FUNDS</u>				
	SPDR GOLD SHARES ETF	1,400 Shares	188,424	301,014
	ISHARES GOLD TRUST	5,000 Shares	175,787	219,650
	JANUS HENDERSON AAA	4,400 Shares	221,421	223,872
	Total investments		\$ 73,898,891	\$ 92,786,920

* Denotes party-in-interest.

Attachment to Schedule SB, Line 32 — Shortfall Amortization Charge
 Retirement Plan for Employees of Redington-Fairview General Hospital
 EIN/PN: 01-0284446/001
 Plan Year: 7/1/2023 to 6/30/2024

Development of Shortfall Amortization Charge

1. Funding target	68,053,909
2. Adjusted plan assets	
(a) Actuarial assets	83,909,139
(b) Funding Standard Carryover Balance	0
(c) Prefunding Balance (PFB)	24,186,084
(d) Adjusted assets: (a)-(b)-(c), not less than 0	59,723,055
3. Funding shortfall: (1)-(2)(d), not less than 0	8,330,854
4. Current shortfall amortization installments	
(i) Year -1 base (14 years remaining)	0
(ii) Year -2 base (13 years remaining)	0
(iii) Year -3 base (12 years remaining)	0
(iv) Year -4 base (11 years remaining)	0
(iv) Year -5 base (10 years remaining)	0
(v) Year -6 base (9 years remaining)	0
(v) Year -7 base (8 years remaining)	0
(v) Year -8 base (7 years remaining)	0
(v) Year -9 base (6 years remaining)	0
(v) Year -10 base (5 years remaining)	0
(v) Year -11 base (4 years remaining)	0
(v) Year -12 base (3 years remaining)	0
(v) Year -13 base (2 years remaining)	0
(vi) Year -14 base (1 year remaining)	0
(b) Total annual installments	0
(c) Present value of installments to be made	
(i) Year -1 base (14 years remaining)	0
(ii) Year -2 base (13 years remaining)	0
(iii) Year -3 base (12 years remaining)	0
(iv) Year -4 base (11 years remaining)	0
(v) Year -5 base (10 years remaining)	0
(vi) Year -6 base (9 year remaining)	0
(vi) Year -7 base (8 year remaining)	0
(vi) Year -8 base (7 year remaining)	0
(vi) Year -9 base (6 year remaining)	0
(vi) Year -10 base (5 year remaining)	0
(vi) Year -11 base (4 year remaining)	0
(vi) Year -12 base (3 year remaining)	0
(vi) Year -13 base (2 year remaining)	0

(vi) Year -14 base (1 year remaining)	0
(d) Total present value of annual installments	0
5. <i>If (2a)-(5c) ≥ (5b), then there is no need to establish a new base</i>	
(a) Target liability percentage	100%
(b) Shortfall funding target: (1)x(a)	68,053,909
(c) Prefunding Balance if used to reduce the MRC, else 0	24,186,084
6. Shortfall amortization base	
(a) Adjusted funding shortfall: (5b)-(2d), not less than 0	8,330,854
(b) New current year base: (a)-(4d), or 0 if exempt	8,330,854
(c) New 7-year installment amount	762,945
7. Shortfall amortization charge: (4b)+(6c), not less than 0	762,945