Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1966

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

JOHN DOYLE

43 WHITING HILL RD
BREWER, ME 04412

2b Employer Identification Number (EIN)
01-0527066

2c Plan Sponsor's telephone number
207-973-7868

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2026	JOHN DOYLE, NLH VP OF FINANCE
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	7526
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	4568
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4117
b	Retired or separated participants receiving benefits	**6b**	694
c	Other retired or separated participants entitled to future benefits	**6c**	1921
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6732
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	52
f	Total. Add lines **6d** and **6e**.	**6f**	6784
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	0
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	140
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 Characteristic Codes in the instructions:

1A 1C 1F 2H 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	895202 077	64	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	390065
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	447380
c	Additions: (1) Contributions deposited during the year	7c(1)	14404		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	13244		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	27648
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	475028
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	84963		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	84963
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	390065

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	294076173
b Actuarial value	**2b**	282437583

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	727	53126131	53126131
b For terminated vested participants	2231	96828189	96828189
c For active participants	4568	176489809	177451051
d Total	7526	326444129	327405371

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	16280889
b Expected plan-related expenses	**6b**	2917777
c Target normal cost	**6c**	19198666

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

08/11/2026
Date

BRENDAN HOU
Type or print name of actuary

26-08430
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

919-458-7029
Telephone number (including area code)

100 NEW MILLENNIUM WAY BLDG 3
DURHAM, NC 27709

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)		2443235
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		2443235
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 9.24 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		12983734
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		538619
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		225755
	c Total available at beginning of current plan year to add to prefunding balance		13748108
	d Portion of (c) to be added to prefunding balance		13748108
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		13748108

Part III Funding Percentages

14	Funding target attainment percentage	14	82.06 %
15	Adjusted funding target attainment percentage	15	82.06 %
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	84.22 %
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
01/13/2026	5700000				
04/14/2026	10000000				
07/14/2026	6400000				
10/14/2025	3000000				
			Totals ► 18(b)	25100000	18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	23541088

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	19198666
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	58715896	6062073
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**	25260739

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		13748108	13748108

36 Additional cash requirement (line 34 minus line 35)	**36**	11512631
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	23541088
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	12028457
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	12028457
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	
40 Unpaid minimum required contributions for all years	**40**	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

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

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

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

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

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

FIDELITY INVESTMENTS INST OPER CO

PO BOX 770002
CINCINNATI, OH 45277-0027

04-2647786

(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?
64 65	RECORDKEEPER	102630	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

BDMP ASSURANCE LLP

2211 CONGRESS STREET
PORTLAND, ME 04102

99-4708358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

USI CONSULTING GROUP

ONE SEAGATE
SUITE 1800
TOLEDO, OH 43604-1558

06-1053228

(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?
17	CONSULTANT	169876	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NORTHERN TRUST COMPANY

333 S WABASH AVE
WB-42
CHICAGO, IL 60604

36-1561860

(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?
25	TRUSTEE	344370	Yes [X] No [ ]	Yes [X] No [ ]		Yes [ ] No [X]

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

NEPC, LLC

255 STATE STREET
BOSTON, MA 02109

26-1429809

(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?
27	INVESTMENT ADVISOR	233523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INST OPER CO	60 60 60	

(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.
FED MDT SMCAP GRTH I 2000 CROWN COLONY DRIVE QUINCY, MA 02169 04-0025081	.35% OF THE FUND'S TOTAL NET ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR EMERGING MARKETS GROW

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6331814-003	C	13989726

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS GLOBAL EQUITY FUND CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6251411-010	C	11917849

a Name of MTIA, CCT, PSA, or 103-12 IE: LINDSELL TRAIN GLOBAL EQUITY LLC

b Name of sponsor of entity listed in (a): LINDSELL TRAIN GLOBAL EQUITY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-2496423-000	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NCS GROUP TRUST - GLOBAL FUND

b Name of sponsor of entity listed in (a): BNY MELLON INVESTMENT MANGEMENT CAYMAN LTD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
76-6192146-003	C	17308241

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG US CREDIT CORP BO

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6204345-001	C	32984539

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE 100 HEDGED T

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-455	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CAP COMPLET

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-021	C	14014237

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 R FLAGSHIP NON-LENDING

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 04-0025081-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66426385

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 20 YEAR US TREASURY ST

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-169	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12894190

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EMERGING MARKETS

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-163	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TREASURY INDEX NL C

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 85-1553502-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24174796

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET 3-10 YEAR US CREDIT IN

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-480	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37482526

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT SHORT TERM

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-068	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3321549

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE SM CAP INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 90-0337987-164	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET FTSE RAFI US 1000 IDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 06-6556853-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI EAFE INDEX NON-LE

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

c EIN-PN 04-0025081-241	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29963357

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		2686901
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23500000	22100000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	23129	28551
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3314356	3523425
(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)	257031850	264477395
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	14557007	13962993
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	447380	390065
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	298873722	307169330
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	216004	133570
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	216004	133570
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	298657718	307035760

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)	25100000	
(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)		25100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	11590	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11590
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	931534	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		931534
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	209069	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		209069

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		28420399
(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)		982854
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		55655446
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43927058	
(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)		43927058
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)	102630	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18250	
(5) Investment advisory and investment management fees	2i(5)	233523	
(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)	344370	
(11) Other expenses	2i(11)	2651573	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3350346
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47277404
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8378042
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BDMP ASSURANCE, LLP **(2)** EIN: 99-4708358

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		6000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585532.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

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): 36-1561860

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** | 692

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	0
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	0
	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**	0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 55.2 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 41.4 %
High-Yield Debt: 1.2 % Real Assets: 0.7 % Cash or Cash Equivalents: 0.3 % Other: 1.2 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

BerryDunn

Northern Light Health Retirement Partnership Plan

FINANCIAL STATEMENTS

and

SUPPLEMENTAL SCHEDULES

December 31, 2025 and 2024

With Independent Auditor's Report

BerryDunn
BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Northern Light Health Retirement Partnership Plan

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

We have performed audits of the financial statements of Northern Light Health Retirement Partnership Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern 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 U.S. 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 U.S. GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDMP Assurance, LLP

Portland, Maine
September 10, 2026

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Net Assets Available for Benefits

December 31, 2025

	Cash Balance Fund	Defined Contributions Fund	Total
Assets			
Investments – at fair value			
Common collective trusts	$264,477,395	$ -	$264,477,395
Institutional mutual funds	-	4,052,707	4,052,707
Liability hedging asset fund	3,523,425	-	3,523,425
Multi-asset fund	9,910,286	-	9,910,286
Total investments – at fair value	277,911,106	4,052,707	281,963,813
Investments – at contract value			
Group annuity contract	-	390,065	390,065
Total investments	277,911,106	4,442,772	282,353,878
Cash and cash equivalents	2,686,901	-	2,686,901
Employer contributions receivable	28,551	-	28,551
Other receivables	22,100,000	-	22,100,000
Total assets	302,726,558	4,442,772	307,169,330
Liabilities – accrued expenses	133,570	-	133,570
Net assets available for benefits	$302,592,988	$ 4,442,772	$307,035,760

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

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Net Assets Available for Benefits

December 31, 2024

	Cash Balance Fund	Defined Contributions Fund	Total
Assets			
Investments – at fair value			
Common collective trusts	$257,031,850	$ -	$257,031,850
Institutional mutual funds	-	3,983,369	3,983,369
Liability hedging asset fund	3,314,356	-	3,314,356
Multi-asset fund	10,573,638	-	10,573,638
Total investments – at fair value	270,919,844	3,983,369	274,903,213
Investments – at contract value			
Group annuity contract	-	447,380	447,380
Total investments	270,919,844	4,430,749	275,350,593
Employer contributions receivable	23,500,000	-	23,500,000
Other receivables	23,129	-	23,129
Total assets	294,442,973	4,430,749	298,873,722
Liabilities – accrued expenses	216,004	-	216,004
Net assets available for benefits	$294,226,969	$ 4,430,749	$298,657,718

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

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

	Cash Balance Fund	Defined Contributions Fund	Total
Investment activity			
Net appreciation of investments	$ 29,181,868	$ 430,454	$ 29,612,322
Interest and dividends	784,248	158,876	943,124
Total investment activity	29,966,116	589,330	30,555,446
Employer contributions	25,100,000	-	25,100,000
Deductions			
Benefits paid to participants	43,359,081	567,977	43,927,058
Trustee expenses	331,868	-	331,868
Pension Benefit Guaranty Corporation expense	2,478,376	-	2,478,376
Administrative expenses	530,772	9,330	540,102
Total deductions	46,700,097	577,307	47,277,404
Net increase	8,366,019	12,023	8,378,042
Net assets available for benefits			
Beginning of year	294,226,969	4,430,749	298,657,718
End of year	$ 302,592,988	$ 4,442,772	$ 307,035,760

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

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

	Cash Balance Fund	Defined Contributions Fund	Total
Investment activity			
Net appreciation of investments	$ 25,055,395	$ 366,284	$ 25,421,679
Interest and dividends	603,720	174,167	777,887
Total investment activity	25,659,115	540,451	26,199,566
Employer contributions	39,831,782	-	39,831,782
Deductions			
Benefits paid to participants	38,909,464	941,721	39,851,185
Trustee expenses	368,011	-	368,011
Pension Benefit Guaranty Corporation expense	5,025,547	-	5,025,547
Administrative expenses	485,205	9,084	494,289
Total deductions	44,788,227	950,805	45,739,032
Net increase (decrease)	20,702,670	(410,354)	20,292,316
Net assets available for benefits			
Beginning of year	273,524,299	4,841,103	278,365,402
End of year	$294,226,969	$ 4,430,749	$298,657,718

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

1. Description of Plan

The following description of the Northern Light Health Retirement Partnership Plan (the Plan) provides general information only. Participants should refer to the Plan document for more complete information.

The employees of Northern Light Health (NLH) and several affiliated organizations (collectively, the Employer) are eligible to participate in the Plan.

The Plan is an account-based plan with two components: (1) a Cash Balance Fund, and (2) an inactive defined contribution plan that no longer permits new contributions. The second component of the Plan is referred to as the "Defined Contributions Fund." The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Cash Balance Fund is a defined benefit plan. At the close of every calendar year, participating employers credit the employee's cash balance account with a contribution amount based on eligible W-2 wages, age, and years of service. The employee must be at least 21 years of age and have worked 1,000 hours in any calendar year to receive an annual contribution. In addition, interest credits are made to employee accounts in amounts as outlined in the Plan document.

Effective July 1, 2025, the Plan was amended to close the Plan to employees whose entry date is on or after July 1, 2025. The Plan was further amended to include only active members who are either employees covered under certain collective bargaining agreements or who have attained the age of 55 and have at least 5 years of vesting service as of June 30, 2025.

The Employer contributions to the Cash Balance Fund are based upon actuarial valuations prepared by the Plan's actuary, Fidelity Investments Actuarial and Consulting Services. The recommended and actual contributions made for the Plan years ended December 31, 2025 and 2024 were $25,100,000 and $39,831,782, respectively. The Employer met the minimum funding requirements of ERISA.

Vesting – Participants become fully vested in their accrued benefit under the Plan's cash balance formula upon completion of three years of vesting service. Participants are also fully vested upon attainment of age 65, death, or disability. Vesting service is generally earned for each calendar year in which a participant completes at least 1,000 hours of service.

Forfeitures – At December 31, 2025 and 2024, forfeited non-vested accounts totaled $3,065 and $4, respectively. Forfeited balances of terminated participants will be used to reduce administrative fees and future employer contributions. No forfeitures were used during the years ended December 31, 2025 and 2024.

Participant Accounts – Each participant's account in the Defined Contributions Fund is credited with any earnings based upon investment performance. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account in the Defined Contributions Fund.

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are presented on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Investment Valuation and Income Recognition – Investments are reported at fair value with the exception of the Group Annuity Contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, trustees, and actuary. See Note 9 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses – Administrative expenses of the Plan, including actuarial and accounting services and fees paid to Pension Benefit Guaranty Corporation (PBGC), are paid by the Plan as provided in the Plan document.

Benefits – Benefits are recorded when paid.

Use of Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from these estimates.

Risks and Uncertainties – The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, credit risks, and overall market volatility. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

3. Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Information regarding the actuarial present value of accumulated plan benefits as of January 1, 2025 and 2024, the dates of the most recent actuarial valuations, is as follows:

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	**$ 51,371,436**	$ 45,427,638
Other participants	**257,032,076**	249,343,224
Total vested benefits	**308,403,512**	294,770,862
Non-vested benefits	**850,513**	890,011
Total actuarial present value of accumulated plan benefits	**$ 309,254,025**	$ 295,660,873

The changes in the actuarial present value of the Plan's accumulated plan benefits for the period from January 1, 2024 through January 1, 2025 are as follows:

Actuarial present value of accumulated plan benefits – January 1, 2024	$ 295,660,873
Increase (decrease) during the year attributable to	
Decrease in discount period	20,779,579
Additional benefits earned	13,115,364
Assumption changes	17,582,727
Benefits paid	(37,884,518)
Actuarial present value of accumulated plan benefits – January 1, 2025	$ 309,254,025

5. Actuarial Method and Assumptions

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

The significant assumptions underlying the actuarial computations for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Cash balance accounts interest crediting rate	4.50% per year for funding 4.00% per year for accounting for non-union participants 4.50% per year for accounting for all other participants	4.75% per year for funding 4.50% per year for accounting
Expected return on assets	7.25%	6.50%
Discount rate	5.50%	5.10%
Mortality	Pri-2012 with MP-2021 Projection Scale-White Collar	Pri-2012 with MP-2021 Projection Scale-White Collar
Retirement	Participants are expected to retire at a rate ranging from 5% from ages 55-58 and increasing to 100% at age 71.	
Turnover	Participants are expected to terminate at a rate ranging from 9.7% at age 25, decreasing to a rate of 0% at age 55. Higher turnover rates during the first four years of employment are assumed.	

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

6. Information Certified by the Trustees

The Plan's financial statements and supplemental schedules were prepared by, or derived from, information prepared by Northern Trust Company, Russell Investments Trust Company and Fidelity Management Trust Company, the trustees of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees that such information, included in the following, is complete and accurate:

Statements of Net Assets Available for Benefits
- Investments – at fair value
- Investments – at contract value

Statements of Changes in Net Assets Available for Benefits
- Net appreciation in fair value of investments
- Interest and dividends

Note 3 in the Notes to Financial Statements

All information included in
- Supplemental Schedules
  - Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
  - Schedule H, Line 4j – Schedule of Reportable Transactions

7. Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and PBGC guaranty while other benefits may not be provided for at all.

8. Tax Status of the Plan

The Plan obtained its latest determination letter, dated June 3, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Employer and the Plan Administrator believe that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

9. Fair Value Measurement

The Financial Accounting Standards Board issued guidance which established a framework for measuring fair value in accordance with U.S. GAAP and expanded disclosures about fair value measurements. The guidance defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. It also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

	Fair Value Measurements at December 31, 2025			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Institutional mutual funds	$ 4,052,707	$ -	$ -	$ 4,052,707
Common collective trusts*				264,477,395
Liability hedging asset fund*				3,523,425
Multi-asset fund*				9,910,286
Total investments – at fair value				$281,963,813

	Fair Value Measurements at December 31, 2024			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Institutional mutual funds	$ 3,983,369	$ -	$ -	$ 3,983,369
Common collective trusts*				257,031,850
Liability hedging asset fund*				3,314,356
Multi-asset fund*				10,573,638
Total investments – at fair value				$274,903,213

* Certain investments that are measured at fair value using the net asset value (NAV) per share practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

Common Collective Trusts – The fair values of the common collective trusts are valued using the market approach based on the NAV of the units held by the Plan at year-end, representing the fair value of the underlying investments which are generally securities which are traded on an active market. The NAV is provided by the trustees of the common collective trusts and is used as a practical expedient to estimate fair value.

Institutional Mutual Funds – Valued based on quoted market prices of shares held by the Plan at year-end.

Liability Hedging Asset Fund – The fair value of the liability hedging asset fund is based on the NAV of the funds. The NAV is provided by the investment manager and is the estimate of the net realizable value or the value of underlying assets.

Multi-Asset Fund – The fair value of the multi-asset fund is based on the NAV of the fund. The NAV is provided by the investment manager and is the estimate of the net realizable value or the value of underlying assets.

Investments at Net Asset Value – In accordance with U.S. GAAP, the Plan expanded its disclosures for assets whose fair value is estimated using the NAV per share as of December 31, 2025 and 2024. The following tables set forth a summary of the Plan's investments with a reported NAV:

Fair Value Estimated Using Net Asset Value per Share
December 31, 2025

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trusts*	**$ 247,169,153**	None	Daily	None	1-5 business days
Common collective trusts*	**17,308,242**	None	Weekly	None	4 business days
Liability hedging asset fund*	**3,523,425**	None	Monthly	None	5 business days
Multi-asset fund*	**9,910,286**	None	Daily	None	Same business day
Total	**$ 277,911,106**				

Fair Value Estimated Using Net Asset Value per Share
December 31, 2024

	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common collective trusts*	$ 225,545,698	None	Daily	None	1-5 business days
Common collective trusts*	15,914,583	None	Weekly	None	4 business days
Common collective trusts*	15,571,569	None	Monthly	None	14 business days
Liability hedging asset fund*	3,314,356	None	Monthly	None	5 business days
Multi-asset fund*	10,573,638	None	Daily	None	Same business day
Total	$ 270,919,844				

* Full redemption pays 95% with remaining 5% after completion of the fund's annual audit. Redemption fee for redemption within 12 months of subscription date. Redemptions limited to 20% of NAV on dealing day.

Common Collective Trusts – Seeks to provide high quality, mostly corporate bond-based exposure to fixed income securities which closely match those found in discount curves used to value U.S. pension liabilities.

Liability Hedging Asset Fund – Seeks to provide a high quality, diversified mix of fixed income managers/mandates who may invest across multiple asset types such as: U.S. governmental bonds, investment grade and high yield corporate bonds, mortgage related bonds, non-U.S./emerging market bonds, etc.

Multi-Asset Fund – Seeks favorable returns and offers a convenient way to diversify a portfolio by combining funds and separate accounts investing in U.S. and non-U.S. stocks, bonds, global commodities, listed real estate, and infrastructure into one fund.

10. Related-Party and Party-in-Interest Transactions

ERISA defines a party-in-interest to include any party who provides services to the Plan. Certain Plan investments are shares of investment funds managed by the trustees of the Plan, and trustee expenses are reported on the Statements of Changes in Net Assets Available for Benefits. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

11. Subsequent Events

Management has considered transactions or events occurring through September 10, 2026, which is the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

SUPPLEMENTAL SCHEDULES

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

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

EIN: #01-0527066 Plan #001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	William Blair Emer Mkts Grth Collective Inv Fund	Common Collective Trust	$ 11,641,185	$ 13,989,726
	Partners Global Equity CIT Fund	Common Collective Trust	11,401,225	11,917,849
	NCS Group Trust – Global Fund	Common Collective Trust	20,777,861	17,308,241
	SSGA Long U.S. Credit Corp Bond Idx NL Fund	Common Collective Trust	30,746,572	32,984,539
	SSGA MSCI EAFE Index Non-Lending Fund	Common Collective Trust	28,237,082	29,963,357
	SSGA Russell Sm Cap Completeness Idx NL Fund	Common Collective Trust	12,436,080	14,014,237
	SSGA S&P 500 Flagship NL Fund	Common Collective Trust	58,141,983	66,426,385
	SSGA 20+ Year U.S. Treasury Strips Idx NL Fund	Common Collective Trust	12,816,800	12,894,190
	State Street U.S. Treasury Idx NL Strategy	Common Collective Trust	22,875,040	24,174,796
	State Street 3-10 Year U.S. Credit Idx NL Fund	Common Collective Trust	34,468,933	37,482,526
	NTGI COLTV STIF Registered	Common Collective Trust	3,321,549	3,321,549
	PIMCO Fds Pac Invt Mgmt Ser All Ast Fd Instl CL	Multi-Asset Fund	9,427,467	9,910,286
	Arena Short Duration High Yield Fund LP	Liability Hedging Asset Fund	3,314,356	3,523,425
*	Fidelity Puritan	Institutional Mutual Fund	639,363	769,058
*	Fidelity Diversified International K6	Institutional Mutual Fund	49,793	77,994
*	Fidelity International Index	Institutional Mutual Fund	61,616	80,558
*	Fidelity U.S. Bond Index	Institutional Mutual Fund	13,756	13,749
*	Fidelity 500 Index	Institutional Mutual Fund	276,772	484,110
*	Fidelity Sm Cap Value Index	Institutional Mutual Fund	8,278	8,583
*	Fidelity Large Cap Value Index	Institutional Mutual Fund	43,559	58,102
*	Fidelity Infl Pr Bd Index	Institutional Mutual Fund	178,181	162,690
*	Fidelity FDM Index Inc IPR	Institutional Mutual Fund	39,216	43,727
*	Fidelity FDM Index 2020 IPR	Institutional Mutual Fund	126,891	149,110
*	Fidelity FDM Index 2025 IPR	Institutional Mutual Fund	212,315	266,424
*	Fidelity FDM Index 2030 IPR	Institutional Mutual Fund	640,471	853,683
*	Fidelity FDM Index 2035 IPR	Institutional Mutual Fund	167,357	236,919
*	Fidelity FDM Index 2040 IPR	Institutional Mutual Fund	96,998	147,181
*	Fidelity FDM Index 2050 IPR	Institutional Mutual Fund	9,691	12,070
	JPM Core Plus Bond R6	Institutional Mutual Fund	250,521	236,281
	FH MDT SMCAP GRTH I	Institutional Mutual Fund	10,145	11,910
	Lincoln Stable Value	Group Annuity Contract	390,065	390,065
	Vanguard S&P MC400 IS	Institutional Mutual Fund	74,670	160,408
	Vanguard SM CAP IDX INST	Institutional Mutual Fund	6,328	10,382
	Vanguard GRTH INDEX INST	Institutional Mutual Fund	91,964	269,768
	Total investments		$ 262,994,083	$ 282,353,878

* Party-in-interest

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: #01-0527066 Plan #001

December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SSGA S&P 500 Flagship NL Fund	Common Collective Trust	$ 20,100,000	$ 2,001,816	$ -	$ -	$ 1,726,532	$ 2,001,816	$ 275,284
Lindsell Train Global Equity LLC	Common Collective Trust	-	15,775,764	-	-	18,099,707	15,775,764	(2,323,943)
SSGA FTSE RAFI US 1000 Index NL CTF	Common Collective Trust	-	23,720,500	-	-	16,318,754	23,720,500	7,401,746
SSGA MSCI EAFE Index NL Fund	Common Collective Trust	32,250,000	-	-	-	-	-	-
SSGA MSCI EAFE 100% Hedged to USD Index NL Fund	Common Collective Trust	5,250,000	-	-	-	-	-	-
Collective Govt Short Term Invt Fund	Common Collective Trust	112,545,248	114,954,981	-	-	114,954,981	114,954,981	-

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

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

EIN: #01-0527066 Plan #001

December 31, 2025

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*	Fidelity FDM Index 2050 IPR	Institutional Mutual Fund	9,691	12,070
	JPM Core Plus Bond R6	Institutional Mutual Fund	250,521	236,281
	FH MDT SMCAP GRTH I	Institutional Mutual Fund	10,145	11,910
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	Vanguard S&P MC400 IS	Institutional Mutual Fund	74,670	160,408
	Vanguard SM CAP IDX INST	Institutional Mutual Fund	6,328	10,382
	Vanguard GRTH INDEX INST	Institutional Mutual Fund	91,964	269,768
	Total investments		$ 262,994,083	$ 282,353,878

* Party-in-interest

NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: #01-0527066 Plan #001

December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SSGA S&P 500 Flagship NL Fund	Common Collective Trust	$ 20,100,000	$ 2,001,816	$ -	$ -	$ 1,726,532	$ 2,001,816	$ 275,284
Lindsell Train Global Equity LLC	Common Collective Trust	-	15,775,764	-	-	18,099,707	15,775,764	(2,323,943)
SSGA FTSE RAFI US 1000 Index NL CTF	Common Collective Trust	-	23,720,500	-	-	16,318,754	23,720,500	7,401,746
SSGA MSCI EAFE Index NL Fund	Common Collective Trust	32,250,000	-	-	-	-	-	-
SSGA MSCI EAFE 100% Hedged to USD Index NL Fund	Common Collective Trust	5,250,000	-	-	-	-	-	-
Collective Govt Short Term Invt Fund	Common Collective Trust	112,545,248	114,954,981	-	-	114,954,981	114,954,981	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
NORTHERN LIGHT HEALTH RETIREMENT PARTNERSHIP PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EASTERN MAINE HEALTHCARE SYSTEMS D/B/A NORTHERN LIGHT HEALTH

D Employer Identification Number (EIN)
01-0527066

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	294,076,173
b Actuarial value	**2b**	282,437,583

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	727	53,126,131	53,126,131
b For terminated vested participants	2,231	96,828,189	96,828,189
c For active participants	4,568	176,489,809	177,451,051
d Total	7,526	326,444,129	327,405,371

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	16,280,889
b Expected plan-related expenses	**6b**	2,917,777
c Target normal cost	**6c**	19,198,666

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 BRENDAN HOU BH
Signature of actuary

8/11/2026
Date

BRENDAN HOU
Type or print name of actuary

2608430
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

919-458-7029
Telephone number (including area code)

100 NEW MILLENNIUM WAY, BLDG 3
DURHAM NC 27709
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	2,443,235
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,443,235
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 9.24%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12,983,734
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11%		538,619
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		225,755
c Total available at beginning of current plan year to add to prefunding balance		13,748,108
d Portion of (c) to be added to prefunding balance		13,748,108
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	13,748,108

Part III Funding Percentages

14 Funding target attainment percentage	14	82.06%
15 Adjusted funding target attainment percentage	15	82.06%
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	84.22%
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
10/14/2025	3,000,000	0			
01/13/2026	5,700,000	0			
04/14/2026	10,000,000	0			
07/14/2026	6,400,000	0			
			Totals ► 18(b)	25,100,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	23,541,088

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	64

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	19,198,666
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	58,715,896	6,062,073
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	25,260,739

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	13,748,108	13,748,108

36 Additional cash requirement (line 34 minus line 35)	36	11,512,631
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	23,541,088
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	12,028,457
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	12,028,457
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021

Attachment to 2025 Form 5500
Schedule SB, line 26a - Schedule of Active Participant Data

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066

Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

	Completed Years of Credited Service on January 1, 2025										
Attained Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
Under 25											
Number	3	228	14	0	0	0	0	0	0	0	245
Average Pay	0	49,435	0	0	0	0	0	0	0	0	49,402
Average Balance	0	1,231	0	0	0	0	0	0	0	0	1,396
25-29											
Number	5	296	138	2	0	0	0	0	0	0	441
Average Pay	0	62,377	69,313	0	0	0	0	0	0	0	64,090
Average Balance	0	2,655	9,359	0	0	0	0	0	0	0	4,768
30-34											
Number	2	248	254	73	3	0	0	0	0	0	580
Average Pay	0	81,156	77,060	77,820	0	0	0	0	0	0	78,719
Average Balance	0	3,394	11,778	21,678	0	0	0	0	0	0	9,488
35-39											
Number	5	235	198	139	36	0	0	0	0	0	612
Average Pay	0	121,655	95,920	91,669	82,226	0	0	0	0	0	103,483
Average Balance	0	5,920	17,369	30,791	46,954	0	0	0	0	0	17,640
40-44											
Number	4	156	140	85	81	35	2	0	0	0	503
Average Pay	0	97,671	116,181	110,173	97,889	102,992	0	0	0	0	104,822
Average Balance	0	5,769	23,295	39,827	60,976	73,340	0	0	0	0	30,282
45-49											
Number	1	135	138	94	60	53	25	0	0	0	506
Average Pay	0	79,138	103,936	111,101	119,170	108,930	94,073	0	0	0	100,318
Average Balance	0	5,675	25,859	49,072	79,730	95,662	108,370	0	0	0	42,567
50-54											
Number	0	119	103	92	62	54	64	20	1	0	515
Average Pay	0	88,860	90,501	120,834	133,668	109,688	103,489	98,205	0	0	104,661
Average Balance	0	7,499	23,928	63,542	102,898	112,414	135,760	148,863	0	0	64,930
55-59											
Number	1	94	104	70	62	45	38	36	24	1	475
Average Pay	0	92,796	81,913	108,003	125,847	114,263	109,008	100,526	101,412	0	101,094
Average Balance	0	7,927	24,790	65,446	104,611	138,144	142,772	177,688	220,947	0	79,733
60-64											
Number	3	67	86	84	57	51	36	27	27	22	460
Average Pay	0	74,667	79,011	88,170	115,287	98,300	115,907	89,468	78,245	105,307	91,142
Average Balance	0	7,565	26,662	56,375	115,636	150,313	177,157	151,114	182,549	306,647	95,575
65-69											
Number	1	10	39	34	18	16	13	10	5	12	158
Average Pay	0	0	80,974	128,807	0	0	0	0	0	0	93,232
Average Balance	0	0	33,202	84,369	0	0	0	0	0	0	89,636
Over 69											
Number	0	14	14	14	9	4	6	4	4	3	72
Average Pay	0	0	0	0	0	0	0	0	0	0	96,495
Average Balance	0	0	0	0	0	0	0	0	0	0	120,956
Total											
Number	25	1,602	1,228	687	388	258	184	97	61	38	4,568
Average Pay	25,537	81,605	88,775	101,825	113,079	105,642	105,635	93,293	86,155	85,717	91,609
Average Balance	1,419	4,581	19,622	48,397	88,336	116,968	145,858	156,818	202,970	265,977	42,406

Attachment to 2025 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	27,722,576	30,165,849	5,617,339	64,699,312
2026	13,674,148	4,534,777	5,308,084	23,720,758
2027	13,847,159	3,898,034	4,924,322	23,506,831
2028	13,815,584	3,994,048	4,590,135	22,629,969
2029	14,189,269	4,903,278	4,221,988	23,930,890
2030	12,871,944	2,535,460	3,972,838	19,879,920
2031	13,601,970	5,320,385	3,625,629	22,879,367
2032	13,936,632	3,995,504	3,309,303	21,344,752
2033	12,730,162	2,694,945	2,863,466	18,960,021
2034	13,066,237	3,301,894	2,609,248	19,185,599
2035	12,272,372	4,020,910	2,471,598	19,110,896
2036	11,285,124	2,997,001	2,331,783	16,820,087
2037	10,887,024	3,818,191	2,190,404	17,054,174
2038	10,736,491	3,823,433	2,048,077	17,436,322
2039	10,954,462	3,546,483	1,905,425	16,611,850
2040	9,978,068	2,748,331	1,763,098	14,879,376
2041	9,703,639	3,036,085	1,621,774	14,440,844
2042	8,990,944	2,486,956	1,482,175	13,219,899
2043	8,160,842	2,409,128	1,345,077	12,109,656
2044	8,094,520	2,105,766	1,211,324	11,511,778

Attachment to 2025 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

2045	8,933,736	2,995,459	1,081,824	13,325,157
2046	7,376,249	2,716,748	957,537	11,387,679
2047	7,389,825	3,767,180	839,449	12,472,850
2048	7,136,802	3,313,674	728,480	11,361,370
2049	6,407,151	2,203,559	625,434	9,401,087
2050	5,556,549	2,460,654	530,953	8,901,235
2051	6,125,086	2,644,421	445,478	9,504,828
2052	5,790,324	1,529,476	369,231	7,837,915
2053	5,523,607	1,719,529	302,214	7,850,661
2054	5,161,453	2,018,091	244,207	7,553,254
2055	4,523,034	1,435,029	194,783	6,388,531
2056	3,936,363	1,353,162	153,357	5,622,100
2057	4,164,305	684,284	119,205	5,220,597
2058	3,476,226	855,433	91,518	4,513,781
2059	3,430,346	408,067	69,449	4,061,289
2060	2,920,069	525,614	52,147	3,651,517
2061	2,577,971	316,362	38,803	3,028,203
2062	2,235,264	30,446	28,673	2,333,656
2063	2,005,751	47,018	21,098	2,120,194
2064	1,665,265	27,468	15,509	1,794,959
2065	1,437,970	18,720	11,433	1,499,304
2066	1,224,167	22,444	8,484	1,287,542
2067	944,015	16,172	6,359	993,320
2068	760,709	12,301	4,823	803,439
2069	652,465	10,997	3,702	677,962

Attachment to 2025 Form 5500
Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

2070	573,393	10,194	2,871	593,745
2071	502,969	8,713	2,242	519,288
2072	444,779	7,756	1,755	459,902
2073	386,664	6,883	1,372	399,768
2074	338,544	6,085	1,065	349,976
2075	297,103	5,356	818	306,642
2076	260,582	4,692	620	268,849
2077	227,644	4,088	463	234,883
2078	198,032	3,543	339	204,350
2079	171,498	3,052	243	176,994
2080	147,808	2,613	170	152,573
2081	126,735	2,222	117	130,853
2082	108,068	1,876	78	111,615
2083	91,606	1,572	50	94,651
2084	77,165	1,306	32	79,768
2085	64,564	1,076	19	66,782
2086	53,636	879	12	55,517
2087	44,220	710	7	45,808

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

"Minimum" means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

"Maximum" means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2025 Plan Year		**2024 Plan Year**	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest rate type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	**4**	**4**	**4**	**4**
First five years	5.07%	5.07%	4.75%	3.62%
Next 15 years	5.31%	5.33%	4.87%	4.46%
Over 20 years	5.50%	5.36%	5.59%	4.52%
Applicable law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Interest Rate for Lump Sum Payments: PPA Funding Target interest rates (per above) applied for funding purposes as required by IRC Section 430.

Salary Scale: 3.00% per year for funding. The assumption for funding purposes is a short-term assumption.

Cash Balance Interest Credits: 4.50% for funding and ASC 960. 4.50% is the interest crediting floor specified in the Plan.

Administrative Expenses included in Target Normal Cost: Estimated based on the average of the non-investment related administrative expenses paid from the Trust in the prior three years plus estimated PBGC premiums for the current year.

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Healthy Mortality: IRS Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants. This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act (no change from prior year). This plan does not have a large enough population to vary from the standard tables.

Disabled Mortality: Per Revenue Ruling 96-7. This plan does not have a large enough population to vary from the standard tables.

Retirement Rates: Rates varying by age based on a study of experience under this plan conducted in 2012:

Age	Rate
55 – 58	5.0%
59 – 61	8.0
62 – 64	10.0
65 – 66	25.0
67 – 70	10.0
Over 70	100.0

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Termination: Rates varying by age and service based on a study of experience under this plan conducted in 2012. Sample rates are shown below:

Age	Rate
25	9.7%
30	8.4
35	7.3
40	6.4
45	5.5
50	4.8
55	0.0

If service is less than 4 years, the rates are as follows:

Years of Employment	Rate
0	30.0%
1-3	15.0
Over 3	14.0

Disability: Rates varying by age. Sample rates are shown below:

Age	Rate
25	0.01%
35	0.02
45	0.05
55	1.50

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Marital Status: 80% of males and females are assumed married, with females 3 years younger than males, based on a study of experience under this plan conducted several years ago and checked for reasonability each year.

There has not been a systematic pattern of gains or losses associated with the above demographic assumptions.

Maximum Benefit: $280,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: $350,000 for 2025. For determining limitations under funding amounts and liabilities under FASB ASC 960, no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the payment forms as noted below. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

- It has been assumed that death and non-grandfathered disability benefits will be paid as an immediate lump sum.

- Grandfathered disability and retirement benefits are assumed to be paid as an annuity.

- 40% of vested terminations within 1 year of termination are assumed to elect an immediate lump sum and 60% are assumed to elect a deferred lump sum at age 65. 100% of vested terminations beyond 1 year of termination are assumed to elect a deferred lump sum at age 65.

- 65% of actives who terminate retirement eligible are assumed to elect an immediate lump sum, 15% are assumed to elect an immediate annuity and 20% are assumed to elect a deferred lump sum at age 65.

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

- 70% of actives who terminate and are not retirement eligible are assumed to elect an immediate lump sum, and 30% are assumed to elect a deferred lump sum at age 65.

The rates used to calculate an actuarially equivalent annuity are as follows:

Consistent with the September 2024 ARPA segment rates.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

a) the market value of assets, including discounted receivables, on the valuation date, less

b) the following percentages of prior years' investment gains (losses):

   i) 67% of the prior year, and
   ii) 33% of the second prior year,

   Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Attachment to 2025 Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Actuarial Assumptions and Methods for Funding Purposes (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions

Name of Plan: Northern Light Health Retirement Partnership Plan

Employer Identification Number / Plan Number: 01-00527066/001

Effective Date: August 1, 1966. Restated effective January 1, 2024, most recently amended October 7, 2025.

Eligibility Year: The 12 month period commencing on the date of employment or, if 1,000 or more hours are not completed in such period, the first calendar year commencing after the date of employment in which 1,000 or more hours are completed.

Participation Date: January 1 or July 1 next following the attainment of age 21 and the completion of an eligibility year.

Plan Freeze: Benefit accruals were frozen as of June 30, 2025, for non-union employees who were not age 55 with 5 years of service as of June 30, 2025.

Definitions:

Benefit eligibility: 3 Years of vesting service. Prior to 1/1/2008, 5 years of vesting service were required.

Vesting service: One year of vesting service for each calendar year during which 1,000 or more hours were completed.

Credited service: Years of vesting service completed with an employer participating in the Retirement Partnership Plan.

Cash Balance Benefit: The vested core account balance can be payable immediately in the form of a lump sum, with a minimum value of $1,100, or as an actuarially equivalent annuity, regardless of age at termination. New retirees who have attained age 55 with at least 15 years of vesting service are eligible for an "enhanced" annuity. The plan's normal annuity conversion basis is calculated using the segment rates for November of the plan year prior to distribution. The "enhanced" basis uses an interest rate equal to the greater of (a), (b):

(a) lesser of the November rate for the prior plan year + 1.00%, or 6.00%.
(b) the November rate for the prior plan year.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions (continued)

Optional Forms of Payment: For participants who terminate with a vested account balance (including terminations due to disability), the actuarially equivalent immediate annuity options available include single life annuity (the normal form for unmarried participants), 50% joint and survivor annuity (the normal form for married participants), 75% joint and survivor annuity, 10 year certain and continuous annuity, 5 or 10 year certain annuity.

Compensation: W-2 compensation, *exclusive* of severance pay, excess life insurance premiums, reimbursements and other compensation that is not for service and *inclusive* of bonuses, cash out of PEP time, sales commissions, shift differentials and 401(k), 403(b), Section 125 or 457 deferrals.

Cash Balance Benefit ("Core Account"): On October 1, 1999 core accounts were established for all active members with an opening balance equal to the present value of their accrued benefit as of September 30, 1999 under the prior plan.

Core Contribution Credits: The core account for each active member, who works 1,000 hours in the calendar year, will be credited as of December 31 with a contribution credit equal to the members' compensation for the calendar year times the members' cash balance contribution percentage for the year as follows:

Sum of Whole Years of Age and Complete Years of Credited Service as of December 31	Cash Balance Contribution Percentage
<41	3.0%
41 – 50	4.0%
51 – 60	5.0%
61 – 70	6.0%
71 – 80	7.0%
>80	8.0%

Interest Credits: Interest credit will be allocated to the member's cash balance account on a daily basis. Interest credit will continue to be allocated until the member's payment commencement date. Interest credit rate for each calendar year will be the greater of 4.5%, or 4.0% for plan accruals after December 31, 2025, for non-union

participants, and the average of the yield to maturity on 1-year Treasury Bills on the last business day of September of the preceding calendar year. Interest credit for December 31 will be allocated prior to the allocation of the contribution credit for that date.

Pre-Retirement Death Benefit: Vested account balance is payable to the spouse or other designated beneficiary.

Grandfathered Annuity Benefit: A member is entitled to a grandfathered annuity benefit if he/she was an employee on October 1, 1999, was a member in the prior plan, and if he/she was either:

(1) age 60 and had completed 5 years of vesting service by December 31, 1999, or

(2) age 50 by December 31, 1999 and subsequently becomes disabled at a time when his total years of age and benefit service under the terms of the prior plan equal or exceeds 70.

For those grandfathered participants, the annuity benefit payable under the cash balance plan may not be less than the annuity provided under the prior plan.

Prior Plan: The Eastern Maine Medical Center Pension Plan in effect on September 30, 1999.

Retirement Plus ("Rplus"): Effective March 1, 1994 for all new hires and those current employees who elected to participate, employees received a 50% match on employee contributions into a 414(k) account in addition to a reduced pension.

Prior Plan Benefit Service: A member's benefit service earned in each calendar year in which the member works at least 1,000 hours equals the number of hours worked divided by 2,000, not to exceed 1. No benefit service is earned for years in which less than 1,000 hours are worked, except in the year of termination.

Prior Plan Benefit:

Normal retirement eligibility: Age 65. For those employees covered by Retirement Plus, normal retirement age is Social Security normal retirement age.

Early retirement eligibility: Age 55 and 15 years of vesting service.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions (continued)

Formula:

For employees who did not elect Retirement Plus: 0.75 percent of final 5-year average pay up to $6,600 plus 1.5 percent of final 5-year average pay over $6,600 multiplied by benefit service up to 35 years.

For employees covered by Retirement Plus: 0.75 percent of final 5-year average pay up to $6,600 plus 1.5 percent of final 5-year average pay over $6,600 multiplied by benefit service up to March 1, 1994 up to 35 years.

Plus

0.75 percent of final 5-year average pay multiplied by benefit service after March 1, 1994

Notes:

(1) the 35 year maximum does not apply to individuals who completed 35 years by January 1, 1989.

(2) in the formula for employees covered by Retirement Plus, March 1, 1994 should be replaced by January 1, 1995 for physicians and residents.

Pensionable pay: December 31 rate of pay times 2,080.

Early retirement benefit: Same as normal retirement benefit, but reduced by 6.6 percent for each of the first 5 years that retirement precedes age 65 and 3.6 percent for each of the next 5 years.

No reduction applies for non-Retirement Plus retirement benefits on or after age 62 for participants whose age plus benefit service is 95 or more.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions (continued)

For employees covered by Retirement Plus, the portion of their benefit for service after March 1, 1994 is reduced from Social Security normal retirement age using the following schedule:

Years Early	Factor
1	90%
2	82
3	74
4	67
5	60
6	55
7	50
8	45
9	40
10	35
11	30
12	25

Prior Plan Optional Forms of Payment: Prior plan participants that terminate with a vested benefit but have not satisfied the retirements for early or normal retirement are eligible for a deferred annuity payable at their normal retirement date. Participants eligible for normal or early retirement may elect an immediate annuity including a single life annuity, joint and survivor annuity including 50%, 75% and 100% options and 10 year certain and continuous options. In addition, participants are age 62 or older and are eligible for early or normal retirement may elect to receive a lump sum distribution of up to 50% of the participant's accrued benefit and the remainder payable under one of the above annuity options. The entire balance of any Retirement Plus Account may be taken as a lump sum or as a separate annuity.

Prior Plan Disability Benefits: Participants who were at least age 50 on 12/31/1999 and whose age plus years of service equals or exceeds 70 shall receive his or her accrued benefit, without reduction, payable for life or until recovery from disability.

Attachment to 2025 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a/ Northern Light Health **PN:** 001

Plan Provisions (continued)

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Changes since Last Valuation: The Plan was amended and restated in 2015 to clarify certain definitions but it had no impact on the liability calculations.

Future Plan Changes:

Future plan accruals after June 30, 2025, were frozen for non-union participants who were under age 55 with less than 5 years of service in the Plan as of June 30, 2025.

The cash balance interest crediting rate floor on plan accruals after December 31, 2025, was decreased from 4.50% to 4.00% for non-union participants.

Attachment to 2025 Form 5500
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Weighted Average Retirement Age

Age	Rate	Probability	Weighted Age
55	5%	0.0500	2.750
56	5%	0.0475	2.660
57	5%	0.0451	2.572
58	5%	0.0429	2.486
59	8%	0.0652	3.844
60	8%	0.0599	3.597
61	8%	0.0552	3.364
62	10%	0.0634	3.932
63	10%	0.0571	3.596
64	10%	0.0514	3.288
65	25%	0.1156	7.513
66	25%	0.0867	5.722
67	10%	0.0260	1.743
68	10%	0.0234	1.592
69	10%	0.0211	1.454
70	10%	0.0190	1.327
71	100%	0.1706	12.115
		1.0000	63.555

Attachment to 2025 Form 5500
Schedule SB, Line 32 - Schedule of Amortization Bases

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Schedule of Amortization Bases

Valuation Date	Years Remaining	Present Value of Any Remaining Installments	Amortization Installment
January 1, 2025	15	$ 9,571,197	$ 892,423
January 1, 2024	14	$ 7,561,334	$ 738,389
January 1, 2023	13	$ 40,130,499	$ 4,124,438
January 1, 2022	12	$ (8,290,320)	$ (901,862)
January 1, 2021	11	$ 535,856	$ 62,118
January 1, 2020	10	$ 9,207,330	$ 1,146,567
		$ 58,715,896	$ 6,062,073

Attachment to 2025 Form 5500
Schedule SB, Line 24 – Change in Actuarial Assumptions

Plan Name Northern Light Health Retirement Partnership Plan **EIN:** 01-0527066
Plan Sponsor's Name Eastern Maine Healthcare Systems d/b/a Northern Light Health **PN:** 001

Cash Balance Interest Crediting Rate:

The interest crediting rate assumption changed from 4.75% in 2024 to 4.50% in 2025.