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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1971

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)
CONCORD HOSPITAL, INC.

250 PLEASANT STREET
CONCORD, NH 03301

2b Employer Identification Number (EIN)
22-2594672

2c Plan Sponsor's telephone number
603-227-7000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	PAUL TRAINOR
	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**	6309
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)**	3354
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3209
b	Retired or separated participants receiving benefits	**6b**	587
c	Other retired or separated participants entitled to future benefits	**6c**	2353
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	58
f	Total. Add lines **6d** and **6e**.	**6f**	6207
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	67
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 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) [ ]	Insurance	**(1)** [ ]	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)** [ ] **A** (Insurance Information) – Number Attached 0
- **(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 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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

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**	412525628
b Actuarial value	**2b**	384212016

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	580	75511223	75511223
b For terminated vested participants	2378	87193969	87193969
c For active participants	3354	192550052	195992464
d Total	6312	355255244	358697656

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**	15780965
b Expected plan-related expenses	**6b**	1443000
c Target normal cost	**6c**	17223965

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/08/2026
Date

JENNIFER MOREL
Type or print name of actuary

26-07955
Most recent enrollment number

FIDELITY INVESTMENTS
Firm name

617-563-7000
Telephone number (including area code)

245 SUMMER STREET
BOSTON, MA 02210
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	60748694
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18327772
9	Amount remaining (line 7 minus line 8)	0	42420922
10	Interest on line 9 using prior year's actual return of 12.93 %	0	5485025
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		4709958
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 5.13 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		608998
c	Total available at beginning of current plan year to add to prefunding balance		5318956
d	Portion of (c) to be added to prefunding balance		5318956
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	53224903

Part III Funding Percentages

14	Funding target attainment percentage	14	92.27 %
15	Adjusted funding target attainment percentage	15	107.11 %
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	91.92 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	17223965
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	27710543	2745959
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**	19969924

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19969924	19969924

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST COMPANY

36-1561860

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

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

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

FIDELITY MANAGEMENT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13	NONE	664776	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILCHESTER INTERNATIONAL INVESTOR I

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	208486	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPE ANN GLOBAL

47-4778650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	145857	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)

PRIMEBUCHOLZ & ASSOCIATES

02-0426421

(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?
19 21 50	NONE	143001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON-LONDON

44-6201673

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	102110	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHCLERE INTERNATIONAL INVESTORS L

20-4668348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	77878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST COMPANY

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?
19 21 50	NONE	74682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON & LEWIS

46-3862389

(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?
29	NONE	24207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIXON PEABODY

16-0764720

(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?
29	NONE	17440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

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: CAPE ANN GLOBAL DEVELOPING MARKETS

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

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)
47-4778650-001	C	14658452

a Name of MTIA, CCT, PSA, or 103-12 IE: MARATHON-LONDON INTL INV TRUST I

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

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)
04-3237387-001	E	16496022

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGHCLERE INTL INV SMALLER CO FD

b Name of sponsor of entity listed in (a): HIGHCLERE INTERNATIONAL INVESTORS

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)
20-4622296-002	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INTL INV INTL VAL EQUITY

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

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)
36-7045783-001	E	23990294

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

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	1956934	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	219028	504617
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6653458	7776359
(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)	95837766	115481321
(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)	9690652	14658452
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	36386718	40486316
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	257360041	277332192
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	413104597	456239257
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	614783	1301501
1k Total liabilities (add all amounts in lines 1g through1j)	1k	614783	1301501
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	412489814	454937756

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	259334	
(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)	62746	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		322080
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	4207084	
(B) Common stock	2b(2)(B)	3558799	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	331947	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8097830
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	31970719	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	21250332	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10720387
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4430668
(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)		11015606
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		28188249
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		62774820
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18198359	
(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)		18198359
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	677332	
(6) Bank or trust company trustee/custodial fees	2i(6)	74624	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	24207	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1352356	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2128519
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20326878
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		42447942
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: BAKER NEWMAN NOYES **(2)** EIN: 01-0494526

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583527.

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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 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 | 191

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 49.6 % Private Equity: 4.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 9.8 %
High-Yield Debt: 12.7 % Real Assets: _____ % Cash or Cash Equivalents: 2.0 % Other: 21.3 %

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_____.

BAKER NEWMAN NOYES

Retirement Plan for Employees of Concord Hospital

Financial Statements
and Supplemental Schedules

For the Years Ended December 31, 2025 and 2024
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com
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RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

For the Years Ended December 31, 2025 and 2024

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BAKER NEWMAN NOYES

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Retirement Plan for Employees of Concord Hospital

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

We have performed audits of the financial statements of the Retirement Plan for Employees of Concord Hospital (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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

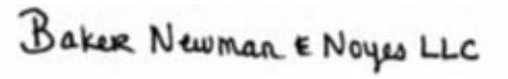
The supplemental schedule of assets (held at end of year) as of December 31, 2025, and schedule of reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

To the Plan Administrator and Participants
Retirement Plan for Employees of Concord Hospital

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



Manchester, New Hampshire
October 5, 2026

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Assets:		
Noninterest bearing cash	$ –	$ 1,956,934
Investments, at fair value:		
Money market fund	7,776,359	6,653,458
Collective trust funds	55,144,768	46,077,370
Alternative investments	115,481,321	95,837,766
Mutual funds	277,332,192	257,360,041
Total investments	455,734,640	405,928,635
Receivables:		
Interest and dividends	136,880	181,483
Contributions receivable	–	5,000,000
Due from broker for securities sold	367,737	37,545
Total receivables	504,617	5,219,028
Total assets	456,239,257	413,104,597
Liabilities:		
Accrued expenses	77,403	84,235
Due to broker for securities purchased	1,224,098	530,548
Total liabilities	1,301,501	614,783
Net assets available for benefits	$454,937,756	$412,489,814

See accompanying notes.

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 8,419,911	$ 7,502,200
Net appreciation in fair value of investments	54,354,910	40,277,055
Net investment income	62,774,821	47,779,255
Employer contributions	–	5,000,000
	62,774,821	52,779,255
Deductions from net assets attributed to:		
Benefit payments	18,198,359	17,852,402
Administrative expenses	2,128,520	2,113,541
	20,326,879	19,965,943
Net increase in net assets available for benefits	42,447,942	32,813,312
Net assets available for benefits, beginning of year	412,489,814	379,676,502
Net assets available for benefits, end of year	$454,937,756	$412,489,814

See accompanying notes.

1. Plan Description

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

General

The Plan is a noncontributory defined benefit pension plan which covers eligible employees as defined in the Plan, and which provides pension benefits. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). The Plan Sponsor is Concord Hospital, Inc.

In 2004, the Plan completed its final year of a ten-year transition from a "defined benefit plan" to a "cash balance plan." Through the year 2004, the Plan was governed by the minimum benefit earned under the defined benefit plan. This ensures that the benefit a grandfathered participant receives is no less than what would have been earned under the former plan. Thereafter, the cash balance plan benefit governs. Due to the ten-year continuation (grandfather provision) of the defined benefit package, there was no direct change in the liability for accumulated plan benefits attributable to the adoption of the cash balance plan.

On October 24, 2022, the Board of Trustees approved a merger of the Retirement Plan for Employees of Concord Hospital (Legacy Concord Hospital Plan) into the Retirement Plan for Employees of Concord Hospital - Laconia (Legacy Laconia Plan). The merger of the plans was effective December 31, 2022 and the surviving plan was named the Retirement Plan for Employees of Concord Hospital. Eligible employees continued to accrue pension benefits under their current benefit formula, depending on the primary work location as of the first day of the Plan year.

On December 29, 2022, the *Setting Every Community Up for Retirement Enhancement Act of 2022* (SECURE 2.0 Act) was signed into law. It includes mandatory and optional provisions impacting retirement plans. Applicable provisions outlined in the SECURE 2.0 Act will be adopted if elected and/or required. Plan amendments for these changes are not yet required.

Plan Amendments

On September 18, 2023, the Board of Trustees of the Plan Sponsor adopted a resolution, effective December 31, 2023, to close participation in the Plan to employees hired or rehired after December 31, 2023. Employees hired before January 1, 2024 will continue to participate in the Plan and accrue benefits in accordance with its terms. The Plan was further amended to lock in the benefit formula for each participant based on their primary work location as of December 31, 2023.

1. Plan Description (Continued)

Administration

Responsibility for administering the Plan rests with the Retirement Plan Management Committee that is appointed by the Board of Trustees, the Trustees of the Plan.

Defined Benefit Plan Pension Benefits

The Legacy Laconia Plan employees that entered the Plan before 1995 with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.625% of the participant's average earnings during the five highest consecutive years in the last ten years of employment for each year of credited service, up to 25 years, calculated through the year 2004.

For an employee attaining 25 years by the end of 2004, this base amount results in a maximum benefit of 40.6% of such average earnings. Participants with less than 25 years of service would receive a pro rata portion of this benefit formula.

The benefit calculated under the defined benefit plan formula was frozen as of December 31, 2004.

Cash Balance Plan - Account Balances and Credits

For those Legacy Laconia Plan employees participating in the cash balance plan, each participant has his or her own separate account. If an employee was a participant in the defined benefit plan, the benefit earned under the old plan was converted to a lump sum amount which is the starting account balance at January 1, 1995. The actuarial calculated lump sum amount is based on age, years of service and pay as of December 31, 1994.

The Plan Sponsor's contribution made on behalf of each Legacy Laconia Plan participant will be credited to the participant's separate account annually as a lump sum dollar amount. The annual contribution for the first $25,000 of pay is 7%. If a participant earns over $25,000 per year, an additional contribution of 3% of pay over $25,000 will be made for less than ten years of service and 4% for ten or more years of service.

In addition to the Plan Sponsor's contributions, each participant's account will earn a predetermined rate of interest each year. The rate of interest earnings for Legacy Laconia Plan participants is indexed to an average short-term return index for the month of August of the previous year, not to exceed 5.5%. The 2025 and 2024 interest credits under the Legacy Laconia Plan were 3.97% and 4.90%, respectively.

All Legacy Concord Hospital Plan employees become members of the Plan on the first day of the month after they complete one year of service (defined as 1,000 hours of service) and have reached the age of 21. The opening account balance as of January 1, 1998 is the value of the benefit under the prior plan formula converted to a single sum value. Each year the Legacy Concord Hospital Plan participant's cash balance account is increased by a basic credit of 4%-9% of pay based on the sum of a participant's age and years of service, a supplemental credit of 4%-5% of pay in excess of the social security wage base, and an interest credit based on the 1-year treasury bill rate plus 1% (minimum 5%, maximum 11%). The 2025 and 2024 interest credits under the Legacy Concord Hospital Plan were 5.43% and 6.37%, respectively.

1. Plan Description (Continued)

Pension Benefits

All Legacy Laconia Plan employees receiving benefits under the Plan, with three or more years of service, are entitled to annual pension benefits beginning at normal retirement age (65) payable in the form of an annuity or lump sum payments. The cashout limit is $7,000 and provides that, if the participant does not make an election of a lump sum payment or direct rollover, a cash distribution will be made to the participant if the lump sum is $1,000 or less and a direct rollover will be made to an Individual Retirement Account (IRA) if the lump sum is greater than $1,000, but less than $7,000. The Plan permits early retirement once a participant has attained the age of 55 and has completed three years of service. If a participant is legally married on the date on which his or her normal retirement benefits commence, benefits will be paid in the form of a qualified joint and survivor annuity unless an election is made not to receive benefits in such a form and the participant's spouse consents. A participant may elect to receive their vested benefit commencing on the first day of any month following termination.

All Legacy Concord Hospital Plan employees are entitled to their accrued benefit upon the employee's normal retirement age of 65. An active participant in the Plan is eligible for an early retirement benefit on or after the participant's 55th birthday if employment is terminated and the participant has completed 10 or more years of vesting service. Participants are also permitted to receive a reduced benefit prior to age 55 due to disability, provided that the participant has three or more years of vested service. An employee may elect to receive distributions, subject to certain Plan provisions, in the form of an annuity or in a lump-sum payment. The Plan permits in-service distribution options for participants that are age 65 and older and have completed at least three years of vested service.

Survivor Annuity Death Benefits

If a participant dies before his or her annuity starting date and at the time of death had been legally married to his or her surviving spouse for at least twelve months, the participant's vested accrued benefit is paid in the form of an annuity (as defined in the Plan) to the surviving spouse. If a participant dies after the annuity starting date, the form in which his or her benefit is paid is determined by the amount and form of benefit, if any, payable with respect to such participant.

Vesting

Vesting is based on years of service. Legacy Laconia Plan participants are vested after completion of one year of employment during which the employee has worked at least 1,000 hours during the year; therefore employees become fully vested upon becoming eligible. Legacy Concord Hospital Plan participants are 100% vested in their accrued retirement benefits after completion of three years of service as defined.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan is responsible for the majority of its administrative expenses.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 6) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the defined benefit plan or cash balance plan as discussed in Note 1. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated Plan Benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated Plan Benefits reported in the accompanying financial statements.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through October 5, 2026, the date the financial statements were available to be issued.

3. Funding Policy

The Employer's funding policy is to make annual contributions to the Plan in amounts sufficient to meet the minimum funding requirements as determined by the Plan's actuary under ERISA and any contributions necessary to minimize the Pension Benefit Guaranty Corporation (PBGC) variable rate premiums for the upcoming Plan year. No voluntary employee contributions are permitted. At December 31, 2025 and 2024, the Plan was in compliance with the minimum funding requirements of ERISA.

4. Plan Termination

Although they have not expressed any intention to do so, the Plan Administrator has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

The Plan's net assets generally will not be available on a pro rata basis to provide participant benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. The Plan document has more complete information.

5. Information Certified by the Custodian

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Northern Trust Company (Northern Trust), the custodian of the Plan, except for comparing such information with the related information included in the Plan's financial statements and supplemental schedules. The Plan Administrator has obtained certifications from the custodian as of and for the years ended December 31, 2025 and 2024 stating that the information provided to the Plan Administrator by the custodian is complete and accurate. Such information includes noninterest bearing cash, investments, interest and dividend income, net appreciation in fair value of investments, and related investment transactions. The Plan Administrator has determined that the custodian meets the requirements of a qualified institution as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

6. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary, Fidelity Workplace Investing, LLC, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, withdrawal or retirement) between the valuation date and the expected date of payment. The accumulated Plan Benefit information is determined as of the beginning of each Plan year.

6. Accumulated Plan Benefits (Continued)

The accumulated Plan Benefit information is as follows as of December 31, 2024:

Actuarial present value of accumulated Plan Benefits:	
Vested benefits:	
Participants currently receiving payments	$ 63,916,912
Other participants	226,500,357
	290,417,269
Nonvested benefits	2,601,778
Actuarial present value of accumulated Plan Benefits	$293,019,047

A reconciliation of the changes in the actuarial present value of accumulated Plan Benefits for the year ended December 31, 2024 is summarized as follows:

Actuarial present value of accumulated Plan benefits at beginning of year	$263,884,598
Benefits paid	(17,852,402)
Reduction in discount period	21,686,936
Actuarial losses	8,138,884
Change in assumptions	17,161,031
Net increase	29,134,449
Actuarial present value of accumulated Plan Benefits at end of year	$293,019,047

The change in actuarial assumptions for the year ended December 31, 2024 is primarily due to the change in the discount rate from 8.50% to 7.70% and the change in the interest credit rate from 6.08% and 4.90% for the Legacy Concord Hospital Plan and Legacy Laconia Plan, respectively, to 5.43% and 3.97%, respectively.

Significant assumptions underlying the actuarial computations are as follows:

a. At December 31, 2024, the Plan used the Pri-2012 total mortality tables with Scale MP-2021 mortality improvement scale applied on a generational basis.

b. The average retirement age is 65.

c. The discount rate was 7.70% at December 31, 2024.

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

7. Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Sponsor, by a letter dated April 28, 2025, that the Plan, as designed, is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code (the Code). The Plan Administrator believes the Plan and trust are currently designed and being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan had a routine DOL examination completed in September 2025 for the 2017 and 2021 Plan years.

8. Party-in-Interest Transactions

The Plan invests in a money market fund with Northern Trust, the custodian, and therefore, these transactions qualify as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules under ERISA.

Administrative expenses charged to the Plan were $2,128,520 and $2,113,541 for the years ended December 31, 2025 and 2024, respectively. Administrative expenses consist primarily of amounts paid for actuarial fees, recordkeeping fees, investment fees and PBGC fees. The transactions are exempt from the prohibited transaction rules under ERISA.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Market risks include global events which could impact the value of investments, such as pandemics or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

9. Risks and Uncertainties (Continued)

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

10. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation method include:

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market fund and mutual funds: Valued at the closing price of the fund as reported in the active market in which the security is traded.

10. Fair Value Measurements (Continued)

Alternative investments and collective trust funds: Valued at net asset value (NAV) based on the fair value of the underlying net assets of the funds as determined in good faith by the fund manager generally based on audited financial statements.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Level 1	Level 2	Level 3	Total
2025:				
Money market fund	$ 7,776,359	$ –	$ –	$ 7,776,359
Mutual funds	277,332,192	–	–	277,332,192
	$285,108,551	$ –	$ –	285,108,551
Investments measured at net asset value (NAV):				
Alternatives investments:				
Funds of funds – long/short equity/debt				17,237,419
Partnership – absolute return				43,070,940
Partnership – long/short equity/debt				32,112,533
Partnership – global				23,060,429
Collective trust funds - foreign				55,144,768
Total investments at fair value				$455,734,640
2024:				
Money market fund	$ 6,653,458	$ –	$ –	$ 6,653,458
Mutual funds	257,360,041	–	–	257,360,041
	$264,013,499	$ –	$ –	264,013,499
Investments measured at net asset value (NAV):				
Alternatives investments:				
Funds of funds – long/short equity/debt				15,315,479
Partnership – absolute return				39,376,005
Partnership – long/short equity/debt				22,330,761
Partnership – global				18,815,521
Collective trust funds - foreign				46,077,370
Total investments at fair value				$405,928,635

10. Fair Value Measurements (Continued)

The following table discloses the unfunded commitment and redemption terms of investments measured at NAV as of December 31, 2025:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Archipelago Holdings Ltd., Class A, Series 1	$17,237,419	$ –	Quarterly	45 days notice
Cape Ann Global Developing Markets Fund	14,658,452	–	Monthly	15 days notice
Davidson Kempner Institutional Partners, L.P.	19,596,393	–	Quarterly	65 days notice
Farallon Capital Institutional Partners, L.P.	13,276,536	–	50% Semi-Annually	60 days notice
Independent Franchise Partners Global Equity, L.P.	23,060,429	–	Semi-Monthly	3 days notice
Junto Offshore Fund Ltd.	16,117,088	–	12.5% Quarterly	45 days notice
Lone Cedar Ltd.	15,995,445	–	Quarterly	60 days notice
Marathon-London International Investment Trust I	16,496,022	–	Monthly	6 days notice
Silchester International Value Equity Trust	23,990,294	–	Monthly	10 days notice
Varde Investment Partners (Offshore) Ltd. Class A	10,198,011	–	Annual	90 days notice

Specific investment strategies for certain assets held by the Plan are as follows:

Archipelago Holdings Ltd., Class A, Series 1 (fund of funds – long/short equity/debt): Objective seeks long-term capital appreciation through investment in a number of long/short equity hedge funds managed by Wellington Hedge Management LLC.

Cape Ann Global Developing Markets Fund (collective trust fund – foreign): Objective is to achieve long-term growth by investing in a diversified portfolio of equity securities of companies located in developing markets.

Davidson Kempner Institutional Partners, L.P. (partnership – absolute return): Multi-strategy fund with an event-driven focus, seeking to exploit situations in which announced or anticipated events create opportunities to invest in securities and other financial instruments at a discount to their exit values.

10. Fair Value Measurements (Continued)

Farallon Capital Institutional Partners, L.P. (partnership – absolute return): Operates for the purpose of investing in and selling short securities and instruments, pursuant to the strategies set forth in its confidential offering memorandum.

Independent Franchise Partners Global Equity, L.P. (partnership – global): Objective is to seek to achieve long-term rates of return and to outperform the MSCI World (Net) Index over a full market cycle through investing primarily in equity securities listed on major exchanges around the world.

Junto Offshore Fund Ltd. (partnership – long/short equity/debt): Through its investment in the Junto Master Fund, Ltd., the fund seeks to achieve returns by making investments in equity securities as well as equity related securities and derivatives.

Lone Cedar Ltd. (partnership – long/short equity/debt): Objective is to provide investors with compound annual returns that outperform the MSCI World Index, while seeking to have less risk than the overall stock market.

Marathon-London International Investment Trust I (collective trust fund – foreign): Objective is to achieve growth of capital through investment in a professionally managed portfolio of global securities.

Silchester International Value Equity Trust (collective trust funds – foreign): Objective is primarily to afford participants an opportunity to obtain long-term capital gains and income from a diversified portfolio of equity securities of companies ordinarily incorporated in any country other than the United States.

Varde Investment Partners (Offshore) Ltd. Class A (partnership – absolute return): Through its investment in Varde Investment Partners (Offshore) Master, L.P., the fund seeks to achieve long-term growth, while emphasizing the preservation of capital.

SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

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

EIN: 22-2594672
Plan Number: 001

December 31, 2025

(a)	(b) Identify of Issuer	(c) Shares or Par Value	(d) Cost	(e) Current Value
	Money market fund:			
*	Northern Institutional Treasury Portfolio Premier Class	–	$ 7,776,359	$ 7,776,359
	Alternative investments:			
	Archipelago Holdings Ltd., Class A, Series 1	290,859	6,790,172	17,237,419
	Davidson Kempner Institutional Partners, L.P.	14,500,000	14,500,000	19,596,393
	Farallon Capital Institutional Partners, L.P.	9,500,000	9,500,000	13,276,536
	Independent Franchise Partners Global Equity, L.P.	7,370,268	7,370,268	23,060,429
	Junto Offshore Fund Ltd.	11,500,000	11,500,000	16,117,088
	Lone Cedar Ltd.	11,500,000	11,500,000	15,995,445
	Varde Investment Partners (Offshore) Ltd. Class A	8,983	8,983,162	10,198,011
			70,143,602	115,481,321
	Collective trust funds:			
	Cape Ann Global Developing Markets Fund	488,850	10,227,784	14,658,452
	Marathon-London International Investment Trust I	129,188	16,066,386	16,496,022
	Silchester International Value Equity Trust	96,953	13,404,324	23,990,294
			39,698,494	55,144,768
	Mutual funds:			
	Blackrock Alternatives Series Fund	1,041,442	10,643,450	10,830,998
	Loomis Sayles Small Cap Growth Fund	370,571	8,670,896	10,616,867
	Touchstone Credit Opportunities II Fund	1,458,727	13,596,340	13,434,878
	Vanguard Emerging Markets Stock Index Fund Institutional Shares	186,986	5,004,929	6,342,549
	Vanguard Energy Fund Admiral	153,937	11,380,000	14,333,041
	Vanguard Extended Market Index Fund	74,872	7,295,090	11,875,505
	Vanguard FTSE Emerging Markets Fund	1	43	54
	Vanguard Inflation-Protected Securities Fund	2,687,962	27,534,723	25,159,329
	Vanguard Institutional Index Fund Institutional Shares	209,355	57,101,423	115,578,394
	Vanguard Real Estate Index Fund Institutional Shares	511,841	11,547,458	9,934,831
	Vanguard Short-Term Bond Index Fund	1,193,264	12,236,358	12,338,350
	Vanguard Star Fund	63,156	8,114,917	10,237,014
	Vanguard Total Bond Market Index Fund	3,751,319	39,020,925	36,650,382
			212,146,552	277,332,192
			$329,765,007	$455,734,640

* Indicates party-in-interest to the Plan.

The above information has been certified by The Northern Trust Company, the custodian, as complete and accurate.

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 22-2594672
Plan Number: 001

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Number of Trans-actions	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Trans-action	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of Plan assets									
* The Northern Trust Company	Northern Institutional Treasury Portfolio Premier Class	46	$34,510,541	$ –	$ –	$ –	$34,510,541	$34,510,541	$ –
* The Northern Trust Company	Northern Institutional Treasury Portfolio Premier Class	108	–	33,387,640	–	–	33,387,640	33,387,640	–

There were no category (i), (ii) or (iv) transactions.

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

The above information has been certified by The Northern Trust Company, the custodian, as complete and accurate.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26a – Schedule of Active Participants
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Age and Service Distribution of Active Members [1]

	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	0	80	6	0	0	0	0	0	0	0	**86**
Average Pay		50,295	$								**$**
25-29											
Number	0	177	57	2	0	0	0	0	0	0	**236**
Average Pay		64,734	65,015	$							**$**
30-34											
Number	0	197	106	37	1	0	0	0	0	0	**341**
Average Pay		85,552	73,908	64,782	$						**$**
35-39											
Number	0	175	140	77	41	2	0	0	0	0	**435**
Average Pay		95,934	98,616	97,266	73,072	$					**$**
40-44											
Number	0	115	116	63	65	23	0	0	0	0	**382**
Average Pay		90,846	111,211	106,612	92,261	105,489					**100,753**
45-49											
Number	0	99	106	54	70	52	16	1	0	0	**398**
Average Pay		86,579	110,824	108,654	107,986	91,880	$	$			**$**
50-54											
Number	0	104	79	58	72	46	30	11	2	0	**402**
Average Pay		87,398	85,667	92,039	120,228	108,801	107,273	$	$		**$**
55-59											
Number	0	84	85	48	68	65	47	16	29	0	**442**
Average Pay		78,969	73,811	74,991	102,831	94,501	101,318	$	96,277		**$**
60-64											
Number	0	70	60	41	63	47	46	23	23	9	**382**
Average Pay		83,098	85,873	84,021	79,034	90,126	113,501	87,973	98,445	$	**$**
65-69											
Number	0	35	42	20	35	20	18	9	10	8	**197**
Average Pay		93,520	68,223	81,747	63,790	66,822	$	$	$	$	**81,843**
Over 69											
Number	0	10	9	5	9	5	8	2	4	1	**53**
Average Pay		$	$	$	$	$	$	$	$	$	**59,070**
Total											
Number	**0**	**1,146**	**806**	**405**	**424**	**260**	**165**	**62**	**68**	**18**	**3,354**
Average Pay		$	$	**$**	**$**	**$**	**106,528**	**92,910**	**$**	**$**	**88,718**

[1] Projected compensation for the 2025 valuation year, capped at the IRC § 401(a)(17) limit. Average compensation is not reported for cells with fewer than 20 participants.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Actuarial Assumptions and Methods

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
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 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

Expected Return on Assets for smoothing the Actuarial Value of Assets: 8.50% for 2024 (previously 7.60% for 2023), limited to the appropriate third segment rate as described in IRC § 430(h). This is based on historical returns of indices, reflecting an assumed long-term mix of 15% bonds and 85% stocks as of December 31, 2023. Geometric returns were used in developing a distribution of expected asset returns, assuming that the portfolio is rebalanced to the asset allocation shown above at the end of each month.

Administrative Expenses included in Target Normal Cost: $1,443,000. Based on the current year's estimated non-investment related expenses and expected PBGC premium to be paid from the Trust (previously $1,225,000).

Salary Scale: 3.00% (unchanged from prior year). The assumption is a short-term assumption determined by the company.

Actuarial Assumptions and Methods (continued)

Cash Balance Interest Crediting Rate:

- Legacy Concord: 5.43% in the first year after the valuation date and 5.00% thereafter (previously 6.08% in the first year after the valuation date and 5.00% thereafter). The assumption for the first year is based on the actual interest crediting rate for the current plan year (one-year Constant Maturity Treasury Rate for the month of August 2024 plus 1.00%, not to be less than 5.00% nor greater than 11.00%). The assumption for ongoing years is based on historical rates and long-term expectations.

- Legacy Laconia: 3.97% in the first year after the valuation date and 3.6006% thereafter (previously 3.254.90% in the first year after the valuation date and 3.00% thereafter). The assumption for the first year is based on the actual interest crediting rate for the current plan year (two-year Treasury bill rate for the month of August 20243, not to be greater than 5.50%). The assumption for ongoing years is based on historical rates and long-term expectations.

Mortality:

ERISA: IRS 2024 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. This plan does not have a large enough population to vary from the standard tables (unchanged from prior year).

Actuarial Assumptions and Methods (continued)

Termination Rates:

- Legacy Concord: Select and ultimate rates varying by age and service, as determined by the prior actuary for the plan.
- Legacy Laconia: Select and ultimate rates varying by age, as determined by the prior actuary for the plan.

This assumption is monitored for patterns of significant consistent gains or losses. Sample rates are shown below:

Legacy Concord			
Service	**Age 25**	**Age 40**	**Age 55**
<1	37.5%	18.8%	15.0%
1-2	31.3%	15.6%	12.5%
2-3	25.0%	12.5%	10.0%
3-4	18.8%	9.4%	7.5%
4-5	18.8%	9.4%	7.5%
>5	12.5%	6.3%	5.0%

Legacy Laconia		
Age	**Males**	**Females**
20	22.44%	37.45%
25	14.93%	22.44%
30	10.41%	14.93%
35	7.37%	10.41%
40	4.31%	7.37%
45	2.67%	4.31%
50	0.90%	2.67%
55	0.00%	0.90%
60+	0.00%	0.00%

Retirement Rates:

- Legacy Laconia: Participants are assumed to commence benefits at their normal retirement age.
- Legacy Concord: Participants are assumed to commence based on the rates shown below:

Legacy Concord	
Age	**Percentage**
55-61	5.0%
62	15.0%
63-64	10.0%
65	30.0%
66-69	25.0%
70	100.0%

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

Actuarial Assumptions and Methods (continued)

Marital Status:

- Legacy Concord: 80% of male participants and 75% of female participants are assumed to be married, with females 3 years younger than their male spouses as determined by the prior actuary for the plan.
- Legacy Laconia: 85% of male participants and 55% of female participants are assumed to be married, with females 3 years younger than their male spouses as determined by the prior actuary for the plan.

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:

- Legacy Concord: 75% of active and deferred vested participants are assumed to elect a lump sum and 25% of active and deferred vested participants are assumed to elect an annuity as determined by the prior actuary for the plan.
- Legacy Laconia: 100% of participants are assumed to elect a lump sum at the later of termination and their earliest retirement age as determined by the prior actuary for the plan.

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

Actuarial Assumptions and Methods (continued)

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.

Actuarial Assumptions and Methods (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA Funding Target (FT) and FASB ASC 960 purposes. 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 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.

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 22-2594672
Plan Number: 001

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Number of Trans-actions	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expense Incurred With Trans-action	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain (Loss)
Category (iii) - Series of transactions in excess of 5% of Plan assets									
* The Northern Trust Company	Northern Institutional Treasury Portfolio Premier Class	46	$34,510,541	$ –	$ –	$ –	$34,510,541	$34,510,541	$ –
* The Northern Trust Company	Northern Institutional Treasury Portfolio Premier Class	108	–	33,387,640	–	–	33,387,640	33,387,640	–

There were no category (i), (ii) or (iv) transactions.

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

The above information has been certified by The Northern Trust Company, the custodian, as complete and accurate.

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
RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CONCORD HOSPITAL, INC.

D Employer Identification Number (EIN)
22-2594672

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**	412,525,628
b Actuarial value	**2b**	384,212,016

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	580	75,511,223	75,511,223
b For terminated vested participants	2,378	87,193,969	87,193,969
c For active participants	3,354	192,550,052	195,992,464
d Total	6,312	355,255,244	358,697,656

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**	15,780,965
b Expected plan-related expenses	**6b**	1,443,000
c Target normal cost	**6c**	17,223,965

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

Jennifer Morel JM
Signature of actuary

9/8/2026
Date

Jennifer Morel
Type or print name of actuary

2607955
Most recent enrollment number

Fidelity Investments
Firm name

617-563-7000
Telephone number (including area code)

245 Summer Street
Boston MA 02210
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	60,748,694
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	18,327,772
9	Amount remaining (line 7 minus line 8)	0	42,420,922
10	Interest on line 9 using prior year's actual return of 12.93 %	0	5,485,025
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		4,709,958
	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 5.13 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		608,998
	c Total available at beginning of current plan year to add to prefunding balance		5,318,956
	d Portion of (c) to be added to prefunding balance		5,318,956
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	53,224,903

Part III Funding Percentages

14	Funding target attainment percentage	14	92.27 %
15	Adjusted funding target attainment percentage	15	107.11 %
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	91.92 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	17,223,965
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	27,710,543	2,745,959
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	19,969,924

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	19,969,924	19,969,924

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

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

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

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total Participants
2025	19,178,657	14,805,027	6,989,883	40,973,567
2026	14,414,704	4,013,523	6,879,876	25,308,103
2027	14,218,301	5,418,415	6,761,878	26,398,594
2028	13,851,257	4,177,641	6,633,039	24,661,937
2029	14,752,019	3,602,603	6,493,195	24,847,817
2030	14,028,073	5,665,545	6,339,887	26,033,505
2031	13,673,705	5,247,892	6,170,028	25,091,625
2032	13,858,103	4,131,542	5,991,967	23,981,612
2033	13,679,281	4,037,868	5,803,014	23,520,163
2034	13,205,759	4,782,605	5,600,767	23,589,131
2035	13,140,683	5,760,763	5,385,596	24,287,042
2036	13,091,262	5,500,165	5,156,354	23,747,781
2037	12,015,282	4,930,494	4,911,974	21,857,750
2038	11,622,724	5,589,021	4,656,552	21,868,297
2039	11,198,159	4,769,988	4,389,986	20,358,133
2040	10,688,295	4,716,334	4,113,293	19,517,922
2041	11,036,936	4,429,277	3,828,418	19,294,631
2042	9,845,327	5,343,169	3,537,693	18,726,189
2043	10,127,208	4,553,317	3,243,772	17,924,297
2044	9,725,883	4,620,755	2,949,596	17,296,234
2045	8,705,059	4,585,375	2,658,334	15,948,768
2046	9,097,348	5,233,013	2,373,312	16,703,673
2047	7,951,882	4,658,523	2,097,854	14,708,259
2048	8,241,601	4,694,353	1,835,134	14,771,088
2049	7,955,757	3,916,609	1,588,026	13,460,392
2050	6,942,206	3,859,586	1,358,944	12,160,736

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

2051	6,919,481	3,865,519	1,149,702	11,934,702
2052	6,289,479	4,183,577	961,433	11,434,489
2053	5,802,939	3,417,807	794,607	10,015,353
2054	5,534,540	4,067,613	649,049	10,251,202
2055	4,875,533	3,196,040	523,998	8,595,571
2056	4,550,376	2,916,518	418,230	7,885,124
2057	4,181,779	2,788,421	330,148	7,300,348
2058	3,749,735	2,746,185	257,897	6,753,817
2059	3,544,843	2,629,826	199,517	6,374,186
2060	3,111,816	1,957,742	153,023	5,222,581
2061	2,924,113	2,062,256	116,506	5,102,875
2062	2,612,567	1,681,467	88,184	4,382,218
2063	2,391,160	1,413,590	66,466	3,871,216
2064	2,206,866	1,837,687	49,971	4,094,524
2065	2,004,084	1,258,324	37,539	3,299,947
2066	1,829,196	1,233,584	28,225	3,091,005
2067	1,653,746	1,048,074	21,266	2,723,086
2068	1,503,824	937,464	16,072	2,457,360
2069	1,367,646	955,865	12,188	2,335,699
2070	1,244,874	782,791	9,273	2,036,938
2071	1,124,971	725,302	7,075	1,857,348
2072	1,015,313	670,006	5,409	1,690,728
2073	913,185	616,886	4,139	1,534,210
2074	818,658	565,947	3,166	1,387,771

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Description of Weighted Average Retirement Age

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1151.307	0.038	44.106	2425.841
56	1185.049	0.038	44.464	2489.989
57	1227.352	0.038	46.112	2628.399
58	1267.113	0.037	47.255	2740.794
59	1305.645	0.037	48.313	2850.444
60	1345.699	0.037	49.100	2945.974
61	1375.468	0.036	49.870	3042.040
62	1414.710	0.107	151.873	9416.103
63	1318.448	0.068	90.245	5685.422
64	1296.140	0.066	85.528	5473.759
65	1268.033	0.550	696.805	45292.335
66	629.428	0.275	173.346	11440.849
67	496.785	0.277	137.447	9208.970
68	389.354	0.268	104.383	7098.051
69	303.380	0.258	78.406	5410.014
70	244.276	0.981	239.651	16775.548
71	16.223	0.885	14.353	1019.053
72	10.694	1.000	10.694	769.967
73	6.000	1.000	6.000	438.000
74	1.000	1.000	1.000	74.000
75	8.000	0.750	6.000	450.000
76	2.852	0.679	1.936	147.112
77	0.838	1.000	0.838	64.502
78	1.000	1.000	1.000	78.000
79	1.000	1.000	1.000	79.000
80	0.000	1.000	0.000	0.000
81	0.000	1.000	0.000	0.000
82	3.000	0.667	2.000	164.000
83	0.9273	0	0	0
84	0.8551	1	0.8551	71.8302
Total			2132.578	138279.9953
Average				**64.7**

Plan Provisions

Name of Plan: Retirement Plan for Employees of Concord Hospital

Employer Identification Number / Plan Number: 22-2594672 / 001

Plan Year: January 1st to December 31st

Effective Date: July 1, 1971 (last amended and restated effective January 1, 2023).

Effective December 31, 2022, the Retirement Plan for Employees of Concord Hospital (EIN 02-0222123 / PN 001) merged into the Retirement Plan for Employees of Concord Hospital – Laconia (EIN 22-2594672 / PN 001), to be known thereafter as the Retirement Plan for Employees of Concord Hospital.

Eligibility:

All employees who work 1,000 or more hours per year shall be eligible to participate on the first day of the month next following the first anniversary of employment and the attainment of age 21. All employees hired on or after January 1, 2024 are ineligible to participate in the plan.

Effective January 1, 2014, with respect to any Employee who was employed by the Laconia Clinic and Advanced Orthopedic Specialists on January 1, 2012, service with the Laconia Clinic and Advanced Orthopedic Specialists from the Employee's date of hire until December 31, 2011 will be taken into account in determining such Employee's Years of Eligibility Service.

Effective January 1, 2018, Laconia Clinic staff who are leased employees are eligible to participate as of January 1, 2018 with their prior service counting towards eligibility and vesting, but not towards credited service.

Vesting Service*:* One year of vesting service for each plan year an employee completes 1,000 hours of service.

Credited Service*:* One year of credited service for each plan year an employee completes 1,000 hours of service.

Vesting Schedule:

- Legacy Concord: 100% after three years of vesting service.
- Legacy Laconia: 100% after one year of vesting service.

Plan Provisions (continued)

Normal Retirement Age (NRA)*:*

- Legacy Concord: The later of a Participant's 65th birthday or completion of 3 years of vesting service.
- Legacy Laconia: The later of a Participant's 65th birthday or completion of 5 years of vesting service.

Normal Retirement Date (NRD): An employee's Normal Retirement Date shall be the first day of the month coinciding with or next following the date Normal Retirement Age is attained.

Normal Retirement Benefit:

- Legacy Concord: Greater of the Participant's accrued benefit/cash balance account and the prior plan benefit
- Legacy Laconia: Greater of the Participant's accrued benefit/cash balance account grandfathered benefit

Accrued Benefit/Cash Balance:

Legacy Concord

Accrued Benefits:

For active participants who as of January 1, 2016 have reached age 55 and completed at least 10 years of vesting service, the accrued benefit equals A + B below:

A) The Cash Balance Account at 1/1/2016 accumulated with interest credits only to the participant's retirement date, and divided by the applicable factor shown below:

Retirement Factor		Retirement Factor	
Age on Retirement Date	**Factor**	**Age on Retirement Date**	**Factor**
65	118	59	133
64	121	58	136
63	124	57	138
62	126	56	140
61	129	55	142
60	131		

B) The portion of the Cash Balance Account attributable to annual pay credits earned after 2015 plus interest credits thereon through the participant's retirement date, converted to an annuity using assumptions prescribed under Section 417(e) of the Internal Revenue Code.

Plan Provisions (continued)

For other participants, the accrued benefit is the greater of (1) the Cash Balance Account as of January 1, 2016 accumulated with interest credits only to the participant's retirement date divided by the applicable factor shown in the table above, or (2) the total Cash Balance Account at the participant's retirement date converted to an annuity using assumptions prescribed under Section 417(e) of the Internal Revenue Code.

For participants who terminated employment prior to January 1, 2016, the Cash Balance Account at the participant's retirement date divided by the applicable factor shown in the table above.

Opening Cash Balance Account: Single actuarial equivalent sum of the participant's December 31, 1997 accrued benefit as calculated using the plan's provisions in effect at that time. Thereafter, the cash balance account is credited annually with contribution credits and investment credits.

Investment Credits: Interest Credit is based on the amount of the Participant's Cash Balance Account as of the first day of each Plan Year and shall be added to each Participant's Balance Account as of the last day of the Plan Year, prior to the crediting of any Annual Pay Credit for such Plan Year.

- Prior to January 1, 2016, this shall be the twelve-month average of the one-year Constant Maturity Treasury Rate in effect as of December 31 of the preceding Plan Year, plus 1%. The interest credit cannot be less than 5% nor greater than 11%.
- Effective January 1, 2016, the Interest Credit is based on the one-year Constant Maturity Treasury Rate for the month of August immediately preceding the Plan Year, plus 1%. The Interest Credit cannot be less than 5% nor less than 11%.

Contribution Credits: Annual Pay Credits (Basic and Supplemental, as applicable) shall be added to the Cash Balance Account of each Active participant who received Earnings and completed 1,000 Hours or Service during such Plan Year. It is equal to the sum of Basic and Supplemental Credit, if applicable, based on the Participant's Earnings for such Plan Year and the allocation percentage(s) shown in the following schedule:

Plan Provisions (continued)

For plan year beginning on or after January 1, 1998 but prior to January 1, 2010

Age + Years of Credited Service	Basic Credit on All Earnings	Supplemental Credit on Earnings Over Taxable Wage Base
Less than 40	4%	4%
40-59	5%	5%
60-69	7%	5%
70+	9%	5%

For plan year beginning on or after January 1, 2010

Age + Years of Credited Service	Basic Credit on All Earnings	Supplemental Credit on Earnings Over Taxable Wage Base
Less than 40	4%	4%
40-57	5%	5%
58-59	5.04%	5%
60-69	7%	5%
70+	9%	5%

Prior Plan Benefit: The prior plan benefit applies to participants whose age plus years of vesting service on January 1, 1998 equaled 45 or more. The prior plan benefit is equal to the sum of (i) and (ii) as follows:

- 1.25% of Average Earnings up to Covered Compensation, times years of Service up to 25.
- 1.85% of Average Earnings up to Covered Compensation, times years of Service up to 25.

Plan Provisions (continued)

Legacy Laconia

Opening Cash Balance Account: As of January 1, 1995, the cash balance account equals the actuarial present value of the participant's accrued benefit on December 31, 1994. Thereafter, the cash balance account is credited annually with contribution credits and investment credits.

Investment Credits: Investment credits for a calendar year are applied each year and at termination, based on the average two-year Treasury bill rate for the month of August of the prior year; such rate not to exceed 5.5%.

Contribution Credits: 7% of the first $25,000 of pay earned while a participant, plus for participants who earn in excess of $25,000, an additional contribution determined based on Years of Service as follows:

Years of Service	Contribution
Less than 10	3%
More than 10	4%

Service with Franklin Regional Hospital is taken into account in determining the contribution credit for pay over $25,000.

Grandfathered Annuity Formula: (For plan participants on December 31, 1994): 1.625% of 5-year average earnings times service (reflecting only earnings and service earned before January 1, 2005).

Grandfathered Incremental Cash Balance Account: Effective January 1, 2005, contribution credits and investment credits are added to the frozen grandfathered benefit.

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on NRD.

Early retirement:

- Legacy Concord: Age 55 and three years of Vesting Service
- Legacy Laconia: Age 55 and one year of Vesting Service

Postponed retirement: Retirement after NRD.

Deferred vested:

- Legacy Concord: Completion of three years of vesting service (five years for participants who terminated prior to January 1, 2008)
- Legacy Laconia: Completion of one year of vesting service

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: The monthly pension benefit determined as of NRD.

Early retirement:

- Legacy Concord: The benefit amount is equal to the Participant's Cash Balance Account on the payment date divided by the annuity factor divisor for Early Retirement that corresponds with the participant's age on the payment date, or if greater, the prior plan benefit reduced for early commencement.
- Legacy Laconia: The benefit will be the actuarial equivalent of the accrued benefit payable at the normal retirement date.

Plan Provisions (continued)

Postponed retirement: The accrued benefit at the actual retirement date.

Deferred vested: The accrued benefit payable at the normal retirement date. Benefits may commence at any time between the ages of 55 and 65. In this case, the benefit will be reduced in the same manner as for early retirement.

- Legacy Concord: the greater of (i) or (ii) below:
  - (i) Vested Cash balance increased with Interest Credits from date of termination to actual retirement and converted to a monthly retirement benefit at actual retirement date.
  - (ii) Prior plan benefit reduced for early retirement (if applicable).

  Effective March 1, 2018, all vested terminated participants are eligible to receive their benefit prior to becoming eligible for early retirement or normal retirement in any of the optional forms described below, including as a lump sum payment.

- Legacy Laconia: The benefit will be the actuarial equivalent of the accrued benefit payable at the normal retirement date.

Pre-retirement spouse benefit:

- Legacy Concord: Death benefit shall be paid as a lump sum or as a life annuity, as elected by the Beneficiary.
- Legacy Laconia: The benefit payable to the beneficiary is equal to the value of the participant's benefit. Death benefits commence on the later of the date participant would have reached age 55 or the date of death.

Plan Provisions (continued)

Forms of Payment:

Normal Form:

- Married participants: Actuarially reduced 50% Joint and Survivor Annuity
- Unmarried participants: Single Life Annuity

Optional forms: Participants who retire under the plan may elect:

- Legacy Concord: Single Life Annuity; 50%, 66 2/3%, 75%, or 100% Joint and Survivor Annuity; 10-Year Certain & Life Annuity; Social Security Level Option; Lump Sum distribution.
- Legacy Laconia: Single Life Annuity; 50%, 75%, or 100% Joint and Survivor Annuity; 10-Year or 15-Year Certain & Life Annuity; Full Cash Refund; Lump Sum distribution.

If the lump sum value of the benefit is less than $5,000, it will be paid in a Lump Sum.

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.

RETIREMENT PLAN FOR EMPLOYEES OF CONCORD HOSPITAL

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

EIN: 22-2594672
Plan Number: 001

December 31, 2025

(a)	(b) Identify of Issuer	(c) Shares or Par Value	(d) Cost	(e) Current Value
	Money market fund:			
*	Northern Institutional Treasury Portfolio Premier Class	–	$ 7,776,359	$ 7,776,359
	Alternative investments:			
	Archipelago Holdings Ltd., Class A, Series 1	290,859	6,790,172	17,237,419
	Davidson Kempner Institutional Partners, L.P.	14,500,000	14,500,000	19,596,393
	Farallon Capital Institutional Partners, L.P.	9,500,000	9,500,000	13,276,536
	Independent Franchise Partners Global Equity, L.P.	7,370,268	7,370,268	23,060,429
	Junto Offshore Fund Ltd.	11,500,000	11,500,000	16,117,088
	Lone Cedar Ltd.	11,500,000	11,500,000	15,995,445
	Varde Investment Partners (Offshore) Ltd. Class A	8,983	8,983,162	10,198,011
			70,143,602	115,481,321
	Collective trust funds:			
	Cape Ann Global Developing Markets Fund	488,850	10,227,784	14,658,452
	Marathon-London International Investment Trust I	129,188	16,066,386	16,496,022
	Silchester International Value Equity Trust	96,953	13,404,324	23,990,294
			39,698,494	55,144,768
	Mutual funds:			
	Blackrock Alternatives Series Fund	1,041,442	10,643,450	10,830,998
	Loomis Sayles Small Cap Growth Fund	370,571	8,670,896	10,616,867
	Touchstone Credit Opportunities II Fund	1,458,727	13,596,340	13,434,878
	Vanguard Emerging Markets Stock Index Fund Institutional Shares	186,986	5,004,929	6,342,549
	Vanguard Energy Fund Admiral	153,937	11,380,000	14,333,041
	Vanguard Extended Market Index Fund	74,872	7,295,090	11,875,505
	Vanguard FTSE Emerging Markets Fund	1	43	54
	Vanguard Inflation-Protected Securities Fund	2,687,962	27,534,723	25,159,329
	Vanguard Institutional Index Fund Institutional Shares	209,355	57,101,423	115,578,394
	Vanguard Real Estate Index Fund Institutional Shares	511,841	11,547,458	9,934,831
	Vanguard Short-Term Bond Index Fund	1,193,264	12,236,358	12,338,350
	Vanguard Star Fund	63,156	8,114,917	10,237,014
	Vanguard Total Bond Market Index Fund	3,751,319	39,020,925	36,650,382
			212,146,552	277,332,192
			$329,765,007	$455,734,640

* Indicates party-in-interest to the Plan.

The above information has been certified by The Northern Trust Company, the custodian, as complete and accurate.

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 32 — Schedule of Amortization Bases
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Valuation Date	Years Remaining	Present Value of Any Remaining Installments	Amortization Installment
January 1, 2025	15	$ 1,411,885	$ 131,645
January 1, 2024	14	$ 17,286,406	$ 1,688,074
January 1, 2023	13	$ 9,012,252	$ 926,240
		$ 27,710,543	$ 2,745,959

2025 Form 5500 Schedule SB Attachments
Schedule SB, Line 24 — Change in Actuarial Assumptions
Concord Hospital **EIN: 22-2594672**
For Plan Year Ended December 31, 2025 **Plan Number: 001**

Changes have been made in the following non-prescribed actuarial assumptions since the prior year:

Expected Long Term Return on Plan Assets for determining the Actuarial Value of Assets:
8.50% (previously 7.60%), limited to the appropriate third segment rate as described in IRC § 430(h).

Cash Balance Interest Crediting Rate:

- Legacy Concord: 5.43% in the first year after the valuation date and 5.00% thereafter (previously 6.08% in the first year after the valuation date and 5.00% thereafter).
- Legacy Laconia: 3.97% in the first year after the valuation date and 3.66% thereafter (previously 4.90% in the first year after the valuation date and 3.00% thereafter).