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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1969

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

211 PARK STREET
PO BOX 2963
ATTLEBORO, MA 02703

2b Employer Identification Number (EIN) 04-2768252

2c Plan Sponsor's telephone number 508-236-8150

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.	10/12/2026	NATALIE COOK
	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**	2977
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)**	1474
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1349
b	Retired or separated participants receiving benefits	**6b**	908
c	Other retired or separated participants entitled to future benefits	**6c**	563
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2820
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	75
f	Total. Add lines **6d** and **6e**.	**6f**	2895
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**	115
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

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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-2768252

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**	410047081
b Actuarial value	**2b**	403113283

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	954	126687913	126687913
b For terminated vested participants	539	36333306	36333306
c For active participants	1489	84800916	90240934
d Total	2982	247822135	253262153

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	8987991
b Expected plan-related expenses	**6b**	600000
c Target normal cost	**6c**	9587991

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 — Date: 09/03/2026

VONDA BUI
Type or print name of actuary

26-08474
Most recent enrollment number

MERCER
Firm name

617-747-9500
Telephone number (including area code)

99 HIGH STREET
BOSTON, MA 02110
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)	77093758	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	77093758	0
10	Interest on line 9 using prior year's actual return of 9.23 %	7115754	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	84209512	0

Part III Funding Percentages

14	Funding target attainment percentage	14	125.91 %
15	Adjusted funding target attainment percentage	15	159.16 %
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	150.36 %
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? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.03 %	2nd segment: 5.28 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
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**	9587991
b Excess assets, if applicable, but not greater than line 31a	**31b**	9587991

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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**	
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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STURDY MEMORIAL HOSPITAL INC

D Employer Identification Number (EIN)
04-2768252

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

BLACKROCK STRATEGIC INC OPPS INSTL

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

CROWN SECONDARIES

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

DODGE & COX INTERNATL STOCK I

94-6067274

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

DODGE & COX STOCK I

94-6099539

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

FEDERATED HERMES GOVT OBL PREMIER

25-1111467

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

GREENHOUSE LONG ONLY

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

ISQ GLOBAL INFRASTRUCTURE

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

MARATHON HEALTHCARE

98-1612436

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

MARATHON-LONDON G EX

90-6169542

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

UBS (US) TRUMBULL PPTY

06-1452020

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

US RESEARCH EQUITY

81-0885340

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

VANGRD MSTAR TTL STK MKT IDX INSTPL

23-1999755

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

VANGUARD MSTAR TTL STK MKT IDX INST

23-1999755

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

VANGUARD TOTAL INTL STOCK INDEX I

23-2834923

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

WELLINGTON GLOBAL EQUITY

04-3553658

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

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

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

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

MERCER

13-2834414

(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 14	NONE	462395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INCOME RESEARCH AND MANAGEMENT INVE

04-2955404

(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?
51	NONE	389005	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX STOCK I

94-6067274

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	168751	Yes [ ] No [X]

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)

PRIME BUCHHOLZ

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?
70	NONE	166935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX INTERNATIONAL STOCK I

94-6067274

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	85282	Yes [ ] No [X]

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

WELLINGTON GLOBAL EQUITY

04-3553658

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	58421	Yes [ ] No [X]

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)

UBS REALTY INVESTORS LLC

06-1452020

(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?
51	NONE	51204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREENHOUSE LONG ONLY

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	48163	Yes [ ] No [X]

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

BANK OF AMERICA FEES

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	46983	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)

ISQ GLOBAL INFRASTRUCTURE

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	37384	Yes [ ] No [X]

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

MARATHON HEALTHCARE

98-1612436

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	34387	Yes [ ] No [X]

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

UBS (US) TRUMBALL PPTY

06-1452020

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	34361	Yes [ ] No [X]

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)

CROWN SECONDARIES

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	32896	Yes [ ] No [X]

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

MARATHON-LONDON G EX

90-6169542

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	22763	Yes [ ] No [X]

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

BLACKROCK STRATEGIC INC OPPS INSTL

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	22157	Yes [ ] No [X]

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)

VANGUARD TOTAL INTL STOCK INDEX I

23-2834923

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	20803	Yes [ ] No [X]

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

ROBINSON & COLE LLP

06-0512640

(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	19495	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARON & BLETZER, PLLC

04-3499945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16250	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)

VANGUARD MSTAR TOTAL STK MKT INSTPL

23-1999755

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	15081	Yes [ ] No [X]

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

US RESEARCH EQUITY

81-0885340

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	14239	Yes [ ] No [X]

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

FEDERATED HERMES GOVT OBL PREMIER

25-1111467

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	8270	Yes [ ] No [X]

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)

VNGRD MSTAR TOTL STK MKT IDX INSTPL

23-1999755

(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?
52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	6726	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STURDY MEMORIAL HOSPITAL INC

D Employer Identification Number (EIN)
04-2768252

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: MARATHON-LONDON GLOBAL EX US COLLEC

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-6169542-013	C	31411370

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STURDY MEMORIAL HOSPITAL INC

D Employer Identification Number (EIN)
04-2768252

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1805044	1799785
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4991886	4466033
(2) U.S. Government securities	1c(2)	67476430	71031691
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	27347151	29580487
(B) All other	1c(3)(B)	27191564	27841232
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	63287210	80582015
(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)	39030502	31411370
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	165023071	189297212
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	13894222	17415513

		(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	410047080	453425338
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	642676	103497
1k Total liabilities (add all amounts in lines 1g through1j)	1k	642676	103497
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	409404404	453321841

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)	173472	
(B) U.S. Government securities	2b(1)(B)	2802415	
(C) Corporate debt instruments	2b(1)(C)	3026069	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	507317	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6509273
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3346546	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3346546
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	195307632	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	192151905	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3155727
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18058141	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		18058141

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		57536395
c Other income	2c		-30570611
d Total income. Add all **income** amounts in column (b) and enter total	2d		58035471
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12949097	
(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)		12949097
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)	607145	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	498140	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	63652	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1168937
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14118034
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		43917437
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: CARON & BLETZER PLLC **(2)** EIN: 04-3499945

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		1000000
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 593181.

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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
STURDY MEMORIAL HOSPITAL INC

D Employer Identification Number (EIN)
04-2768252

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): 06-6379101

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** 15

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: 51.7 % Private Equity: 14.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.8 %
High-Yield Debt: 0.0 % Real Assets: 0.8 % Cash or Cash Equivalents: 0.9 % Other: 0.2 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

STURDY MEMORIAL HOSPITAL
RETIREMENT PLAN

FINANCIAL STATEMENTS

December 31, 2025 and 2024 and
For the Years Then Ended

CARON BLETZER

Employee Benefit Plan Audit Specialists

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

CARON BLETZER

1 Library Lane
Kingston, NH 03848
Tel: 603-658-8000
Fax: 603-658-8070

Employee Benefit Plan Audit Specialists

Independent Auditor's Report

To the Plan Administrator of the Sturdy Memorial Hospital Retirement Plan:

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

We have performed audits of the financial statements of the Sturdy Memorial Hospital Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years 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 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 December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

- 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 ("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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the Schedule H, Line 4(j) - 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Carson & Bletzer, PLLC

Kingston, NH
October 7, 2026

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Government securities	$ 71,682,757	$ 67,743,737
Municipal bonds	1,806,785	2,869,574
Corporate bonds	62,553,758	56,388,213
Foreign bonds	6,671,642	5,157,189
Mutual funds	193,763,245	170,014,957
Commingled funds	83,735,996	67,037,864
Common collective trust	31,411,370	39,030,502
Total investments	451,625,553	408,242,036
Receivables:		
Accrued interest and dividends	1,799,785	1,805,044
Total assets	453,425,338	410,047,080
Liabilities:		
Accrued expenses	103,497	642,676
Net assets available for benefits	$ 453,321,841	$ 409,404,404

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 45,122,602	$ 21,639,328
Interest	6,651,066	7,072,423
Dividends	6,261,803	6,853,718
Total additions	58,035,471	35,565,469
Deductions:		
Benefits paid to participants	12,949,097	12,202,237
Administrative expenses	1,168,937	1,263,500
Total deductions	14,118,034	13,465,737
Net increase	43,917,437	22,099,732
Net assets available for benefits:		
Beginning of year	409,404,404	387,304,672
End of year	$ 453,321,841	$ 409,404,404

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

A. PLAN DESCRIPTION:

The following brief description of the Sturdy Memorial Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan of Sturdy Memorial Hospital, Inc. (the "Hospital"). Participating employers in the Plan include the Hospital, Sturdy Memorial Foundation, SHV, Sturdy Memorial Associates and Emory Street Radiology Associates. Substantially all employees who have attained age 21 and completed one year of eligible service as defined are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). All investments are non-participant directed.

Contributions and Funding Policy

The Hospital makes annual contributions to the Plan in amounts required to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, as calculated by an enrolled actuary using the actuarial cost method. The Hospital may elect not to make an annual contribution if not required. The Hospital met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024. The Hospital has the right to terminate the plan subject to the provisions of ERISA.

Pension Benefits

Employees who have obtained normal retirement age, defined as the later of age 65 and the date the participant completes 5 years of eligible service, and terminated prior to January 1, 1994 are entitled to monthly pension benefits equal to one twelfth of the sum of 0.75% of the participant's average annual earnings, not to exceed $7,800, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 1.25% of the participant's average annual earnings in excess of $7,800 multiplied by the participant's number of years of benefit service not to exceed 30 years.

Employees who have obtained normal retirement age and terminated after January 1, 1994 are entitled to monthly pension benefits equal to one-twelfth of the sum of 1.1% of the participant's average annual earnings, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 0.3% of the participants average annual earnings exceeding the Social Security Taxable Wage Base in effect at the beginning of the plan year for each calendar year containing the participant's termination date, multiplied by the participant's number of years of benefit service, not to exceed 30 years.

Participants are eligible for early retirement benefits upon attainment of age 55 and the completion of five years of eligible service. The monthly early retirement benefit amount is equal to the accrued benefit as of the normal retirement date reduced by 5/9th of 1% for each of the first 60 full months and by 5/18th of 1% for each additional full month by which the participant's benefit commencement date precedes the normal retirement date.

Participants may extend service beyond the date they are eligible for normal retirement benefits. The benefit received will be based on years of credited service and earnings up to the actual retirement date. In addition, benefits will be actuarially increased to reflect the fact that payments have not yet started.

The normal form of benefit in the Plan is a joint and survivor annuity for married participants and a single life annuity for single participants. Participants may also elect to have their benefit paid in the form of a certain and continuous annuity. Participants may elect a lump sum distribution if their actuarially equivalent value is $75,000 or less.

Death Benefits

If an employee dies prior to retirement and has met the requirements for an early or normal retirement benefit, the employee's spouse will be entitled to a monthly amount equal to 50% of the amount which would have been payable to the participant if he or she had retired on the date of his or her death and elected a qualified joint and survivor annuity form of benefit. If the participant has not met the requirements for an early or normal retirement, his or her surviving spouse shall receive an amount equal to 50% of the amount which would have been payable to the participant if he or she had terminated employment on the date of his or her death, survived to his or her earliest retirement date under the Plan, and elected to commence benefits as a 50% qualified joint and survivor annuity on the earliest date on which he or she received a retirement benefit under the Plan. If the participant dies after his or her benefit commencement date, his or her spouse or beneficiary shall receive the benefit in accordance with the Plan option selected.

Vesting

Participants are fully vested in their accrued benefit upon the completion of five years of eligible service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Investment management, recordkeeping, actuarial, and advisory fees are paid by the Plan. All other administrative expenses are paid by the Hospital. Expenses paid by the Hospital are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

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

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

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

Government Securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal, corporate, and foreign bonds - Valued as determined by pricing vendors using observable inputs.

Commingled funds - Valued at the net asset value per share or unit or ownership percentage as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Common collective trust - Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2025			
Description	Total	Level 1	Level 2	Level 3
Government securities	$ 71,682,757	$ -	$ 71,682,757	$ -
Municipal bonds	1,806,785	-	1,806,785	-
Corporate bonds	62,553,758	-	62,553,758	-
Foreign bonds	6,671,642	-	6,671,642	-
Mutual funds	193,763,245	193,763,245	-	-
Total investments in the fair value hierarchy	336,478,187	$ 193,763,245	$ 142,714,942	$ -
Investments measured at net asset value(1):				
Common collective trust	31,411,370			
Commingled funds	83,735,996			
Total investments at net asset value	115,147,366			
Investments at fair value	$ 451,625,553			

	2024			
Description	Total	Level 1	Level 2	Level 3
Government securities	$ 67,743,737	$ -	$ 67,743,737	$ -
Municipal bonds	2,869,574	-	2,869,574	-
Corporate bonds	56,388,213	-	56,388,213	-
Foreign bonds	5,157,189	-	5,157,189	-
Mutual funds	170,014,957	170,014,957	-	-
Total investments in the fair value hierarchy	302,173,670	$ 170,014,957	$ 132,158,713	$ -
Investments measured at net asset value(1):				
Common collective trust	39,030,502			
Commingled funds	67,037,864			
Total investments at net asset value	106,068,366			
Investments at fair value	$ 408,242,036			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions of the common collective trust held by the Plan are allowed daily, may require 15 days' notice, and have no unfunded commitments.

The Cross Creek Capital II, L.P. equity commingled fund seeks to generate significant returns through long-term capital appreciation of equity investments. These investments will be structured as equity and equity-related investments and will primarily be in private companies but may also include private investments in public equities. Redemptions are allowed when the fund closes. The partnership shall continue until the 9th anniversary after its initial closing date and may be extended for up to 2 additional 1-year periods. The original termination date was June 13, 2024. Pursuant to the agreement, the General Partner extended the term of the fund through June 13, 2026. Unfunded commitments totaled $84,788 as of December 31, 2025 and 2024, respectively.

The ArrowMark Global Opportunity Fund II equity commingled fund seeks to generate income while also benefiting from capital appreciation primarily through regulatory capital relief transactions entered into primarily with U.S., European, and U.S. banks and other deposit taking institutions. Redemptions are not allowed unless the Investment Manager allows an exception. The partnership shall continue until the 5th anniversary of its final closing date and may be extended for up to 2 additional 1-year periods. The original termination date was December 1, 2023. Pursuant to the agreement, the General Partner extended the term of the fund until December 1, 2025. There are no unfunded commitments. Following the termination date the Investment Manager is liquidating the investments and 5% was be held back for future expenses associated with the wind-down of the Fund. In 2026 after the payment of expenses the Investment Manager dissolved the ArrowMark Global Opportunity Fund II equity commingled fund.

The ISQ Global Infrastructure Fund III, L.P. equity commingled fund seeks to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. Withdrawals from the fund are not permitted prior to the end of the Fund's term. The fund shall continue until the 10th anniversary of the final admission date. Unfunded commitments totaled $683,687 and $1,286,072 as of December 31, 2025 and 2024, respectively.

The Crown Secondaries Special Opportunities II Fund equity commingled fund seeks capital appreciation through investing on a global basis in single asset focused secondary situations, primarily directly (minority equity investments) or through concentrated portfolios (secondary private equity firms). Withdrawals from the fund are not permitted prior to the end of the fund's term. The fund shall continue until the twelfth anniversary of the initial closing date unless the term is extended. Unfunded commitments totaled $451,500 as of December 31, 2025 and 2024, respectively.

The real estate commingled fund, the UBS Trumbull Property Fund, seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States. Redemptions are allowed quarterly following a 60 day notice period. However, the fund is not required to liquidate if a redemption would expend more than 50% of available cash to fund redemptions, or to sell assets, borrow funds, alter investment or capital improvement plans or reduce reserves. In addition, the fund may decline to accept redemption requests if the general partner deems it necessary or advisable. There are no unfunded commitments.

The Marathon Healthcare Finance (Europe) Fund seeks to generate attractive, recession-resilient, risk-adjusted returns in the healthcare market by providing capital solutions primarily to healthcare companies focused on Food and Drug Administration (the “FDA”) approved therapeutics to address clinical needs in growth markets. Withdrawals from the fund are not permitted prior to the end of the Fund's term. Unfunded commitments totaled $1,675,000 and $3,205,000 as of December 31, 2025 and December 31, 2024, respectively.

The Greenhouse Long Only Equity Fund seeks to generate superior returns over the long term by making long equity investments with a focus on domestic small and medium-sized market capitalization companies generally under $20 billion market capitalization. The fund requires 45 days' prior written notice to withdraw any or all of the balance in the account as of the last day of each calendar quarter. There are no unfunded commitments.

The US Research Equity Extended Fund seeks to generate returns above the S&P 500 Total Return Index through investment primarily in the equity and equity related securities of U.S. Companies. Investors may withdraw all or any part of their capital account as of the last business day of any month with at least ten days’ prior written notice of the amount to be withdrawn. There are no unfunded commitments.

The Silver Point Capital Offshore Fund seeks to achieve superior risk-adjusted returns by investing in debt, equity or other securities or obligations of misvalued, leveraged or financially distressed companies and in event-oriented and other special situations. The investment strategies employed by the Fund may include (without limitation) the following: credit-oriented investments; event-oriented investments; asset-oriented investments; and investments in misvalued securities, obligations or instruments. The fund requires 90 to 120 days' written notice to withdraw any or all of the account balance. There are no unfunded commitments.

The Wellington Global Equity Long/Short Fund seeks capital appreciation through investing in certain private investment funds, pooled vehicles or accounts that are managed by, or may in the future be managed by, Wellington Management Company LLP or its affiliates. The fund requires 45 days' prior written notice to withdraw any or all of the balance in the account as of the last day of each calendar quarter. There are no unfunded commitments.

D. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest consecutive 60 months of earnings out of the last ten years. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2024 were:

Mortality:	Pri-2012 separate non-annuitant, annuitant, and contingent annuitant sex-distinct generational mortality tables without collar adjustment projected generationally with scale MP-2021.
Interest rate:	6.80% per annum.

Retirement age: Participants are assumed to retire per the following table:

Age	Rate	Age	Rate
Under 55	0%	63	10%
55-59	2%	64	5%
60	5%	65	20%
61	2%	66-69	10%
62	15%	70 & up	100%

Marriage rates: 85% for males, 55% for females.

Expenses: To be paid by the plan sponsor.

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

A summary of the Plan's accumulated plan benefits is as follows as of December 31, 2024:

Vested benefits:	
Retired participants	$ 114,466,454
Terminated participants	30,266,808
Active participants	69,883,238
Total vested benefits	214,616,500
Nonvested benefits	3,771,667
Total actuarial present value of accumulated plan benefits	$ 218,388,167

Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended December 31, 2024:

Actuarial present value of accumulated plan benefits at beginning of year	$ 208,997,228
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	8,090,228
Benefits paid	(12,202,237)
Change in actuarial assumptions	(259,414)
Increase in interest due to decrease in discount period	13,762,362
Net increase in actuarial present value of accumulated plan benefits	9,390,939
Actuarial present value of accumulated plan benefits at end of year	$ 218,388,167

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material difference.

E. CERTIFIED INVESTMENTS:

The following financial information related to investments, held at December 31, 2025 and 2024, and for the years then ended, disclosed in the accompanying financial statements and the ERISA-required supplemental schedules (investments held at December 31, 2025 and for the year then ended), was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

Statements of Net Assets Available for Benefits - December 31:

	2025	2024
Government securities	$ 71,682,757	$ 67,743,737
Municipal bonds	1,806,785	2,869,574
Corporate bonds	62,553,758	56,388,213
Foreign bonds	6,671,642	5,157,189
Mutual funds	193,763,245	170,014,957
Common collective trust	31,411,370	39,030,502

Statements of Changes in Net Assets Available for Benefits - Year Ended December 31:

	2025	2024
Net appreciation (depreciation) in fair value of investments	$ 36,551,760	$ 11,385,881
Interest	6,651,066	7,072,423
Dividends	6,261,803	6,853,718

F. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.

b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.

c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed below).

d. All other vested benefits (that is, vested benefits not insured by the PBGC).

e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

G. TAX STATUS:

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 24, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that 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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management evaluated the Plan's tax positions and determined that the Plan has no uncertain tax positions that require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

H. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Certain plan investments are managed by the trustee and therefore, these transactions qualify as party in interest. Expenses paid to the trustee by the Plan qualify as party in interest transactions.

I. RISKS AND UNCERTAINTIES:

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan invests in a combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through October 7, 2026, the date these financial statements were available for issuance.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	1	38	1								40
		42,656									
25–29	1	75	22								98
		66,306	70,722								
30–34		99	54	11							164
		68,490	65,309								
35–39	1	105	51	17	16	2					192
		88,258	92,735								
40–44		90	43	13	10	6	1				163
		75,757	133,075								
45–49		63	32	15	12	15	11				148
		95,512	122,278								
50–54		56	54	26	10	24	10	5			185
		91,242	86,958	97,639		120,385					
55–59	1	57	50	35	17	29	17	9	6		221
		84,290	78,078	96,249		89,771					
60–64	1	41	38	16	18	36	13	13	13	2	191
		86,780	77,542			91,476					
65–69		22	12	8	7	10	5	4	2	6	76
		74,954									
70 & up		4	3		2	2					11
Total	5	650	360	141	92	124	57	31	21	8	1,489

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2024 limited to $345,000. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial Assumptions for January 1, 2025 Funding Valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	2	
	Stabilized	**Nonstabilized**
• First 5 years	5.03%	5.03%
• Next 15 years	5.28%	5.28%
• Over 20 years	5.50%	5.36%

Mortality sponsor elections	
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables for 2025 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1.
• Disabilities[1]	Revenue Ruling 96-7 table for participants who became disabled after 2004 and are eligible for Social Security disability benefits
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality
Other economic assumptions	
• Salary increases	4.00% per year
• Social Security wage base	3.50% per year
• Inflation	2.50% per year
• Expenses	$570,000 added to 2024 Target Normal Cost $600,000 added to 2025 Target Normal Cost
• Expected investment return	6.80% for the 2024 and 2025 plan years

[1] Used for participants eligible for Social Security disability – all others use the healthy participant mortality assumption.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for Economic Assumptions

- Salary increases – This assumption has been set based on past experience and management's expectation for future wage increases.
- Social Security taxable wage base increases – This assumption represents an historical spread between the increase in national average wages and inflation.
- Inflation – This assumption is based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook.
- Expenses – This assumption is based on anticipated administrative expenses for the year.
- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current target asset mix.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Demographic assumptions

- Withdrawal

See table of sample rates.

Attained age	Male	Female
25	20%	30%
30	14	20
35	10	14
40	6	10
45	4	6
50	2	4
55	0	2

- Disability incidence: None.

- Retirement age

Attained age	Rate
Under 55	0%
55-59	2%
60	5%
61	2%
62	15%
63	10%
64	5%
65	20%
66-69	10%
70 & up	100%

- Benefit commencement age for
  - Future vested deferred: 33% immediate and 67% deferred to age 65 if lump sum eligible, otherwise age 65
  - Current vested deferred: Age 65

• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	85%	55%
– Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment – lump sum eligible	**Single Life**	**Lump Sum**	**50% J&S**	**75% J&S**
• Active retirements	25%	65%	0%	10%
• Future vested deferred	17%	33% immediate, 43% deferred	0%	7%
• Current vested deferred	25%	65%	0%	10%
• Future deaths	0%	0%	100%	0%

Form of payment – not lump sum eligible	**Single Life**	**Lump Sum**	**50% J&S**	**75% J&S**
• Active retirements	60%	0%	0%	40%
• Future vested deferred	60%	0%	0%	40%
• Current vested deferred	60%	0%	0%	40%
• Future deaths	0%	0%	100%	0%
Unpredictable contingent event assumptions		N/A		

Rationale for Demographic Assumptions

- Retirement age – The retirement rates are based on an experience study undertaken in 2011 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied. This assumption has been used for the recent past and does not produce large gains/losses.

- Withdrawal age – This is an historical assumption whose reasonableness is evaluated each year as part of the valuation process by determining whether consistent gains or losses occur each year. This assumption has been used for the recent past and does not produce large gains/losses.

- Benefit commencement age – Last updated as of January 1, 2008 based on actual plan experience in calendar years 2003-2007. Plan experience is reviewed annually for reasonableness.

- Spouse assumptions – Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement are based on the actuary's experience with many plans and discussions with employer representatives.

- Form of payment – Based on an experience study conducted in 2020 which analyzed experience for the plan from years 2017 through 2019. Plan experience is reviewed annually for reasonableness.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Asset Methods

The asset valuation method is an average of the adjusted market value for the last year preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
EIN: 04-2768252
Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (Including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
SINGLE TRANSACTIONS:						
None						
SERIES TRANSACTIONS:						
BlackRock Liquidity Fund	Mutual fund	$ 16,513,788	$ 16,994,756	$ 16,994,756	$ 33,508,544	$ -
Federated Government Obligations Fund	"	42,571,215	42,642,899	42,642,899	85,214,114	-
Vanguard Total Stock Market Index Fund	"	871,701	29,800,000	29,800,000	30,671,701	-
Bank of America Cash Reserves	"	63,683,796	63,656,997	63,656,997	127,340,793	-

CARON BLETZER

CARON BLETZER

Employee Benefit Plan Audit Specialists

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
STURDY MEMORIAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-2768252

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**	410,047,081
b Actuarial value	**2b**	403,113,283

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	954	126,687,913	126,687,913
b For terminated vested participants	539	36,333,306	36,333,306
c For active participants	1,489	84,800,916	90,240,934
d Total	2,982	247,822,135	253,262,153

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	8,987,991
b Expected plan-related expenses	**6b**	600,000
c Target normal cost	**6c**	9,587,991

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

Vonda Rui VB
Signature of actuary

9/3/2026
Date

VONDA BUI
Type or print name of actuary

2608474
Most recent enrollment number

MERCER
Firm name

617-747-9500
Telephone number (including area code)

99 HIGH STREET
BOSTON MA 02110
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)	77,093,758	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	77,093,758	0
10	Interest on line 9 using prior year's actual return of 9.23 %	7,115,754	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.20 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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)	84,209,512	0

Part III Funding Percentages

14	Funding target attainment percentage	14	125.91 %
15	Adjusted funding target attainment percentage	15	159.16 %
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	150.36 %
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? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.03 %	5.28 %	5.50%	

b Applicable month (enter code)	**21b**	2
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**	9,587,991
b Excess assets, if applicable, but not greater than line 31a	**31b**	9,587,991

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200	11,000
56	2.0%	9,800	196	10,976
57	2.0%	9,604	192	10,949
58	2.0%	9,412	188	10,918
59	2.0%	9,224	184	10,884
60	5.0%	9,039	452	27,118
61	2.0%	8,587	172	10,476
62	15.0%	8,416	1,262	78,264
63	10.0%	7,153	715	45,065
64	5.0%	6,438	322	20,601
65	20.0%	6,116	1,223	79,508
66	10.0%	4,893	489	32,292
67	10.0%	4,403	440	29,503
68	10.0%	3,963	396	26,949
69	10.0%	3,567	357	24,611
70	100.0%	3,210	3,210	224,710
Total			10,000	653,825
Average				65.38

Plan: Sturdy Memorial Hospital Retirement Plan
EIN/PN: 04-2768252/001
Valuation Date: 01/01/2025

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	598,084	261,615	11,823,661	12,683,360
2026	1,225,163	433,025	11,625,398	13,283,586
2027	1,903,026	576,125	11,404,475	13,883,626
2028	2,413,697	817,570	11,165,006	14,396,273
2029	2,953,407	1,194,388	10,904,938	15,052,733
2030	3,518,638	1,543,899	10,622,579	15,685,116
2031	4,057,558	1,854,074	10,322,832	16,234,464
2032	4,653,265	2,100,149	9,991,115	16,744,529
2033	5,113,744	2,278,062	9,639,774	17,031,580
2034	5,587,120	2,419,330	9,274,995	17,281,445
2035	5,999,049	2,547,408	8,893,865	17,440,322
2036	6,348,825	2,721,811	8,498,531	17,569,167
2037	6,691,464	2,791,707	8,086,937	17,570,108
2038	7,042,086	2,930,288	7,660,536	17,632,910
2039	7,280,843	3,006,815	7,221,160	17,508,818
2040	7,459,901	3,034,407	6,771,002	17,265,310
2041	7,701,855	3,230,397	6,312,671	17,244,923
2042	7,840,392	3,275,361	5,849,134	16,964,887
2043	7,915,745	3,250,908	5,383,717	16,550,370
2044	8,002,697	3,264,496	4,919,985	16,187,178
2045	8,045,967	3,287,132	4,461,704	15,794,803
2046	8,067,084	3,276,247	4,012,869	15,356,200
2047	8,075,285	3,236,863	3,577,504	14,889,652
2048	7,970,403	3,254,723	3,159,597	14,384,723
2049	7,907,964	3,234,403	2,763,029	13,905,396
2050	7,874,943	3,186,683	2,391,351	13,452,977
2051	7,799,637	3,096,143	2,047,582	12,943,362
2052	7,635,090	2,999,099	1,734,016	12,368,205
2053	7,440,886	2,929,129	1,452,131	11,822,146
2054	7,282,635	2,821,569	1,202,484	11,306,688
2055	7,066,437	2,721,432	984,751	10,772,620
2056	6,815,457	2,598,600	797,805	10,211,862
2057	6,572,349	2,461,351	639,803	9,673,503
2058	6,267,824	2,315,507	508,389	9,091,720
2059	5,992,105	2,164,065	400,841	8,557,011
2060	5,694,915	2,013,172	314,226	8,022,313
2061	5,380,643	1,864,932	245,560	7,491,135
2062	5,076,308	1,722,334	191,951	6,990,593
2063	4,750,891	1,581,752	150,680	6,483,323
2064	4,439,942	1,447,581	119,298	6,006,821
2065	4,132,041	1,320,289	95,666	5,547,996
2066	3,836,070	1,200,161	77,974	5,114,205
2067	3,547,907	1,087,357	64,746	4,700,010
2068	3,272,157	981,892	54,809	4,308,858
2069	3,009,306	883,621	47,254	3,940,181
2070	2,759,707	792,352	41,395	3,593,454
2071	2,523,034	707,817	36,731	3,267,582
2072	2,298,824	629,723	32,908	2,961,455
2073	2,086,813	557,797	29,683	2,674,293
2074	1,886,597	491,750	26,895	2,405,242

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Effective date and plan year	Original plan: October 1, 1969 Restated plan: January 1, 2012 Plan year: January 1 to December 31
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None
Definitions	
• Participation	Employees are included in the Plan on the first of the month coincident with or next following the completion of 1,000 Hours of Service in a twelve consecutive month period and attainment of age 21. Employees covered under a collective bargaining agreement which does not provide for coverage under this Plan, employees employed under the Conditional Assignment Position Program (CAP) program, nonresident aliens receiving no U.S. income from the Employer, seasonal or temporary Employees who complete less than 1,000 Hours of Service and leased Employees are excluded.
• Vesting service	Prior to January 1, 1976, in accordance with the Plan then in effect. On or after January 1, 1976, a Participant shall accrue one-tenth (1/10) of a year of Vesting Service for each one hundred (100) Hours of Service up to a maximum of one year of Vesting Service for each Plan Year.
• Benefit service	Prior to January 1, 1976, each Plan Year of continuous service. On or after January 1, 1976, each Plan Year in which a Participant completes at least 1,000 Hours of Service. A Participant shall accrue a partial year of Benefit Service during the year of employment, re-employment or termination equal to a fraction, not to exceed 1, of the Hours of Service divided by 1,000, rounded to the next higher tenth, provided that the total number of Hours of Service, when annualized, equals at least 1,000.
• Compensation	W-2 earnings plus any amounts deferred in accordance with a salary reduction agreement pursuant to a cafeteria plan established under Section 125 of the Code or a Tax Deferred Annuity arrangement under Section 403(b) of the Code. All Compensation is limited in accordance with Section 401(a)(17) of the Code.
• Average annual compensation	The total for the 60 consecutive months out of the last ten years during which Compensation was highest, divided by five. If a Participant has received Compensation for a period of fewer than 60 months, such average will be computed over the total number of months in which Compensation was received.

Schedule SB, Part V — Summary of Plan Provisions

• Covered compensation	The average of the Social Security Taxable Wage Bases in effect at the beginning of the Plan Year for each calendar year during the 35-year period ending with the calendar year containing the Participant's termination of employment.
Normal retirement	
• Eligibility	Attainment of age 65 and completion of 5 years of Vesting Service.
• Benefit	The annual benefit payable at Normal Retirement is the sum of 1.1% of Average Annual Compensation up to Covered Compensation plus 1.4% of Average Annual Compensation in excess of Covered Compensation, multiplied by the Participant's Benefit Service (up to a maximum of 30 years). For Participants who were age 50 or older and had completed at least 10 years of Vesting Service as of January 1, 1994, the annual benefit payable at Normal Retirement cannot be less than the sum of 0.75% of Average Annual Compensation plus 0.5% of Average Annual Compensation in excess of 15% of the Social Security Taxable Wage Base, multiplied by the Participant's Benefit Service (up to a maximum of 30 years).
Early retirement	
• Eligibility	Attainment of age 55 and completion of 5 years of Vesting Service.
• Benefit	The amount of benefit is computed as described for Normal Retirement, based on the Participant's Average Annual Compensation and Benefit Service as of his/her Early Retirement Date.The benefit is payable in full at age 65, or if the date benefits commence precedes age 65, the benefit is reduced by 5/9% for each of the first 60 months and by 5/18% for each of the next 60 months by which Early Retirement precedes Normal Retirement.
Late retirement	
• Eligibility	Retirement after age 65.
• Benefit	The Normal Retirement Benefit based on Average Annual Compensation and Benefit Service as of the actual date of retirement.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	Completion of 5 years of Vesting Service.
• Benefit	The amount of benefit is computed as described for Normal Retirement, based on the Participant's Average Annual Compensation and Benefit Service as of his/her date of termination. The benefit is payable in full at age 65, or if the date benefits commence precedes age 65, the benefit is reduced by 5/9% for each of the first 60 months and by 5/18% for each of the next 60 months by which the benefit commencement date precedes Normal Retirement.
Disability	None
Death	
• Benefit prior to retirement	A married Participant with at least 5 years of Vesting Service is eligible for the pre-retirement death benefit option, which will provide a benefit to his/her surviving spouse upon his/her death prior to retirement. The surviving spouse's benefit shall be equal to the benefit the spouse would have received had the Participant retired on the date of his/her death and elected to receive benefits on a 50% joint and survivor basis payable on the later of the deceased Participant's 55th birthday or attained age.
• Benefit after retirement	Death benefits payable after retirement, if any, are payable in accordance with whichever option the Participant elected.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% Joint and Survivor

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	Optional forms of benefit payment are available on an actuarially equivalent basis. These optional forms of payment include: 50% joint and survivor form of payment 75% joint and survivor form of payment 100% joint and survivor form of payment 10 year certain and life annuity Lump sum (Voluntary if the actuarial equivalent value of the benefit is under $75,000. If the actuarial equivalent value of the benefit is under $1,000, the benefit is mandated to be paid as a lump sum.)
• Optional form conversion factors	Amount of an alternative form of benefit (other than a lump sum) which has a value equivalent to the benefit or benefits otherwise payable under the Plan, is computed based on a 7.5% interest rate and the applicable mortality table prescribed under Section 417(e) of the Internal Revenue Code for the 2012 plan year.
• Actuarial equivalence for lump sum	PPA mortality and interest rates equal to the 3-tiered minimum present value segment rate for the month of November immediately preceding the first day of the Plan Year during which the lump sum payment occurs and reflecting the appropriate phase-ins.

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, are included in this valuation:

- **Plan amendments excluded**: None.
- **Late retirement increases:**
  - *Active participants*: The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases apply to participants who defer retirement beyond age 70½. This valuation includes increases for current active participants over age 70½.

Schedule SB, Part V — Summary of Plan Provisions

- *Terminated vested participants*: Late retirement increases for current terminated vested participants are not valued given the number and age of affected individuals and the immateriality of the incremental liabilities.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**

  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS regulations were updated from 2024 to 2025.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
EIN: 04-2768252
Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Tennessee Valley Authority Bond, 5.250% 02/01/55	Government security	$ 504,407	$ 506,563
	U.S. Treasury Bond, 0% 08/15/43	"	1,612,479	1,634,130
	U.S. Treasury Bond, 0% 08/15/54	"	359,079	315,236
	U.S. Treasury Bond, 2.250% 08/15/49	"	1,176,617	1,181,551
	U.S. Treasury Bond, 1.125% 05/15/50	"	173,841	169,449
	U.S. Treasury Bond, 1.125% 08/15/40	"	879,041	813,325
	U.S. Treasury Bond, 1.125% 05/15/40	"	223,331	220,803
	U.S. Treasury Bond, 1.875% 02/15/51	"	580,561	352,063
	U.S. Treasury Bond, 1.875% 02/15/41	"	260,934	191,414
	U.S. Treasury Bond, 2.000% 08/15/51	"	2,568,954	1,569,036
	U.S. Treasury Bond, 1.750% 08/15/41	"	4,453,974	3,515,343
	U.S. Treasury Bond, 1.875% 11/15/51	"	1,731,232	1,705,725
	U.S. Treasury Bond, 2.250% 02/15/52	"	201,321	178,376
	U.S. Treasury Bond, 2.375% 02/15/42	"	70,746	55,943
	U.S. Treasury Bond, 3.000% 08/15/52	"	844,680	706,183
	U.S. Treasury Bond, 3.375% 08/15/42	"	782,921	713,180
	U.S. Treasury Bond, 4.125% 08/15/53	"	15,820,630	15,585,359
	U.S. Treasury Bond, 4.375% 08/15/43	"	19,706,893	20,197,704
	U.S. Treasury Bond, 4.500% 02/15/44	"	2,550,991	2,507,553
	U.S. Treasury Bond, 4.625% 05/15/44	"	335,710	316,140
	U.S. Treasury Bond, 4.625% 11/15/44	"	3,151,198	3,171,021
	U.S. Treasury Bond, 4.750% 08/15/55	"	1,394,491	1,367,534
	U.S. Treasury Bond, 4.000% 07/31/30	"	130,722	130,638
	U.S. Treasury Bond, 3.875% 08/15/34	"	334,569	334,767
	U.S. Treasury Bond, 4.250% 11/15/34	"	445,377	451,698
	U.S. Treasury Bond, 4.250% 05/15/35	"	2,337,117	2,335,176
	U.S. Treasury Bond, 4.000% 05/31/30	"	2,359,608	2,361,686
	U.S. Treasury Bond, 3.625% 08/15/28	"	113,238	113,287
	U.S. Treasury Bond, 3.625% 08/31/27	"	3,199,125	3,206,134
	U.S. Treasury Bond, 3.625% 08/31/30	"	3,190,487	3,191,629
	U.S. Treasury Bond, 3.500% 11/30/30	"	131,025	130,669
	U.S. Treasury Bond, 3.500% 12/15/28	"	671,052	670,215
	U.S. Treasury Inflation Bond, 0.125%, 01/15/2030	"	170,714	181,220
	FNMA PAS8600	"	124,113	129,084
	FNMA PCA5624	"	286,808	288,256
	FNMA PFM9739	"	121,372	126,175
	FNMA PFS8159	"	78,651	80,474
	FNMA PFM3448	"	78,488	80,972
	FNMA PMA2868	"	59,420	61,857
	FNMA PMA3865	"	182,983	184,123
	FHLMC CMO 2019 FUND 3.000% 09/25/49	"	150,632	97,571
	FHLMC CMO 2019 FUND 3.000% 12/25/49	"	148,190	120,980
	FHLMC CMO 2019 FUND 3.000% 01/25/50	"	105,172	69,014
	Freddie Mac Multifamily 2025 Fund 01/25/30	"	125,574	125,654
	Freddie Mac Multifamily 2025 Fund 10/25/30	"	238,342	237,847
	Total government bonds		74,166,810	71,682,757
	California Health FACS 4.353% 06/01/41	Municipal bond	175,000	160,734
	Chicago Illinois 5.720% 12/01/38	"	200,376	186,700
	LA LCL Government FACS, 5.081% 06/01/2031	"	73,353	74,903
	Municipal Elec Auth Ga 6.637% 04/01/57	"	156,330	127,611
	New York City Taxable General Obligation, 4.820% 2/01/29	"	30,000	30,834
	Port Authority New York and New Jersey Consolidated Bonds, 5.647%	"	237,907	255,705
	Riverside Cnty Calif Pension 3.818% 02/15/38	"	442,137	440,067
	Sales Tax Securitization, 4.637% 01/01/40	"	300,225	317,844
	Texas National Gas Security, 5.102% 04/01/35	"	92,532	94,549
	University Calif Revs 4.858% 05/15/2112	"	138,502	117,838
	Total municipal bonds		1,846,362	1,806,785
	AT&T INC 2.300% 06/01/27	Corporate bond	173,135	179,794
	AT&T INC 3.650% 06/01/51	"	175,319	123,677
	AT&T INC 3.550% 09/15/55	"	198,345	132,462
	AT&T INC 3.650% 09/15/59	"	287,488	252,573
	AT&T INC 3.800% 12/01/57	"	492,824	502,123

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ABBVIE INC 4.875% 11/14/48	"	332,783	322,306
	ABBVIE INC 4.250% 11/21/49	"	167,266	138,358
	ABBVIE INC 5.400% 03/15/2054	"	128,558	125,410
	ADVOCATE HEALTH & HOSPS CORP 4.272% 08/15/48	"	125,000	104,648
	ALABAMA PWR CO UNSECD 3.700% 12/01/47	"	230,584	205,309
	ALLEGION US HOLDING CO 5.600% 05/29/2034	"	64,298	67,845
	ALPHABET INC 5.300% 5/15/65	"	239,260	228,537
	AMAZON COM INC 2.875% 05/12/41	"	52,070	37,939
	AMAZON COM INC 3.450% 04/13/29	"	56,248	58,274
	AMAZON COM INC 3.950% 04/13/52	"	319,830	291,104
	AMEREN ILLINOIS CO 5.625% 03/01/55	"	238,967	237,903
	AMERICAN EXPRESS CO VAR% 01/30/31	"	179,133	179,351
	AMGEN INC 5.650% 03/02/53	"	604,810	607,104
	ANHEUSER-BUSCH COS LLC ANHEUSER 4.900% 02/01/46	"	773,419	780,607
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.750% 01/23/29	"	55,173	56,109
	ANTHEM INC 4.375% 12/01/47	"	200,967	190,909
	ELEVANCE HEALTH INC 5.650% 06/15/54	"	335,635	327,753
	AON CORP/AON GLOBAL HOLD 3.900% 02/28/52	"	263,812	226,686
	APOLLO GLOBAL MANAGEMENT 4.600% 01/15/31	"	58,980	59,327
	APPLE INC 4.650% 02/23/46	"	167,798	148,731
	APPLIED MATLS INC 4.350% 04/01/47	"	37,713	33,554
	ARES STRATEGIC INCOME FUND 4.850% 01/15/29	"	89,826	89,932
	ARTHUR J GALLAGER & CO 5.550% 2/15/55	"	264,340	255,294
	ASCENSION HEALTH 4.078% 11/15/28	"	116,000	116,464
	BAE SYSTEMS HOLDINGS INC 4.750% 10/07/44	"	118,812	119,340
	BMW US CAPITAL LLC 3.450% 04/01/27	"	49,664	51,701
*	BANK AMER CORP VAR% 12/20/28	"	219,187	234,019
*	BANK AMER CORP VAR% 06/19/41	"	1,052,447	1,151,709
*	BANK AMER CORP VAR% 04/22/42	"	123,000	97,035
	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/48	"	224,365	205,236
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/49	"	254,904	263,503
	BERKSHIRE HATHAWAY FINANCIAL CO 4.250% 01/15/49	"	213,022	209,615
	BLACKSTONE HLDGS FIN LLC 3.500% 09/10/49	"	75,329	55,792
	BLACKSTONE HLDGS FIN LLC 3.200% 01/30/52	"	253,579	248,392
	BLACKSTONE HLDGS FIN LLC 6.200% 04/22/33	"	212,804	217,898
	BLUE OWL TECHNOLOGY 6.100% 03/15/28	"	44,636	44,261
	BOEING CO 5.805% 05/01/50	"	407,832	415,075
	BOSTON GAS COMPANY 5.843% 01/10/35	"	32,020	32,672
	BP CAP MARKETS AMERICA COMPANY 3.379% 02/08/61	"	244,043	206,282
	BRISTOL MYERS SQUIBB CO 5.550% 02/22/54	"	161,367	159,095
	BROADCOM INC 4.000% 04/15/29	"	141,230	144,388
	BROADCOM INC 3.500% 02/15/41	"	500,850	554,800
	BROWN & BROWN INC 3.500% 06/23/30	"	142,454	142,950
	BROWN & BROWN INC 6.250% 06/23/55	"	402,066	414,888
	BURLINGTON NORTH SANTA FE LLC 5.050% 03/01/41	"	326,834	343,217
	BURLINGTON NORTH SANTA FE LLC 4.150% 04/01/45	"	222,081	211,670
	BURLINGTON NORTH SANA FE LLC 2.875% 06/15/52	"	78,554	49,590
	BURLINGTON NORTH SANA FE LLC 4.450% 01/15/53	"	56,685	48,063
	BURLINGTON NORTH SANA FE LLC 5.500% 03/15/55	"	130,306	128,824
	CBRE SERVICES INC 4.800% 06/15/30	"	17,857	18,249
	CBRE SERVICES INC 4.900% 01/15/33	"	56,049	56,269
	CIGNA CORP 4.900% 12/15/48	"	37,199	28,529
	CIGNA CORP 3.400% 03/01/27	"	56,277	58,627
	CIGNA CORP 4.800% 07/15/46	"	267,310	252,507
	CIGNA GROUP 6.000% 01/15/56	"	116,871	121,342
	CNH INDUSTRIAL CAP LLC 4.750% 03/21/28	"	112,638	114,286
	CRH AMERICA FINANCE INC 5.875% 01/09/55	"	289,797	296,856
	CRH AMERICA FINANCE INC 4.400% 02/09/31	"	73,848	74,123
	CSX CORP 3.350% 09/15/49	"	167,292	149,737
	CVS HEALTH CORP 4.780% 03/25/38	"	170,594	177,455
	CVS HEALTH CORP 5.050% 03/25/48	"	41,359	35,262
	CAPITAL ONE FINANCIAL CO VAR% 05/10/28	"	55,986	58,683
	CAPITAL ONE FINANCIAL CO VARI% 02/01/35	"	55,907	58,547

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	CARLYLE HOLDINGS II FINANCIAL COMPANY 5.625% 03/30/43	"	210,737	180,556
	CATERPILLAR INC 2.722% 02/15/30	"	89,612	94,146
	CATERPILLAR INC 3.803% 08/15/42	"	169,246	167,974
	CATERPILLAR INC 3.250% 09/19/49	"	118,908	85,356
	CHARTER COMM OPT LLC 6.484% 10/23/45	"	500,497	513,333
	CHARTER COMM OPT LLC 5.375% 05/01/47	"	306,911	238,888
	CHARTER COMM OPT LLC 3.950% 06/30/62	"	193,496	182,926
	CHARTER COMM OPT LLC 6.100% 06/01/29	"	208,188	212,911
	CHEVRON CORP 3.078% 05/11/50	"	77,000	52,210
	CHUBB CORP 6.500% 05/15/38	"	107,760	100,625
	CISCO SYSTEMS INC 5.900% 02/15/39	"	255,473	240,811
	CITIGROUP INC VAR% 04/24/48	"	18,283	16,843
	CITIGROUP INC VAR% 10/27/28	"	289,299	290,375
	CITIGROUP INC VAR% 01/29/31	"	102,609	108,581
	CITIGROUP INC VAR% 03/04/56	"	255,000	253,914
	CLEVELAND CLINIC FOUND 4.858% 01/01/2114	"	55,946	33,704
	COLOMBIA PIPELINES OPCO 6.036% 11/15/33	"	127,820	133,808
	COLOMBIA PIPELINES OPCO 6.544% 11/15/53	"	237,602	239,582
	COMCAST CORP 4.049% 11/01/52	"	251,531	172,627
	COMCAST CORP 2.887% 11/01/51	"	72,753	42,690
	COMCAST CORP 2.987% 11/01/63	"	695,099	612,299
	COMMONWEALTH EDISON CO 3.700% 03/01/45	"	289,025	199,492
	CONOCOPHILLIPS COMPANY 4.025% 03/15/62	"	316,495	252,832
	CON EDISON CO OF NY INC 5.700% 05/15/54	"	200,584	197,360
	CONSUMERS EQUITY CO 3.500% 08/01/51	"	322,791	263,579
	CONSUMERS 23 SECURE FUND 5.210% 09/01/30	"	165,454	165,007
	COX COMMUNICATIONS INC 4.500% 06/30/43	"	426,505	394,189
	COX COMMUNICATIONS INC 3.350% 09/15/26	"	317,334	325,273
	CUMMINS INC 5.450% 02/20/54	"	197,576	195,085
	DTE ENERGY CO 5.850% 06/01/34	"	108,623	108,764
	DEERE & COMPANY 3.750% 04/15/50	"	148,917	132,474
	DEERE & COMPANY 5.700% 01/19/55	"	214,765	223,247
	JOHN DEERE CAPITAL CORP 5.100% 04/11/34	"	74,954	77,554
	DIAMONDBACK ENERGY INC 5.150% 01/30/30	"	143,364	144,000
	DIAMONDBACK ENERGY INC 5.750% 04/18/54	"	246,894	233,425
	WALT DISNEY COMPANY 4.750% 11/15/46	"	249,116	218,403
	DUKE ENERGY CORP 5.000% 08/15/52	"	571,074	616,215
	DUKE ENERGY CAROLINAS 5.300% 02/15/40	"	426,054	428,384
	DUKE ENERGY PROGRESS LLC 2.000% 08/15/31	"	180,069	181,048
	ERP OPERATING LP 1.850% 08/01/31	"	144,590	145,528
	EASTERN ENERGY GAS 6.200% 01/15/55	"	281,930	292,461
	ELECTRONIC ARTS INC 2.950% 02/15/51	"	81,455	121,758
	ELEVANCE HEALTH INC 4.750% 02/15/33	"	127,842	131,403
	EMERSON ELECTRIC CO 2.800% 12/21/51	"	136,202	152,642
	ENERGY TRANSFER PARTNERS 5.150% 02/01/43	"	637,664	657,007
	ENERGY TRANSFER LP 5.750% 02/15/33	"	33,246	34,631
	ENERGY TRANSFER LP 5.550% 05/15/34	"	17,628	18,498
	ENERGY TRANSFER OPERATING GLB 5.000% 05/15/50	"	96,956	92,868
	ENTERGY CORP 3.750% 06/15/50	"	83,640	61,726
	ENTERPRISE PRODUCTS OPER COMPANY 4.900% 05/15/46	"	477,489	490,964
	ENTERPRISE PRODUCTS OPER COMPANY 4.600% 01/15/31	"	106,849	107,303
	EVERSOURCE ENERGY 5.850% 04/15/31	"	144,617	144,512
	EXELON CORP GLOBAL 5.100% 06/15/45	"	370,975	420,707
	EXELON CORP GLOBAL 3.350% 03/15/32	"	55,068	58,940
	EXXON MOBIL CORPORATION GLB 4.114% 03/1/46	"	54,000	45,150
	EXXON MOBIL CORPORATION GLB 4.327% 03/19/50	"	312,809	278,272
	META PLATFORMS INC 4.600% 11/15/32	"	144,555	145,158
	META PLATFORMS INC 5.625% 11/15/55	"	222,608	214,029
	META PLATFORMS INC 5.500% 11/15/45	"	336,383	327,234
	FERGUSON ENTERPRISES INC 5.000% 10/03/34	"	87,021	90,777
	FLORIDA POWER & LIGHT 4.050% 10/1/44	"	240,833	249,888
	FLORIDA POWER & LIGHT 5.100% 04/01/33	"	213,490	216,451
	GENERAL MOTORS FINANCIAL CO 2.400% 10/15/28	"	82,297	90,585

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	GENERAL MOTORS FINANCIAL CO 5.750% 02/08/31	"	106,670	107,285
	GEORGIA POWER COMPANY 4.300% 03/15/43	"	107,581	111,340
	GLENCORE FUNDING LLC 4.907% 04/01/28	"	40,868	41,683
	GLOBAL ATLANTIC FINANCIAL CO 3.125% 06/15/31	"	178,328	179,878
	GOLDMAN SACHS GROUP INC VARIABLE % 10/21/29	"	108,652	108,976
	GOLDMAN SACHS GROUP INC VARIABLE % 04/23/29	"	130,465	137,191
	GOLDMAN SACHS GROUP INC VARIABLE % 04/22/42	"	784,747	872,367
	GOLUB CAPITAL BDC 7.050% 12/05/28	"	63,477	63,314
	HCA INC 5.950% 09/15/54	"	381,217	377,378
	HEALTH CARE SERVICE CORP 3.200% 06/01/50	"	153,610	98,704
	HEALTH CARE SERVICE CORP 5.875% 06/15/54	"	205,680	192,470
	HERCULES CAPITAL INC 3.375% 01/20/27	"	48,961	49,323
	HOME DEPOT INC 3.900% 06/15/47	"	185,238	122,458
	HOME DEPOT INC 3.350% 04/15/50	"	172,993	153,076
	JB HUNT TRANSPRT SVCS 4.900% 03/15/30	"	69,665	69,472
	HYUNDAI CAPITAL AMERICA 5.300% 01/08/30	"	89,789	92,739
	INTERCONTINENTAL EXCHANGE 4.250% 09/21/48	"	171,777	174,046
	INTERCONTINENTAL EXCHANGE 3.000% 06/15/50	"	40,675	26,842
	JPMORGAN CHASE & CO 5.600% 07/15/41	"	505,558	408,613
	JPMORGAN CHASE & CO VAR% 11/15/48	"	584,686	628,307
	JPMORGAN CHASE & CO VAR% 07/23/29	"	347,581	358,157
	KLA-TENCOR CORP 5.000% 03/15/49	"	63,677	58,916
	KLA CORP 4.950% 07/15/52	"	75,809	68,968
	KKR GROUP FINANCE CO III 5.125% 06/01/44	"	224,621	220,448
	KKR & CO INC 5.100% 08/07/35	"	101,733	102,000
	KKR GROUP FINANCE CO VI LLC 3.750% 07/01/29	"	73,101	78,349
	KEYSPAN GAS EAST 5.819% 04/01/41	"	44,000	44,004
	KINDER MORGAN INC. DELAWARE COMPANY 5.050% 02/15/46	"	344,963	319,173
	KINDER MORGAN INC. COMPANY 5.150% 06/01/30	"	140,163	141,658
	KROGER CO 4.650% 01/15/48	"	249,714	245,725
	L3HARRIS TECH INC 5.500% 08/15/54	"	210,127	208,097
	ELI LILLY & CO 5.100% 02/09/64	"	299,643	276,225
	LOCKHEED MARTIN CORP 4.700% 05/15/46	"	251,517	241,206
	LOWES COS INC 1.700% 10/15/30	"	59,536	59,509
	LOWES COS INC. 4.250% 04/01/52	"	371,826	399,445
	LOWES COS INC. 5.800% 09/15/62	"	239,020	234,463
	LOWES COS INC. 4.850% 10/15/35	"	32,712	32,731
	MPLX LP 5.500% 02/15/49	"	193,589	206,618
	MSCI INC 3.625% 09/01/30	"	35,035	35,341
	MSCI INC 5.250% 09/01/35	"	51,755	52,343
	MARATHON PETROLEUM CORP 6.500% 03/01/41	"	198,863	205,416
	MARKEL GROUP INC 6.000% 05/16/54	"	246,509	247,552
	MARSH & MCLENNAN COS INC 4.750% 03/15/39	"	265,438	284,965
	MARTIN MARIETTA MATERIAL 5.500% 12/01/54	"	261,805	260,788
	MASSACHUSETTS ELECTRIC 5.900% 11/15/39	"	168,740	180,330
	MASS MUTUAL LIFE INS CO 3.375% 04/15/50	"	201,312	196,034
	METLIFE INC 4.721% 12/15/44	"	151,380	151,329
	METLIFE INC 5.000% 07/15/52	"	210,941	210,197
	MET LIFE GLOBAL FUNDING 3.050% 06/17/29	"	140,008	148,345
	MICROSOFT CORP 2.921% 03/17/52	"	335,847	290,183
	MICROSOFT CORP 3.041% 03/17/62	"	135,447	87,833
	MIDAMERICAN ENERGY CO 5.300% 02/01/55	"	70,699	67,270
	MOODY'S CORPORATION 4.875% 12/17/48	"	319,122	301,728
	MORGAN STANLEY VAR% 04/20/28	"	247,236	253,579
	MORGAN STANLEY VAR% 04/22/42	"	403,532	446,601
	NNN REIT INC 4.600% 02/15/31	"	141,766	142,981
	NATIONAL SECS CLEARING 5.00% 05/30/28	"	256,008	255,908
	NIAGARA MOHAWK POWER 5.783% 09/16/52	"	108,197	103,814
	NORFOLK SOUTHERN CORP 4.450% 06/15/45	"	87,743	65,632
	NORFOLK SOUTHERN CORP 4.050% 08/15/52	"	330,648	340,682
	NORFOLK SOUTHERN CORP 3.800% 08/01/28	"	110,291	114,425
	NORFOLK SOUTHERN CORP 5.100% 08/01/2118	"	89,825	77,672
	NORTHERN STATE PWR-MINN 6.200% 07/01/37	"	248,352	264,062

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	NORTHROP GRUMMAN CORP 3.850% 04/15/45	"	276,989	259,077
	NORTHROP GRUMMAN CORP 3.250% 01/15/28	"	54,653	57,256
	NORTHROP GRUMMAN CORP 4.950% 03/15/53	"	124,965	118,057
	NSTAR ELECTRIC CO 4.550% 06/01/52	"	148,575	145,583
	OCCIDENTAL PETROLEUM COR ZERO% 10/10/36	"	527,290	608,751
	ONCOR ELECTRICITY DELIVERY 4.950% 09/15/52	"	131,059	142,494
	ONEK INC 5.700% 11/01/54	"	222,018	224,598
	ONEK INC 6.250% 10/15/55	"	325,300	327,690
	ORACLE CORP 4.000% 07/15/46	"	143,653	94,967
	ORACLE CORP 4.000% 11/15/47	"	357,863	333,045
	ORACLE CORP 3.950% 03/25/51	"	443,534	403,329
	ORACLE CORP 5.250% 02/03/32	"	107,780	107,985
	ORACLE CORP 4.800% 09/26/32	"	107,705	106,196
	ORACLE CORP 5.950% 09/26/55	"	349,541	312,762
	OWL ROCK CAPITAL CORP 2.875% 06/11/28	"	45,464	45,340
	PG&E WILDFIRE RECOVERY 5.081% 06/01/41	"	229,236	228,277
	PNC FINANCIAL SERVICES VAR% 10/20/34	"	211,778	217,273
	PPL ELECTRIC UTILITIES 6.250% 05/15/39	"	289,827	290,509
	PPL ELECTRIC UTILITIES 4.125% 06/15/44	"	68,012	50,149
	PSEG POWER LLC 5.200% 05/15/30	"	84,955	86,932
	PACIFICORP 3.300% 03/15/51	"	48,596	31,264
	PENNSYLVANIA ELECTRIC CO 6.150% 10/01/38	"	140,697	151,232
	PENSKE TRUCK LEASING/PTL 5.550% 05/01/28	"	97,975	100,797
	PHILLIPS 66 3.550% 10/01/26	"	73,961	76,790
	PHILLIPS 66 4.680% 02/15/45	"	299,290	296,890
	PIEDMONT NATURAL GAS CO 3.350% 06/01/50	"	27,800	19,212
	PUB SVC ELEC & GAS 5.500% 03/01/40	"	208,793	194,596
	RELX CAPITAL INC 4.750% 03/27/30	"	55,017	57,103
	RENTOKIL TERMINIX LLC 5.000% 04/28/30	"	203,224	203,464
	RYDER SYSTEM INC 5.250% 06/01/28	"	73,987	75,963
	S&P GLOBAL INC 4.250% 01/15/31	"	240,942	240,937
	SAN DIEGO G&E 3.320% 04/15/50	"	65,912	45,463
	SEMPRA ENERGY 6.000% 10/15/39	"	506,642	517,402
	SHELL FINANCE US INC 4.550% 08/12/43	"	147,307	142,219
	SHELL FINANCE US INC 3.000% 11/26/51	"	231,348	209,738
	SIMON PROPERTY GROUP LP 4.250% 11/30/46	"	453,241	474,597
	SIMON PROPERTY GROUP LP 5.850% 03/08/33	"	179,425	180,078
	SIMON PROPERTY GROUP LP 5.850% 03/08/53	"	195,239	200,046
	SNAP-ON INC 4.100% 03/01/48	"	76,788	63,069
	SONOCO PRODUCS CO 4.100% 09/01/29	"	98,986	99,794
	SOUTHERN CO GAS CAPITAL COMPANY 4.950% 09/15/34	"	90,664	90,250
	SYNOPSYS INC 5.700% 04/01/55	"	352,977	351,164
	T-MOBILE USA INC 3.750% 04/15/27	"	55,537	57,818
	T-MOBILE USA INC 5.650% 01/15/53	"	560,134	579,059
	T-MOBILE USA INC 5.050% 07/15/33	"	68,699	71,432
	TTX CO 4.600% 02/01/49	"	324,868	347,224
	TAKEDA US FINANCIAL 5.900% 07/07/55	"	446,808	453,125
	TEXAS INSTRUMENTS INC 5.050% 05/18/63	"	107,100	96,540
	TRANSCONT GAS PIPE LINE 4.600% 03/15/48	"	357,471	382,021
	TRUIST FINANCIAL CORP VAR% 01/24/35	"	214,123	214,592
	UNION PACIFIC CORP 3.799% 10/01/51	"	178,901	180,230
	UNION PACIFIC CORP 3.550% 08/15/39	"	184,034	197,316
	UNION PACIFIC CORP 3.839% 03/20/60	"	227,865	230,133
	UNION PACIFIC CORP 3.250% 02/05/50	"	59,159	38,773
	UNITED PARCEL SERVICE 3.625% 10/01/42	"	172,422	172,832
	UNITED TECHNOLOGIES CORP 4.500% 06/01/42	"	329,074	338,985
	UNITED TECHNOLOGIES CORP 4.625% 11/16/48	"	332,235	314,478
	UNITEDHEALTH GROUP INC 3.250% 05/15/51	"	342,793	363,793
	UNITEDHEALTH GROUP INC 4.750% 05/15/52	"	138,979	130,225
	UNITEDHEALTH GROUP INC 5.625% 07/15/54	"	204,240	214,800
	VERIZON COMMUNICATIONS 3.700% 03/22/61	"	753,157	661,284
	VERIZON COMMUNICATIONS 3.400% 03/22/41	"	113,815	85,349
	VERIZON COMMUNICATIONS 2.355% 03/15/32	"	138,295	145,406

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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	VERISK ANALYTICS INC 3.625% 05/15/50	"	130,538	114,728
	VERISK ANALYTICS INC 4.500% 08/15/30	"	88,273	88,666
	VICI PROPERTIES 3.750% 02/15/27	"	67,677	68,544
	VIRGINIA ELEC & POWER CO 8.875% 11/15/38	"	327,485	331,345
	VIRGINIA ELEC & POWER CO 4.650% 08/15/43	"	365,434	333,059
	VULCAN MATERIALS CO 5.700% 12/01/54	"	199,304	207,097
	VOYA GLOBAL FUNDING 4.600% 11/24/30	"	144,907	145,712
	WEC ENERGY GROUP INC 1.375% 10/15/27	"	137,748	145,286
	WELLS FARGO & COMPANY VAR% 04/04/51	"	567,102	519,072
	WELLS FARGO & COMPANY VAR% 01/24/31	"	107,514	107,694
	WELLS FARGO & COMPANY VAR% 04/23/31	"	69,000	71,222
	XCEL ENERGY INC 4.800% 09/15/41	"	115,725	106,548
	AMSR 2021-SFR1 ABS 2021 1.953% 06/17/38	"	93,530	104,321
	AMERICAN TOWER TRUST I 5.490% 03/15/28	"	112,205	113,897
	AVIS BUDGET REN Abs 2024 5.230% 12/20/30	"	99,954	103,161
	BANK 2025-BNK49 CMO 2025 VAR% 3/15/58	"	55,593	55,014
	BBCMS TRUST 202 CMO 2021 2.492% 07/15/54	"	181,372	181,719
	BBCMS MORTGAGE CMO 2022 VAR% 06/15/55	"	109,136	108,470
	BBCMS MORTGAGE CMO 2024 VAR% 07/15/57	"	79,206	79,888
	BBCMS TRUST CMO 2024 5.208% 09/15/57	"	85,103	86,379
	BLP COMMERCIAL CMO 2024 VAR% 03/15/41	"	163,621	163,722
	BANK 2017-BNK4 CMO 2017 6.014% 07/15/60	"	94,082	98,978
	BANK 2020-BNK25 CMO 2020 2.649% 01/15/63	"	218,651	218,773
	BANK5 2025-5YR1 CMO 2025 5.282% 08/15/63	"	87,548	87,846
	BANK5 2024-SYR9 CMO 2024 5.613% 08/15/57	"	246,869	246,791
	BENCHMARK 2021- CMO 2021 2.223% 08/15/54	"	181,225	181,348
	BENCHMARK 2025- CMO 2025 5.659% 04/15/57	"	253,816	253,304
	BENCHMARK 2024- CMO 2024 5.738% 12/15/57	"	86,190	86,886
	BX COMMERCIAL M CMO 2025 VAR% 04/15/40	"	90,438	90,721
	COMMERCIAL M CMO 2023 VAR% 12/09/40	"	71,422	71,667
	CVS PASS-THROUGH TRUST 6.036% 12/10/28	"	85,320	85,156
	CVS PASS-THROUGH TRUST 5.926% 01/10/34	"	80,928	77,539
	CHASE HOME LEND CMO 2025 VAR% 02/25/56	"	41,963	42,336
	COMPASS DATACEN ABS 2025 5.286% 07/25/50	"	51,000	51,349
	DB MASTER FINAN ABS 2019 4.352% 05/20/49	"	61,438	61,048
	DOMINO"S PIZZA ABS 2018 4.328% 07/25/48	"	83,923	85,032
	DOMINO"S PIZZA ABS 2021 2.662% 04/25/51	"	131,848	132,234
	ENTERPRISE FLEE ABS 2025 4.110% 12/20/29	"	56,999	57,256
	FORD CREDIT AUT ABS 2023 5.280% 02/15/36	"	100,613	103,388
	SEASONED CREDIT CMO 2018 3.500% 03/25/58	"	43,855	45,978
	GS MORTGAGE SEC SMO 2020 2.910% 02/13/53	"	254,079	253,533
	GS MORTGAGE-BAC CMO 2025 VAR% 10/25/55	"	75,232	75,747
	GS MORTGAGE-BAC CMO 2025 VAR% 04/25/56	"	178,748	178,952
	HOME PARTNERS O ABS 2022 3.930% 04/17/39	"	22,120	23,349
	JP MORGAN MORTGAGE CMO 2025 VAR% 11/25/55	"	41,588	42,109
	JP MORGAN MORTGAGE CMO 2024 VAR% 10/25/54	"	21,119	21,473
	JP MORGAN MORTGAGE CMO 2024 VAR% 11/25/54	"	26,134	26,501
	MORGAN STANLEY CMO 2015 3.306% 04/15/48	"	13,223	13,588
	MORGAN STANLEY CMO 2025 5.635% 03/15/58	"	162,077	163,087
	PG&E WILDFIRE RECOVERY 3.594% 06/01/30	"	160,799	160,633
	PG&E WILDFIRE RECOVERY 4.674% 12/01/51	"	370,123	342,169
	PLANET FITNESS ABS 2024 6.237% 06/05/54	"	299,213	310,107
	PROGRESS RESIDE ABS 2022 4.750% 10/27/39	"	94,106	97,838
	RETAINED VANTAG ABS 2024 4.992% 09/15/49	"	52,754	52,578
	RETAINED VANTAG ABS 2025 5.091% 08/15/50	"	53,000	52,556
	SBA TOWER TRUST 2.593% 10/15/31	"	89,428	102,980
	SBA TOWER TRUST 6.599% 01/15/28	"	74,752	74,751
	SCE RECOVERY FUNDING LLC 4.453% 03/15/36	"	180,996	181,387
	SCE RECOVERY FUNDING LLC 5.541% 09/15/50	"	543,956	536,651
	SEQUOIA MORTGAGE CMO 2024 VAR% 08/25/54	"	24,209	24,317
	SERVPRO MASTER ABS 2021 2.394% 04/25/51	"	44,055	44,258
	UNITED STATES S ABS 2019 3.200% 03/01/39	"	99,095	102,575
	SBA SMALL BUSINESS ABS 2023 5.168% 03/10/33	"	122,721	122,195

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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	SBA PART CERTFS ABS 2012 2.370% 08/01/32	"	57,773	60,131
	SMALL BUSINESS ABS 2013 2.070% 05/01/33	"	75,414	78,742
	UNITED STATES S ABS 2023 5.710% 11/01/48	"	50,528	51,850
	UNITED STATES S ABS 2023 5.280% 12/01/48	"	32,991	33,808
	UNITED STATES S ABS 2024 4.970% 03/01/49	"	85,163	86,503
	UNITED STATES S ABS 2024 4.450% 09/01/49	"	94,680	92,913
	SBA PART CERTFS ABS 2025 4.790% 10/01/50	"	211,583	211,550
	SBA SMALL BUSINESS ABS 2024 5.035% 03/10/34	"	97,289	98,496
	SBA SMALL BUSIN ABS 2024 4.380% 09/10/34	"	173,477	172,233
	SUBWAY FUNDING ABS 2024 6.028% 07/30/54	"	38,921	39,144
	SUBWAY FUNDING ABS 2024 6.268% 07/30/54	"	141,255	141,553
	SUBWAY FUNDING ABS 2024 5.914% 07/30/54	"	432,630	429,663
	TACO BELL FUNDI ABS 2021 1.946% 08/25/51	"	93,711	102,420
	TRICON RESIDENT ABS 2024 4.300% 11/17/41	"	96,192	99,646
	UBS COMMERCIAL CMO 2018 4.241% 10/15/51	"	53,523	55,030
	UNITED AIR 2019-2 AA PTT 2.700% 05/01/32	"	145,020	145,131
	VERIZON MASTER ABS 2025 3.960% 08/20/31	"	91,982	92,239
	VERIZON MASTER ABS 2025 4.280% 10/20/33	"	180,987	181,730
	VOLKSWAGON AUTO ABS 2025 3.920% 03/20/30	"	133,978	134,357
	WELLS FARGO COM CMO 2020 2.194% 06/15/53	"	57,819	57,851
	WELLS FARGO COM CMO 2021 2.775% 06/15/51	"	172,293	167,946
	WENDY'S FUNDING ABS 2025 5.422% 12/15/55	"	101,000	100,845
	Total corporate bonds		63,759,623	62,553,758
	ERCAP IRELAND CAP/GLOBAL 6.450% 04/15/27	Foreign bond	179,954	179,769
	AKER BP ASA 5.800% 10/01/54	"	130,670	136,379
	ANGLO AMERICAN CAPITAL 4.750% 03/16/52	"	196,546	168,136
	APIDOS CLO XLIV ABS 2023 VAR% 10/26/37	"	181,996	181,747
	ASTRAZENECA PLC 2.125% 08/06/50	"	22,665	22,214
	USD BHP FINANCE USA 5.000% 09/30/43	"	337,714	289,659
	BHP BILLITON FIN USA LTD 5.750% 09/05/55	"	152,933	156,991
	BAIN CAPITAL CR ABS 2020 VAR% 10/23/34	"	180,234	179,867
	BANK OF MONTREAL 2.650% 03/08/27	"	129,373	136,990
	BROOKFIELD FIN I UK PLC 2.340% 01/30/32	"	51,871	56,976
	USD BROOKFIELD ASSE 4.653% 11/15/30	"	53,000	53,380
	CIFC FUNDING 20 ABS 2014 VAR% 01/17/35	"	180,090	180,135
	CSL FINANCE PLC 4.750% 04/27/52	"	264,695	250,166
	USD CANADIAN NATIONAL RE 4.950% 06/01/47	"	179,667	193,622
	CANADIAN PACIFIC RR CO 6.125% 09/15/2115	"	124,912	121,585
	USD CANADIAN PACIFIC 3.100% 12/02/51	"	75,456	50,419
	USD CANADIAN PACIFIC 4.200% 11/15/69	"	278,700	285,889
	CONSTELLATION SOFTWARE 5.158% 02/16/29	"	32,873	33,629
	USD ELEMENT FLEET NA 6.319% 12/04/28	"	92,546	95,973
	FERGUSON FINANCE PLC 3.250% 06/02/30	"	190,674	190,870
	GOLDENTREE LOAN ABS 2021 VAR% 10/20/37	"	100,000	100,065
	GOLUB CAPITAL P ABS 2021 VAR% 07/20/34	"	100,000	99,975
	HSBC HOLDINGS PLC VAR% 03/09/44	"	211,952	219,060
	HSBC HOLDINGS PLC VAR% 03/03/31	"	204,532	204,970
	ING GROEP NV VAR% 03/19/30	"	206,946	206,304
	LLOYDS BANKING GROUP PLC VAR% 11/04/31	"	199,134	199,376
	MACQUARIE GROUP LTD VAR% 12/07/34	"	211,798	211,252
	NXP BV/NXP FDG/NXP USA 3.150% 05/01/27	"	130,340	137,378
	NXP BV/NXP FDG/NXP USA 2.500% 05/11/31	"	108,796	109,503
	OCP CLO LTD ABS 2025 VAR% 12/15/38	"	150,000	150,000
	PALMER SQUARE C ABS 2021 VAR% 04/20/38	"	100,000	99,821
	RIO TINTO FIN USA LTD 4.875% 03/14/30	"	109,054	111,980
	RIO TINTO FIN USA LTD 5.750% 03/14/55	"	279,771	288,564
	ROYAL BANK OF CANADA 3.625% 05/04/27	"	141,204	144,833
	SIEMENS FUNDING BV 5.900% 05/28/65	"	353,108	371,909
	TORONTO-DOMINION BANK 3.200% 03/10/32	"	110,654	120,229
	TRANSURBAN FINANCE CO 3.375% 03/22/27	"	117,902	118,173
	TRITON CONTAINER/TAL INT 3.250% 03/15/32	"	108,414	109,973
	UBS GROUP AG 2.746% 02/11/33	"	215,881	217,008

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	USD XSTRATA FIN CAN 6.000% 11/15/41	"	281,801	307,262
	XLIT LTD 5.250% 12/15/43	"	167,831	179,611
	Total foreign bonds		6,645,687	6,671,642
	BlackRock Liquidity Fund	Mutual fund	1,111,128	1,111,128
	Federated Gov't Obligations Fund; account:1096221	"	961,666	961,666
	Federated Gov't Obligations Fund; account:1740364	"	393,021	393,021
	Federated Gov't Obligations Fund; account:8515197	"	148,232	148,232
	Federated Gov't Obligations Fund; account:8520477	"	1,825,187	1,825,187
*	Bank of America Temporary Overnight Deposit	"	26,799	26,799
	BlackRock Strategic Income Opportunities Portfolio	"	4,160,677	4,266,530
	Dodge & Cox International Stock Fund	"	18,149,123	19,740,285
	Dodge & Cox Stock Fund	"	19,607,395	31,692,694
	Vanguard Total International Stock Index Fund	"	23,593,818	32,024,133
	Vanguard Total Stock Market Index Fund	"	60,252,371	101,573,570
	Total mutual funds		130,229,417	193,763,245
	Marathon-London Global Ex US Collective Investment Fund	Common collective trust	21,588,571	31,411,370
	Total common collective trusts		21,588,571	31,411,370
	Marathon Healthcare Finance (Europe) Fund	Commingled fund	3,369,866	3,723,501
	Greenhouse Long Only Equity Fund	"	7,500,000	10,127,530
	Silver Point Capital Offshore Fund	"	10,000,000	11,560,553
	US Research Equity Extended Fund	"	24,000,000	38,096,770
	Wellington Global Equity Long/Short Fund	"	8,000,000	8,925,994
	UBS Trumbull Property Fund	"	3,290,258	3,567,519
	Cross Creek Capital II, L.P.	"	525,631	1,298,300
	Crown Secondaries Special Opportunities II Fund	"	1,473,122	3,281,849
	ISQ Global Infrastructure Fund III, L.P.	"	2,316,323	2,909,747
	ArrowMark Global Opportunity Fund II	"	338,594	244,233
	Total commingled funds		60,813,794	83,735,996
	Total assets on the Form 5500		$ 359,050,264	$ 451,625,553

* Denotes party-in-interest to the plan.

See Independent Auditor's Report

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Schedule SB, line 24 — Change in Actuarial Assumptions

- Expenses included in the target normal cost was increased from $570,000 to $600,000 to reflect our expectations for the current plan year.