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
ELLIOT HEALTH SYSTEM PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/2000

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)
ELLIOT HEALTH SYSTEM, INC.

ONE ELLIOT WAY
MANCHESTER, NH 03103-3502

2b Employer Identification Number (EIN) 02-0509911

2c Plan Sponsor's telephone number 603-663-4470

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.	10/14/2026	JESSICA CONNARE
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1508
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)**	438
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	400
b	Retired or separated participants receiving benefits	**6b**	605
c	Other retired or separated participants entitled to future benefits	**6c**	451
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1456
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	46
f	Total. Add lines **6d** and **6e**.	**6f**	1502
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**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELLIOT HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
02-0509911

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
06-6033492	60054	GA-2488	1	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	449383
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	18492		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below) ▶	7c(5)	0		
	(6)Total additions			7c(6)	18492
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	467875
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21810		
	(2) Administration charge made by carrier	7e(2)	9088		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	30898
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	436977

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0509911

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**	274280026
b Actuarial value	**2b**	283761758

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	578	153327564	153327564
b For terminated vested participants	511	49579104	49579104
c For active participants	438	80676131	80676131
d Total	1527	283582799	283582799

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1197100
c Target normal cost	**6c**	1197100

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

10/14/2026
Date

JENNIFER M. CASTELHANO, FSA
Type or print name of actuary

26-08086
Most recent enrollment number

MILLIMAN, INC.
Firm name

860-687-2110
Telephone number (including area code)

200 GREAT POND DRIVE
SUITE 110
WINDSOR, CT 06095-2126
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1515413
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1515413
10	Interest on line 9 using prior year's actual return of -1.99 %	0	-30157
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		9430232
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 5.21 %		491315
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		9921547
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1485256

Part III Funding Percentages

14	Funding target attainment percentage	14	99.53 %
15	Adjusted funding target attainment percentage	15	100.05 %
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	106.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/08/2025	2500000				
01/09/2026	2500000				
04/13/2026	2500000				
07/13/2026	2500000				
			Totals ► 18(b)	10000000	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	9419621

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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	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**	1197100
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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**	1197100

	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**	1197100
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9419621
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	8222521
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

A Name of plan
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELLIOT HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
02-0509911

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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)

MILLIMAN

91-0675641

(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	NONE	219534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT CO.

46-1964829

(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	170886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	35492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES

27-6848787

(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	26516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(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	18905	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AETNA LIFE INSURANCE CO.

06-6033492

(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?
23	NONE	9088	Yes [ ] No [X]	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 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
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELLIOT HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
02-0509911

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)	58325	59661
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5874708	5063689
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	245623061	258112889
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14928967	14559611
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	449383	436977
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	266934444	278232827
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	831517	
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	35965	43655
1k Total liabilities (add all amounts in lines 1g through1j)	1k	867482	43655
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	266066962	278189172

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)	10000000	
(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)		10000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	516938	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		516938
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15988494	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		15988494

		(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)		613706
c Other income	2c		18493
d Total income. Add all **income** amounts in column (b) and enter total	2d		27137631
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13552264	
(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)		13552264
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)	219534	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	227993	
(6) Bank or trust company trustee/custodial fees	2i(6)	34598	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	981032	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1463157
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15015421
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		12122210
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BAKER NEWMAN NOYES **(2)** EIN: 01-0494526

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		3000000
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 609921.

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
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ELLIOT HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
02-0509911

Part I Distributions

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

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

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

EIN(s): 36-1561860

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 1

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: 3.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 20.00 %
High-Yield Debt: 75.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 2.00 % Other: 0.00 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

BAKER NEWMAN NOYES

Elliot Health System Pension Plan

Financial Statements
and Supplemental Schedules

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

Baker Newman & Noyes LLC
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BAKER NEWMAN NOYES

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INDEPENDENT AUDITORS' REPORT

The Participants and Finance
Committee of the Sponsor
Elliot Health System Pension Plan

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

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

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

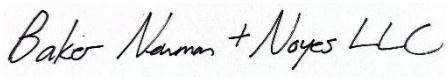
The supplemental schedule of assets (held at end of year) as of December 31, 2025 and supplemental schedule of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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.

The Participants and Finance
Committee of the Sponsor
Elliot Health System Pension Plan

In our opinion:

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



Portland, Maine
October 13, 2026

ELLIOT HEALTH SYSTEM PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Short-term investments	$ 5,063,689	$ 5,874,708
Mutual funds	14,559,611	14,928,967
Limited partnerships and limited liability companies	258,112,889	245,623,061
	277,736,189	266,426,736
Unallocated insurance contract, at contract value	436,977	449,383
Total investments	278,173,166	266,876,119
Receivables:		
Accrued investment income	59,661	58,325
Total assets	278,232,827	266,934,444
Liabilities:		
Accrued expenses	–	831,517
Due to broker	43,655	35,965
Total liabilities	43,655	867,482
Net assets available for benefits	$278,189,172	$266,066,962

See accompanying notes.

ELLIOT HEALTH SYSTEM PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2025 and 2024

	2025	2024
Changes to net assets attributed to:		
Investment income (loss):		
Interest and dividend income	$ 535,431	$ 565,473
Net appreciation (depreciation) in fair value of investments	16,602,200	(5,813,812)
	17,137,631	(5,248,339)
Employer contributions	10,000,000	10,000,000
Total additions	27,137,631	4,751,661
Deductions from net assets attributed to:		
Benefit payments	13,552,264	12,041,933
Administrative expenses	1,463,157	1,420,002
Total deductions	15,015,421	13,461,935
Net increase (decrease) in net assets available for benefits	12,122,210	(8,710,274)
Net assets available for benefits, beginning of year	266,066,962	274,777,236
Net assets available for benefits, end of year	$278,189,172	$266,066,962

See accompanying notes.

1. Description of Plan

The Elliot Health System Pension Plan (the Plan) is a noncontributory defined benefit pension plan that covers all eligible employees and certain former employees, as defined in the Plan, of Elliot Hospital, Visiting Nurse Association (VNA) of Manchester and Southern New Hampshire, VNA Community Services, VNA Home Health and Hospice Services, Inc., VNA Personnel Services, and Elliot Physician Network and Elliot Physician Services (collectively, Elliot or the System). The following brief description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

During 2018, the board of the System, accompanied by the board of Southern New Hampshire Health System (SNHHS), approved an affiliation agreement between the organizations. The sole corporate member of the System became SolutionHealth, Inc. There was no impact to the Plan as a result of this affiliation. The Plan was amended effective July 1, 2018 to allow employees of SolutionHealth, Inc. to participate in the Plan.

On July 14, 2025, SolutionHealth, Inc., SNHHS and the System filed a joint Notice to the Director of Charitable Trusts in connection with SNHHS's and the System's proposed withdrawal from and dissolution of SolutionHealth, Inc. As of the date of these financial statements, the proposed dissolution is still under review. There is expected to be no impact on the Plan as a result of this dissolution.

On December 23, 2022, Congress passed the *Consolidated Appropriations Act of 2023* which included the *Setting Every Community Up for Retirement Enhancement 2.0 Act of 2022* (SECURE 2.0 Act). SECURE 2.0 Act contains over 90 new retirement provisions, with varying effective dates through 2027. Since SECURE 2.0 Act provisions include both required and optional elements, the Plan administrator will determine the optional provisions to elect and amend the Plan documents accordingly.

Information about the Plan agreement, the vesting and benefit provisions, and Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the Summary Plan Description (SPD). Copies of the SPD are available from Elliot Health System's Human Resources Department.

Plan Amendments

Effective July 1, 2004, the Plan was amended to exclude employees hired after July 1, 2004 by VNA Community Services, VNA of Manchester and Southern New Hampshire, Inc., VNA Home Health and Hospice Services, Inc. and VNA Personnel Services from becoming Plan participants. Also, effective July 1, 2004, benefits for employees of VNA Community Services who are plan participants were frozen as of June 30, 2004.

Effective July 1, 2006, the Plan was amended to close participation in the Plan so that no employee of Elliot who is hired, who is rehired, or who transfers to the status of eligible employee on or after July 1, 2006 will be eligible to be a participant in the Plan. Employees hired prior to that date will continue to participate and earn benefits under the Plan, except for employees of VNA Community Services, as previously discussed.

1. Description of Plan (Continued)

On May 16, 2019, the Board of Directors of Elliot Health System resolved to freeze the Plan effective December 31, 2019. Any employee who was a participant of the Plan on that date will continue as a participant. Benefits to participants also stopped accruing on December 31, 2019.

The Plan was restated effective January 1, 2025. There were no significant changes to the Plan or its operations as a result of this restatement.

Vesting

Vesting is based on years of service. An employee is vested after completion of five years of employment during which the participant has worked at least 1,000 hours each year. If any employee terminates before completion of five years of service, the employee forfeits the right to receive any accumulated benefits. Employees with greater than five years of service who terminate before the early retirement date receive benefits based on the normal retirement date at a reduced amount.

Pension Benefits

Employees receiving benefits under the defined benefit plan, with five or more years of service, are entitled to annual pension benefits beginning at normal retirement age (65) payable in the form of an annuity or lump sum payments. Balances of $7,000 or less will automatically be paid in a single lump sum payment. Benefits are determined based upon a participant's compensation and years of benefit service as defined in the Plan. For each year of benefit service, beginning July 1, 2000, participants' accounts are credited with 2% of compensation (1% for VNA employees), plus the accrued benefit earned under the previous terms as of June 30, 2000, if any. The Plan permits early retirement with payments at a reduced rate as defined in the Plan once a participant has attained the age of 55 and has completed five years of service. If a participant is legally married on the date on which his or her normal retirement benefits commence, benefits will be paid in the form of a qualified joint and survivor annuity unless an election is made not to receive benefits in such a form and the participant's spouse consents.

Plan Termination

Although it has not expressed any intention to do so, the Plan's sponsor has the right to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting.

2. Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, as described in Note 8, except for the unallocated insurance contract, which is reported at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and Aetna Life Insurance Company's (Aetna) administrative expenses.

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.

Contributions

Contributions are recognized in the Plan's financial statements when a formal commitment to fund the Plan has been made by the Plan Sponsor, or when required by law to meet the minimum funding requirements of ERISA. No voluntary employee contributions are permitted. Employer contributions for the years ended December 31, 2025 and 2024 totaled $10,000,000. The Plan has met the ERISA minimum funding requirements for the years ended December 31, 2025 and 2024.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the method as discussed in Note 1. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered up to the valuation date.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan. See Note 9.

Use of Estimates

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

2. Significant Accounting Policies (Continued)

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

3. Insurance Contract

In 1968, Elliot entered into a group annuity contract with Aetna which provides for the investment of contributions in a guaranteed deposit account (the account) and payment of retirement benefits to certain eligible participants. The contract is an immediate participation guarantee contract. Aetna requires an annual minimum amount to fulfill the benefits of the designated participants. Through continued earnings and actual experience, the balance of the unallocated insurance contract at years ended December 31, 2025 and 2024 exceeded the minimum reserve requirement. Funds on deposit in the account earn interest at a minimum rate established annually by Aetna, guaranteed not to be less than 3.5%. Interest is compounded annually and credited at the end of each contract year (December 31) based on the average balance in the account. The Plan may discontinue this contract with Aetna at any time. Certain events also permit Aetna to terminate the contract with 31 days' notice. Such events include (1) the Plan ceases to meet the requirements for qualification under the IRS or the Plan is terminated, (2) the entire amount of the fund in excess of the annuity allocated is transferred to another funding agent of the Plan, (3) the Plan is relieved of or has discharged all of its duties and obligations under the Plan, (4) the Plan ceases to meet its obligations under the contract, or (5) the employer is removed from the schedule of employers or is the subject of a petition in bankruptcy.

Aetna does not guarantee that the monies invested in the account will provide sufficient funds to pay the cost of annuities to be purchased and other costs incurred under the contract.

4. Information Certified

The Plan Administrator has elected the method of compliance as permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by The Northern Trust Company, the trustee of the Plan, and Aetna, the provider of the insurance contract described in Note 3, as of and for the years ended December 31, 2025 and 2024, except for comparing such information certified by the entities to information included in the Plan's financial statements and supplemental schedules. The Plan Administrator has obtained certifications from The Northern Trust Company and Aetna stating that the information provided to the Plan Administrator is complete and accurate. Balances as of December 31, 2025 and 2024 and transactions for the years then ended were certified by The Northern Trust Company and Aetna. The Plan Administrator has determined that The Northern Trust Company and Aetna meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Accumulated Plan Benefits

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

The accumulated plan benefit information as of January 1, 2025 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$148,457,436
Other participants	124,609,601
	273,067,037
Nonvested benefits	–
Actuarial present value of accumulated plan benefits	$273,067,037

A reconciliation of the changes in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2024	$268,225,838
Actuarial loss	1,878,487
Increase for interest due to decrease in the discount period	15,212,804
Assumption changes	(208,159)
Actual benefits paid	(12,041,933)
Net increase	4,841,199
Actuarial present value of accumulated plan benefits as of January 1, 2025	$273,067,037

Significant assumptions underlying the January 1, 2025 actuarial computations are:

Mortality basis -	Pri-2012 Total Dataset Amount-Weighted Mortality Tables projected generationally forward with mortality improvement scale MP-2021
Normal retirement age -	65
Interest rate -	5.80%
Cost-of-living adjustment -	2.75%

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

6. Risks and Uncertainties

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

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

7. Income Tax Status

The Plan has received a determination letter from the IRS dated January 22, 2026, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan currently is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified under the Code and applicable regulations.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Fair Value Measurements

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

8. Fair Value Measurements (Continued)

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

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

Level 2 – Inputs to the valuation 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

Certain Plan investments fair values are calculated using the net asset value (NAV) practical expedient and have therefore not been classified in the fair value hierarchy. NAV is determined by the user and is based on fair values of the underlying assets within the investment vehicle and reported to the Plan's trustee.

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

Short-term investments: Valued based upon quoted prices in active markets for identical assets.

Mutual funds: Valued at the closing price reported in the active market on which the securities are traded.

Limited partnerships and limited liability companies: Valued at fair value based on NAV as determined by the fund managers and represent the Plan's proportionate share of the estimated fair value of the underlying net assets at the reporting date.

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

8. Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Total
2025				
Short-term investments	$ 5,063,689	$ –	$ –	$ 5,063,689
Mutual funds	14,559,611	–	–	14,559,611
	$19,623,300	$ –	$ –	19,623,300
Investments valued at NAV:				
Limited partnerships and limited liability companies				258,112,889
Total assets at fair value				$277,736,189
2024				
Short-term investments	$ 5,874,708	$ –	$ –	$ 5,874,708
Mutual funds	14,928,967	–	–	14,928,967
	$20,803,675	$ –	$ –	20,803,675
Investments valued at NAV:				
Limited partnerships and limited liability companies				245,623,061
Total assets at fair value				$266,426,736

The following table discloses the unfunded commitment and redemption terms of the limited partnerships and limited liability companies held by the Plan as of December 31, 2025:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
IR+M Intermediate Corporate Collective Fund Class ND	$ 27,251,585	$ –	Daily	5 business days
IR+M Long Corporate Collective Fund Class ND	143,603,742	–	Daily	5 business days
SSGA 20 Year U.S. Treasury Strips Index NL Fund	14,200,154	–	Daily	2 business days
SSGA Long U.S. Govt Bond Index NL Fund	57,718,661	–	Daily	2 business days
NHIT Credit Asset Trust – CL B	7,660,501	–	Daily	15 business days
Arena Short Duration High Yield Fund LP – Series E Fund	7,678,246	–	Monthly	30 days

8. Fair Value Measurements (Continued)

Specific investment strategies for assets valued at NAV are as follows:

IR+M Intermediate Corporate Collective Fund Class ND: The fund seeks to outperform indices by investing primarily in investment-grade fixed income credit securities.

IR+M Long Corporate Collective Fund Class ND: The fund seeks to outperform indices by investing primarily in investment-grade fixed income credit securities.

SSGA 20 Year U.S. Treasury Strips Index NL Fund: The fund's investment objective is to obtain investment return that approximates, before expenses, the performance of certain other indices over the long term.

SSGA Long U.S. Govt Bond Index NL Fund: The fund seeks an investment return that approximates certain indices by investing in other collective investment funds which have characteristics consistent with the fund's overall investment objective.

NHIT Credit Asset Trust – CL B: The trust's investment objective is to outperform a blend of certain benchmarks by investing in bonds, preferred stock, foreign currency contracts and interest rate swaps.

Arena Short Duration High Yield Fund LP – Series E Fund: The limited partnership's investment objectives are to generate superior risk adjusted returns through a portfolio of short duration investments.

9. Transactions With Parties-in-Interest

Administrative expenses charged to the Plan by parties-in-interest for the years ended December 31, 2025 and 2024 were $482,125 and $588,485, respectively. Administrative expenses include amounts paid for trustee fees, investment management fees and actuarial fees. Those transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rule under ERISA.

Certain of the Plan's assets are invested in funds and an insurance contract managed by the trustee and custodian of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

SUPPLEMENTAL SCHEDULES

ELLIOT HEALTH SYSTEM PENSION PLAN

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

EIN #02-0509911
Plan #001

December 31, 2025

	Identity of Issuer	Collateral, Shares, Par or Maturity Value	Cost	Current Value
	Short-term investments:			
*	NTGI Col TV Govt STIF Registered	$ 5,063,689	$ 5,063,689	$ 5,063,689
	Limited partnerships and limited liability companies:			
	IR+M Intermediate Corporate Collective Fund Class ND	2,506,171	23,146,018	27,251,585
	IR+M Long Corporate Collective Fund Class ND	16,606,621	133,523,084	143,603,742
	SSGA 20 Year U.S. Treasury Strips Index NL Fund	1,217,539	26,941,860	14,200,154
	SSGA Long U.S. Govt Bond Index NL Fund	1,492,402	70,851,888	57,718,661
	NHIT Credit Asset Trust – CL B	273,904	6,825,458	7,660,501
	Arena Short Duration High Yield Fund LP – Series E Fund	+	5,750,000	7,678,246
	Total limited partnerships and limited liability companies		267,038,308	258,112,889
	Mutual funds:			
	Fidelity Salem Street Trust LRG CP IDX INS	1,478,133	14,150,807	14,559,611
	Other:			
*	Aetna Group Annuity Insurance Contract	+	436,977	436,977
			$286,689,781	$278,173,166

* Denotes party-in-interest.
\+ Ownership is not based on shares.
The above information has been certified by the trustee and provider of the insurance contract described in Note 3 as complete and accurate.

ELLIOT HEALTH SYSTEM PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN #02-0509911
Plan #001

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Trans-action	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets								
The Northern Trust Company	NTGI Col TVGovt STIF Registered	$14,821,785	$ –	$ –	$ –	$14,821,785	$14,821,785	$ –
The Northern Trust Company	NTGI Col TVGovt STIF Registered	–	15,632,804	–	–	15,632,804	15,632,804	–

There were no category (i), (ii) or (iv) transactions.
The above transactions have been certified by the trustee as complete and accurate.

Schedule SB Part V, Statement of Actuarial Methods and Assumptions
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.80% per year) or the applicable statutory interest rate for the year.

PBGC Variable-Rate Premium Method

The standard method is used for the PBGC variable-rate premium calculation.

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

None.

Schedule SB Part V, Statement of Actuarial Methods and Assumptions
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum	PBGC Premium
Segment 1 (0–5 years)	5.00%	5.00%	4.65%
Segment 2 (5–20 years)	5.27%	5.27%	5.28%
Segment 3 (20+ years)	5.50%	5.40%	5.63%
Effective Interest Rate	5.35%	5.31%	5.39%

ERISA minimum funding: 24-month average segment rates, using a zero-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Contribution: 24-month average segment rates, using a zero-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation.

FASB ASC Topic 960: 5.80% per year. It is based on the Plan's investment policy, including target asset allocation, and NEPC's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Contribution: 5.80% per year. It is based on the Plan's investment policy, including target asset allocation, and NEPC's capital market expectations.

Compensation Increases

Not applicable.

Inflation (CPI)

2.75% per year.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Contribution: 0% per year as required by statute.

FASB ASC Topic 960: 0% per year.

Annual Cost of Living Increases

2.75% per year.

Administrative Expenses

An allowance of $1,197,100 for administrative expenses has been included in the Target Normal Cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year rounded to the nearest $100.

Schedule SB Part V, Statement of Actuarial Methods and Assumptions
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Mortality

ERISA minimum funding, Maximum Contribution, and PBGC premium: Statutory generational mortality tables for 2025 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate greater future longevity using the 2025 Adjusted Scale MP-2021.

FASB ASC Topic 960: Pri-2012 Total Dataset Amount-Weighted Mortality Tables, then projected generationally forward with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement.

Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
60	3.00%
61	2.06
62	21.05
63	13.33
64	15.38
65	72.73
66	20.00
67	25.00
68	33.33
69	50.00
70+	100.00

Terminated vested participants are assumed to retire at age 65.

Termination / Early Retirement Rates

Annual rates of termination and early retirement are based on age. Sample rates are shown in the following table.

Age	Rate
20	20.0%
25	16.88
30	14.17
35	12.08
40	10.00
45	9.33
50	8.67
55	8.00
60+	0.00

Disability

None assumed.

Schedule SB Part V, Statement of Actuarial Methods and Assumptions
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 90% of male participants and 60% of female participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

Weighted Average Retirement Age

The weighted average retirement age for active participants is 64

Attachment to 2025 Form 5500
Schedule SB Line 26, Schedule of Active Participants
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2025, is shown below.

	Years of Credited Service										
Age	**0**	**1–4**	**5–9**	**10–14**	**15–19**	**20–24**	**25–29**	**30–34**	**35–39**	**40+**	**Total**
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	2	5	-	-	-	-	7
40–44	-	1	-	-	10	30	2	-	-	-	43
45–49	-	-	2	2	12	32	10	-	-	-	58
50–54	-	1	1	-	8	34	15	7	4	-	70
55–59	-	-	-	-	5	26	26	21	15	-	93
60–64	-	1	-	1	6	36	31	22	18	16	131
65–69	-	-	-	-	4	9	6	3	6	6	34
70+	-	-	-	-	-	1	1	-	-	-	2
Total	-	3	3	3	47	173	91	53	43	22	438

Attachment to 2025 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Weighted Average Retirement Age

The weighted average retirement age is equal to 64 as shown below.

Age	Retirement Rates	Start	% Retiring	Remaining	Average Ret Age
60	0.03000	1.00000	0.03000	0.97000	1.80000
61	0.02060	0.97000	0.01998	0.95002	1.21890
62	0.21050	0.95002	0.19998	0.75004	12.39868
63	0.13330	0.75004	0.09998	0.65006	6.29875
64	0.15380	0.65006	0.09998	0.55008	6.39866
65	0.72730	0.55008	0.40007	0.15001	26.00475
66	0.20000	0.15001	0.03000	0.12001	1.98009
67	0.25000	0.12001	0.03000	0.09000	2.01009
68	0.33330	0.09000	0.03000	0.06001	2.03989
69	0.50000	0.06001	0.03000	0.03000	2.07020
70	1.00000	0.03000	0.03000	0.00000	2.10020

Average Age at Retirement	64.3202
Rounded to the nearest whole year for Schedule SB line 22	64

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Plan Year	Funding Projected Benefit Payments			
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	549,873	352,387	12,709,040	13,611,300
2026	1,487,476	705,015	12,671,519	14,864,011
2027	2,315,891	1,136,112	12,623,370	16,075,373
2028	3,069,993	1,685,049	12,552,051	17,307,094
2029	3,717,624	2,014,409	12,452,584	18,184,617
2030	4,285,588	2,397,058	12,325,326	19,007,972
2031	4,768,895	2,647,255	12,166,017	19,582,168
2032	5,153,629	2,893,971	11,978,057	20,025,657
2033	5,508,919	3,140,652	11,756,811	20,406,382
2034	5,810,084	3,346,407	11,499,243	20,655,734
2035	6,034,399	3,596,829	11,202,288	20,833,517
2036	6,283,608	3,773,959	10,872,570	20,930,137
2037	6,459,556	3,969,348	10,504,815	20,933,719
2038	6,603,573	4,156,283	10,094,951	20,854,806
2039	6,732,680	4,338,198	9,647,521	20,718,399
2040	6,819,354	4,466,655	9,169,620	20,455,629
2041	6,899,530	4,504,381	8,659,010	20,062,921
2042	6,914,260	4,513,318	8,119,079	19,546,656
2043	6,909,683	4,536,132	7,554,179	18,999,993
2044	6,843,830	4,507,728	6,969,659	18,321,216
2045	6,803,213	4,483,719	6,371,882	17,658,813
2046	6,775,539	4,451,842	5,768,164	16,995,545
2047	6,684,423	4,391,294	5,166,483	16,242,201
2048	6,548,511	4,308,360	4,575,271	15,432,142

2049	6,332,568	4,184,447	4,003,074	14,520,090
2050	6,095,586	4,042,268	3,458,128	13,595,982
2051	5,836,938	3,884,321	2,947,816	12,669,075
2052	5,572,950	3,704,869	2,478,112	11,755,931
2053	5,275,280	3,514,754	2,053,412	10,843,447
2054	4,959,416	3,313,820	1,676,300	9,949,536
2055	4,637,412	3,106,046	1,347,563	9,091,020
2056	4,312,657	2,893,671	1,066,335	8,272,664
2057	3,988,521	2,679,152	830,252	7,497,925
2058	3,668,147	2,464,940	635,831	6,768,918
2059	3,354,761	2,253,442	478,804	6,087,006
2060	3,051,236	2,046,916	354,463	5,452,615
2061	2,760,048	1,847,330	257,957	4,865,335
2062	2,483,287	1,656,391	184,545	4,324,223
2063	2,222,576	1,475,501	129,811	3,827,887
2064	1,979,004	1,305,753	89,802	3,374,558
2065	1,753,246	1,147,961	61,117	2,962,324
2066	1,545,511	1,002,610	40,937	2,589,057
2067	1,355,624	869,860	26,995	2,252,479
2068	1,183,109	749,600	17,530	1,950,240
2069	1,027,161	641,515	11,212	1,679,889
2070	886,822	545,105	7,063	1,438,990
2071	761,059	459,737	4,382	1,225,178
2072	648,872	384,713	2,676	1,036,262
2073	549,288	319,259	1,609	870,157
2074	461,365	262,604	951	724,920

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.

Definitions

Accrued Benefit: If the Participant is employed by Elliot Hospital, Elliot Physician Network or Elliot Physician Services, the Accrued Benefit payable at Normal Retirement is equal to:

(1) For each Plan Year beginning July 1, 2000 that the Participant is credited with a Year of Benefit Service, 2% of Compensation; plus

(2) If the Participant was covered by the Optima Health Pension Plan as of June 30, 2000, the Accrued Benefit earned as of June 30, 2000.

If the Participant is employed by VNA of Manchester & Southern NH, Inc., VNA Home Health & Hospice Services, Inc., or VNA Personal Services and was hired prior to July 1, 2004, the Accrued Benefit payable at Normal Retirement is equal to:

(1) For each Plan Year beginning July 1, 2000 and ending on June 30, 2004 that the Participant is credited with a Year of Benefit Service, 2% of Compensation; plus

(2) For each Plan Year beginning July 1, 2004 that the Participant is credited with a Year of Benefit Service, 1% of Compensation; plus

(3) If the Participant was covered by the Optima Health Pension Plan as of June 30, 2000, the Accrued Benefit earned as of June 30, 2000.

Participants employed by VNA Community Services accrue no additional benefits under the Plan after June 30, 2004. The Accrued Benefit payable at Normal Retirement for VNA Community Service Plan Participants is equal to the sum of (1) and (3) above.

Accruals are frozen effective December 31, 2019 for all participants.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump sum amounts, actuarially equivalent factors are based on on 6% interest rate and 1971 Group Annuity Mortality Table (five-year setback for participant and one-year setback for beneficiary). For purposes of determining lump-sum amounts, actuarially equivalent factors are based on the applicable mortality table in effect under IRC Section 417(e)(3) for the plan year of distribution and the statutory three-tier segment interest rates in effect for the April preceding the plan year of distribution.

Benefit Service: One year for each 1,000-hour Plan Year of participation, excluding any Plan Year prior to participation date. Benefit service accrual is frozen effective December 31, 2019.

Compensation: Total compensation, less excludable earnings, paid to a participant during a Plan Year including all pre-tax contributions authorized by the Internal Revenue Code. Excludable earnings include severance pay and final earned time. Compensation after December 31, 2019 is not included in calculating the Accrued Benefit.

Schedule SB Part V, Summary of Plan Provisions
Elliot Health System Pension Plan
EIN/PN: 02-0509911/001

Participating Employers: Elliot Hospital, Visiting Nurse Association (VNA), Elliot Physician Network, Elliot Physician Services.

Plan Effective Date: January 1, 1968. Merged with the Optima Health Pension Plan effective July 26, 1996. Spun-off from the Optima Health Pension Plan effective July 1, 2000.

Plan Year: The 12-month period beginning January 1 and ending December 31. There is a short Plan Year starting July 1, 2018 and ending on December 31, 2018. Starting January 1, 2019, the Plan Year is the calendar year.

Vesting Service: One year for each 1,000-hour plan year of employment.

If the Participant was in the Optima Health Pension Plan on June 30, 2000 and became a Participant in this plan on July 1, 2000, Vesting Service includes Vesting Service under the Optima Health Pension Plan.

Eligibility for Participation

Eligibility Service: A year of Eligibility Service is a 12-month period in which 1,000 Hours of Service are completed beginning on the date an hour of service is first performed. Subsequent 12-month computation periods shall be the Plan Year beginning with the Plan Year which includes the 1st anniversary of the date an hour of service was first performed.

Participation: Eligible employees hired before July 1, 2006 participate on January 1 or July 1 following age 21 and one year of 1,000 hours of eligibility service. Employees hired on or after July 1, 2006 do not participate.

Normal Retirement

Normal Retirement Date: First of the month coinciding with or next following the attainment of age 65.

Normal Retirement Benefit: The Accrued Benefit.

Early Retirement

Early Retirement Date: First of the month coinciding with or next following the attainment of age 55 and completion of five years of Vesting Service.

Early Retirement Benefit: The Accrued Benefit determined as of Early Retirement Date, multiplied by the following percentage (interpolated for months):

Benefit Commencement Age	Percentage
55	46.0%
56	49.6
57	53.2
58	56.8
59	60.4
60	64.0
61	71.2
62	78.4
63	85.6
64	92.8
65+	100.0

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The Accrued Benefit determined as of the Deferred Retirement Date.

Termination

Termination Date: The date of termination of service other than for reasons of retirement, disability, or death.

Termination Benefit: The Accrued Benefit, multiplied by the vested percentage in the following table, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of Vesting Service have been completed (reduced for commencement prior to Normal Retirement Date using the same percentages applicable for Early Retirement).

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

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments, provided they have been married at least one year.

Preretirement Death Benefit: 100% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 100% survivor annuity, and died on that same date.

Disability Retirement

Disability Retirement Eligibility: Total and permanent disability and eligible for Social Security Disability Benefits.

Disability Retirement Benefit: If the participant is eligible for benefits under the Elliot Health System long-term disability plan, the participant will continue to earn Benefit Service under the plan until the earlier of age 65 or the end of the disability under the Elliot Health System long-term disability plan if the participant became disabled on or before July 1, 2006. If an active participant becomes disabled after July 1, 2006 and is eligible for Social Security Disability Income, the participant will cease accruing Benefit Service under the plan and will become 100% vested in his or her Accrued Benefit. The Accrued Benefit will be calculated based on the greater of Compensation (i) during the most recent plan year prior to disability, or (ii) annualized scheduled rate pay at the time of disability.

Cost-of-Living Adjustments (COLAs)

Participants joining the Plan on or after January 1, 2002 are not eligible for COLAs. Also, any retirees who elected the no-COLA option under the 1998 voluntary early retirement program are not eligible for COLAs.

Participants joining the Plan on or before December 31, 2001 are eligible for COLAs on Accrued Benefits earned as of June 30, 2003 based on changes in the Consumer Price Index - U.S. All Urban Index published by the Department of Labor on January 1st each year and applied to applicable benefits the following May 1st. This adjustment is limited to 3% each year. The adjustment applies for retirements beginning by the December 1st prior to the May 1st adjustment date. No COLAs apply for any Accrued Benefit earned after June 30, 2003.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 100% survivor annuity if married.

Optional Forms: Life annuity; actuarially equivalent life annuity with 5, 10, or 15 years certain; actuarially equivalent joint and 50%, 66-2/3% or 100% (as elected) survivor annuity.

Small Lump Sum: Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is $1,000 or less. Payable if elected if the actuarially equivalent present value of the vested Accrued Benefit is between $1,000 and $7,000.

Changes in Principal Plan Provisions Since Prior Valuation

None.

ELLIOT HEALTH SYSTEM PENSION PLAN

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

EIN #02-0509911
Plan #001

December 31, 2025

	Identity of Issuer	Collateral, Shares, Par or Maturity Value	Cost	Current Value
	Short-term investments:			
*	NTGI Col TV Govt STIF Registered	$ 5,063,689	$ 5,063,689	$ 5,063,689
	Limited partnerships and limited liability companies:			
	IR+M Intermediate Corporate Collective Fund Class ND	2,506,171	23,146,018	27,251,585
	IR+M Long Corporate Collective Fund Class ND	16,606,621	133,523,084	143,603,742
	SSGA 20 Year U.S. Treasury Strips Index NL Fund	1,217,539	26,941,860	14,200,154
	SSGA Long U.S. Govt Bond Index NL Fund	1,492,402	70,851,888	57,718,661
	NHIT Credit Asset Trust – CL B	273,904	6,825,458	7,660,501
	Arena Short Duration High Yield Fund LP – Series E Fund	+	5,750,000	7,678,246
	Total limited partnerships and limited liability companies		267,038,308	258,112,889
	Mutual funds:			
	Fidelity Salem Street Trust LRG CP IDX INS	1,478,133	14,150,807	14,559,611
	Other:			
*	Aetna Group Annuity Insurance Contract	+	436,977	436,977
			$286,689,781	$278,173,166

* Denotes party-in-interest.
\+ Ownership is not based on shares.
The above information has been certified by the trustee and provider of the insurance contract described in Note 3 as complete and accurate.

ELLIOT HEALTH SYSTEM PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN #02-0509911
Plan #001

For the Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Trans-action	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets								
The Northern Trust Company	NTGI Col TVGovt STIF Registered	$14,821,785	$ –	$ –	$ –	$14,821,785	$14,821,785	$ –
The Northern Trust Company	NTGI Col TVGovt STIF Registered	–	15,632,804	–	–	15,632,804	15,632,804	–

There were no category (i), (ii) or (iv) transactions.
The above transactions have been certified by the trustee as complete and accurate.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
ELLIOT HEALTH SYSTEM PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0509911

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 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	274,280,026
b Actuarial value	**2b**	283,761,758

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	578	153,327,564	153,327,564
b For terminated vested participants	511	49,579,104	49,579,104
c For active participants	438	80,676,131	80,676,131
d Total	1,527	283,582,799	283,582,799

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,197,100
c Target normal cost	**6c**	1,197,100

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

10/14/2026
Date

Jennifer M. Castelhano, FSA
Type or print name of actuary

26-08086
Most recent enrollment number

Milliman, Inc.
Firm name

(860)687-2110
Telephone number (including area code)

200 Great Pond Drive
Suite 110
Windsor CT 06095-2126
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,515,413
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	1,515,413
10	Interest on line 9 using prior year's actual return of -1.99%	0	-30,157
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9,430,232
	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 5.21%		491,315
	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		9,921,547
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,485,256

Part III Funding Percentages

14	Funding target attainment percentage	14	99.53%
15	Adjusted funding target attainment percentage	15	100.05%
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	106.27%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/08/2025	2,500,000				
01/09/2026	2,500,000				
04/13/2026	2,500,000				
07/13/2026	2,500,000				
			Totals ► 18(b)	10,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	9,419,621

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:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	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**	1,197,100
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1,197,100

	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**	1,197,100
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9,419,621

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

a Total (excess, if any, of line 37 over line 36)	**38a**	8,222,521
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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