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. . . . . ▶ [X]

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
CARE NEW ENGLAND PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1964

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)
CARE NEW ENGLAND

10 CHARLES STREET
SUITE 250
PROVIDENCE, RI 02904

2b Employer Identification Number (EIN)
05-0490997

2c Plan Sponsor's telephone number
401-453-7900

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.	10/15/2026	KATHLEEN LAVOIE
	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 ☐ Same as Plan Sponsor

KATHLEEN LAVOIE
CARE NEW ENGLAND
10 CHARLES STREET
SUITE 250
PROVIDENCE, RI 02904

3b Administrator's EIN: 05-0490997

3c Administrator's telephone number: 401-680-4334

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3375
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)**	1647
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1529
b	Retired or separated participants receiving benefits	**6b**	460
c	Other retired or separated participants entitled to future benefits	**6c**	1324
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3313
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	3325
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**	38
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(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)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CARE NEW ENGLAND 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
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0490997

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**	135709581
b Actuarial value	**2b**	135775900

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	431	45382929	45382929
b For terminated vested participants	1311	41267170	41267170
c For active participants	1651	66181956	70193795
d Total	3393	152832055	156843894

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

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

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2671302
b Expected plan-related expenses	**6b**	2200000
c Target normal cost	**6c**	4871302

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

10/07/2026
Date

KEVIN GONTOWSKI
Type or print name of actuary

26-06296
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

203-326-5400
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.06 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1494
	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 5.12 %		76
	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		1570
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.56 %
15	Adjusted funding target attainment percentage	15	86.56 %
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	90.81 %
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
04/11/2025	1751000	0			
07/01/2025	1751000	0			
10/14/2025	1751000	0			
01/15/2026	1642000	0			
07/13/2026	1824000	0			
09/14/2026	690000	0			
			Totals ► 18(b)	9409000	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	8982523

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4871302
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21067994	2422315
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**	7293617

	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**	7293617
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8982523
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1688906
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
CARE NEW ENGLAND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0490997

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTISAN PARTNERS
875 E. WISCONSIN AVENUE
MILWAUKEE, WI 53202

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

BLACKROCK ADVISORS, LLC.

23-2784752

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

EDGEWOOD
535 MADISON AVENUE
15TH FL
NEW YORK, NY 10022

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

HARBOR FUNDS

34-1953393

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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 15 17 50	NONE	544644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL & GENERAL INVESTMENT MGT AMER

71 SOUTH WACKER AVENUE
SUITE 800
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 29	NONE	180481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

56-2215036

(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 50	NONE	72709	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)

CBIZ CPAS P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	64180	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDUCIENT ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	55041	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LONGFELLOW INVESTMENT MANAGEMENT

20 WINTHROP SQUARE
BOSTON, MA 02110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	47727	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29733	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYDER COURT GLOBAL

27-1516157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	27926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERDEEN ASSET MANAGEMENT

51-0368279

(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 51	NONE	25907	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)

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(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 51	NONE	23106	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MPS COMMUNICATIONS

1000 N CANNON AVE
BUILDING 1200
LANSDALE, PA 19446

(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?
49 50	NONE	9314	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: WILSON LOWRY
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: PO BOX 674401
HOUSTON, TX 77267
e Telephone: 617-638-3700

Explanation: ENROLLED ACTUARY RETIRED FROM WILLIS TOWERS WATSON AND REASSIGNMENT OCCURRED WITHIN THE COMPANY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CARE NEW ENGLAND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0490997

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EMRGING MRKTS SMALLR COMPANIES FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
61-1581337-001	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN INTERNATIONAL ALL-CAP

b Name of sponsor of entity listed in (a): ACADIAN ASSET MGMT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2929221-015	E	3667515

a Name of MTIA, CCT, PSA, or 103-12 IE: ARISTOTLE COLLECTIVE INVESTMENT TRU

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-2704975-095	C	8304138

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CARE NEW ENGLAND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0490997

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)	1192000	4156000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	743058	764967
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2321644	5527196
(2) U.S. Government securities	1c(2)	55151249	57884436
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1018392	916419
(B) All other	1c(3)(B)	1786705	2299984
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2548513	2902076
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7487013	8304138
(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)	7183804	3667515
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48143796	48350090
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	8133591	11253507

		(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	135709765	146026328
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	205629	241201
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	19	41
1k Total liabilities (add all amounts in lines 1g through1j)	1k	205648	241242
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	135504117	145785086

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)	9409000	
(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)		9409000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	141749	
(B) U.S. Government securities	2b(1)(B)	2051160	
(C) Corporate debt instruments	2b(1)(C)	162913	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	229874	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2585696
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	10495	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	124907	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		135402
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	182921192	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	184210450	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1289258
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4340563	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4340563

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		882125
(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)		575841
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6104924
c Other income	2c		187955
d Total income. Add all **income** amounts in column (b) and enter total	2d		22932248
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10253235	
(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)		10253235
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	168688	
(4) IQPA audit fees	2i(4)	64180	
(5) Investment advisory and investment management fees	2i(5)	336816	
(6) Bank or trust company trustee/custodial fees	2i(6)	72709	
(7) Actuarial fees	2i(7)	416080	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1339571	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2398044
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12651279
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10280969
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: CBIZ CPAS P.C. **(2)** EIN: 43-1947695

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 583814.

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
CARE NEW ENGLAND PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CARE NEW ENGLAND

D Employer Identification Number (EIN)
05-0490997

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): 56-2215036

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 | 61

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: 29.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 69.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

CBIZ CPAs

Financial Statements
and Supplemental Schedules

Care New England Pension Plan

December 31, 2025 and 2024

CARE NEW ENGLAND PENSION PLAN

Financial Statements
and Supplemental Schedules

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CBIZ CPAs P.C.

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Independent Auditors' Report

Plan Administrator
Care New England Pension Plan

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

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 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.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 these 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, (1) Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and (2) Schedule H, Line 4j - 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

CBIZ CPAs P.C.

Boston, Massachusetts
October 14, 2026

CARE NEW ENGLAND PENSION PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2025	***2024***
Assets		
Investments, at fair value	$ 141,105,320	$ 133,774,688
Total investments	**141,105,320**	**133,774,688**
Receivables:		
Employer contributions	4,156,000	1,192,000
Investment income	764,967	743,058
Total receivables	**4,920,967**	**1,935,058**
Total assets	**146,026,287**	**135,709,746**
Liabilities		
Accrued administrative expenses	241,201	205,629
Net assets available for benefits	**$ 145,785,086**	**$ 135,504,117**

See Independent Auditors' Report and accompanying notes to financial statements.

CARE NEW ENGLAND PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2025	***2024***
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income	$ 2,721,646	$ 2,596,509
Net appreciation in fair value of investments	10,777,837	1,458,722
Total investment income	13,499,483	4,055,231
Contributions:		
Employer contributions	9,415,933	7,219,000
Total additions to net assets	**22,915,416**	**11,274,231**
Deductions from net assets attributed to:		
Benefits paid to participants	10,260,167	9,250,786
Administrative expenses	2,374,280	2,842,901
Total deductions from net assets	**12,634,447**	**12,093,687**
Net increase (decrease) in net assets available for benefits	**10,280,969**	**(819,456)**
Net assets available for benefits, beginning of year	135,504,117	136,323,573
Net assets available for benefits, end of year	**$ 145,785,086**	**$ 135,504,117**

See Independent Auditors' Report and accompanying notes to financial statements.

Note 1 - Description of the Plan

The following description of the Care New England Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit pension plan most recently amended and restated on January 1, 2020. Care New England ("CNE") is the Plan Sponsor ("Employer"). Bank of America, N.A. is the Trustee/Custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All investments are non-participant directed.

Effective April 1, 1999, the Plan was amended to incorporate a cash balance formula for all participants, except the collective bargaining unit employees of Butler Hospital, whose benefits are computed under the prior formula.

Effective December 31, 2010, the Plan was frozen, except in connection with bargaining agreements. Compensation paid to a participant shall be disregarded for plan purposes, except for purposes related to determining benefits for Butler District 1199 employees. In addition, a participant's cash balance account will only increase annually for interest credit. In connection with the Plan freeze, CNE enhanced contributions to the Care New England 403(b) Match and Savings Plan in 2011.

The Plan's Adjusted Funding Target Attainment Percentage ("AFTAP") for the Plan year beginning January 1, 2025 is 86.56% and 90.81% as of January 1, 2024.

Eligibility

Butler District 1199 employees who work 1,000 hours in a 12-month period, which is a year of service, and have attained age 21 are eligible.

An employee, other than Butler District 1199 employees, was eligible to participate in the Plan if:

- They were a participant in one of the former pension plans (Kent Plan, Butler Plan, or Women & Infants Plan) as of March 31, 1999, and actively employed at Kent County Memorial Hospital, Butler Hospital, Women & Infants Hospital, or Harbor Health Care Management LLC on January 1, 1999, and Behavioral Health Services on April 1, 1999; or
- They earned 1,000 hours of service in the 12-month period following their date of hire, or 1,000 hours in any subsequent calendar year.

However, the following groups of employees were not eligible to participate in the Plan:

- Brown University academic faculty;
- Butler Hospital interns and physicians in residence;
- Women & Infants Hospital bargaining unit employees;
- Women & Infants Hospital physicians and physicians in residence; and
- Butler Hospital physicians or out-patient therapists, effective August 1, 1999.

Note 1 - Description of the Plan (Continued)

Vesting

Vesting occurs after three years of service. A participant earns one year of service for each calendar year during which the participant completes 1,000 hours of service.

Cash Balance Accounts

If a participant was active in one of the former pension plans, the opening cash balance account (CNE Pension Account) as of April 1, 1999 became the actuarial present value of the benefit earned under the former plan. This benefit was calculated based on annual compensation and years of service as of December 31, 1998. If an employee was not an active participant in one of the former pension plans, there was no opening cash balance account under the Plan.

Interest Credits

The CNE Pension Account will also earn interest each year in the form of "interest credits." The interest applied is based on the average monthly rate of the one-year U.S. Treasury bill for the preceding year, as published by the Federal Reserve Board. The rate will vary from year to year; however, it will never be less than 4%, or more than the rate of the 30-year U.S. Treasury bond in effect as of the first day of the year. The Plan's interest rate will be announced each year by CNE. Interest will be credited at the end of the year, based on the beginning account balance.

Benefits

A participant, or their beneficiary, can receive the vested value of the CNE Pension Account when the participant retires, leaves CNE or dies. A participant can elect to receive benefits in the form of a lump-sum cash payment, or as a monthly annuity. If the total vested account balance is more than $7,000, a participant may also elect to defer payment to a later date. However, if a participant is no longer actively employed at CNE, a participant may defer payments no later than normal retirement date (age 65).

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with the accounting principles generally accepted in the United States of America.

Investments, Investment Valuation, and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Note 2 - Summary of Significant Accounting Policies (Continued)

Investments, Investment Valuation, and Income Recognition (Continued)

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized gains and losses and the change in unrealized appreciation on investments bought and sold as well as held during the year. Cost is determined on the average cost basis.

Employer Contributions (Funding Policy)

The Plan's funding policy is for CNE to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2025 and 2024, CNE made contributions of $9,415,933 and $7,219,000, respectively. CNE's contributions met the minimum funding requirement of ERISA.

Payment of Benefits

Benefits are recorded upon distribution.

Plan Administration

CNE is the Plan administrator under the direction of an investment committee whose members are appointed by the Board of Trustees of Care New England Health System.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Subsequent Events

CNE and Plan management have evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued. No significant matters were identified for disclosure during this evaluation.

Note 3 - Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules as of and for the years ended December 31, 2025 and 2024 are complete and accurate:

- Investments at fair value
- Net appreciation of investments
- Interest and dividends
- Schedule of reportable transactions

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 4 - Fair Value Measurements

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

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 and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market 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. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Note 4 - Fair Value Measurements (Continued)

The 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.

Mutual funds and money market funds are valued daily at the closing price per share, as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These investments held by the Plan are deemed to be actively traded.

Common stocks traded on a national or international security exchange are valued at the closing price reported on the active market on which the individual securities are traded.

Common/collective trust fund and commingled funds participation units are valued at the NAV, as provided by the trustee, and used as a practical expedient to estimate fair value for all the common collective trusts and commingled funds. The NAV is based on the fair value of the underlying investments held by the account less its liabilities. The practical expedient is not used when it is determined to be probable the Plan will sell the investment for an amount different than the reported NAV. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.

103-12 investment entity funds (through 2024) fair value of the participation units owned by the Plan are based on quoted redemption values on the last business day of the plan year.

Limited partnership/limited liability companies valued by calculating the estimated NAV of each investment by taking the investment's total capital from audited financial statements multiplied by the Plan's ownership percentage in that investment. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less liabilities. This practical expedient is not used when it is probable that the Plan will sell the investment for an amount different from its reported NAV.

Government, agency, and corporate obligations. Certain U.S. government and sovereign obligations, most government agency securities, investment-grade corporate bonds, certain mortgage products, and municipal obligations are valued based on quoted market prices, dealer quotations or alternative pricing sources.

Asset/mortgage-backed obligations. The Plan also invests in certain securities collateralized by residential and commercial mortgages and other assets that may be affected by, among other things, changes in: interest rates, the quality of the underlying assets or the market's assessment thereof, factors concerning interests in and structure of the issuer or the originator of the receivables, or the creditworthiness of the entities that provide credit enhancements.

Note 4 - Fair Value Measurements (Continued)

Futures contracts are contractual agreements to make or take delivery of a standardized quantity of a specified grade or type of financial instrument at a specified future date in accordance with terms specified by a regulated futures exchange. The investment managers may use futures contracts to manage exposure to certain markets. Buying futures increases the Plan's exposure to the underlying instrument and selling futures decreases the Plan's exposure to the underlying instrument held or hedges the fair value of other investments held. Futures contracts are valued at the last settlement price at the end of each day on the exchange upon which they are traded. At December 31, 2025 and 2024, $175,260 and $1,537,439 were pledged as collateral for open fixed income future positions, respectively. For the years ended December 31, 2025 and 2024, there were 126 and 147 open futures contracts with a gross notional value of $16,000,000 and $17,800,000, respectively.

The following tables summarize fair value measurements at December 31, 2025 and 2024 for financial assets measured at fair value:

	Assets at Fair Value as of December 31, 2025				
Description	***Level 1***	***Level 2***	***Level 3***	***Investments Measured at NAV Practical Expedient (a)***	***Total***
Mutual funds	$ 16,950,941	$ -	$ -	$ -	$ 16,950,941
Money market funds	5,465,239	-	-	-	5,465,239
Common stocks	2,902,076	-	-	-	2,902,076
Government and agency	-	55,170,146	-	-	55,170,146
Corporate obligations	-	2,793,596	-	-	2,793,596
Asset/mortgage-backed corporate obligations	-	3,959,723	-	-	3,959,723
Asset/mortgage-backed government and agency	-	3,819,335	-	-	3,819,335
Foreign obligations	-	705,147	-	-	705,147
Cash-interest bearing	61,957	-	-	-	61,957
Commingled funds	-	-	-	6,818,450	6,818,450
Common/collective trust	-	-	-	8,304,138	8,304,138
Limited partnerships/LLCs	-	-	-	34,154,572	34,154,572
Total	**$ 25,380,213**	**$ 66,447,947**	**$ -**	**$ 49,277,160**	**$ 141,105,320**

Note 4 - Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2024				
Description	***Level 1***	***Level 2***	***Level 3***	***Investments Measured at NAV Practical Expedient (a)***	***Total***
Mutual funds	$ 17,670,932	$ -	$ -	$ -	$ 17,670,932
Money market funds	2,119,798	-	-	-	2,119,798
Common stocks	2,548,514	-	-	-	2,548,514
Government and agency	-	51,211,070	-	-	51,211,070
Corporate obligations	-	3,725,839	-	-	3,725,839
Asset/mortgage-backed corporate obligations	-	4,093,667	-	-	4,093,667
Asset/mortgage-backed government and agency	-	3,803,999	-	-	3,803,999
Foreign obligations	-	516,073	-	-	516,073
Cash-interest bearing	201,846	-	-	-	201,846
Commingled funds	-	-	-	8,003,393	8,003,393
Common/collective trust	-	-	-	7,487,013	7,487,013
103-12 entity	-	-	-	2,847,445	2,847,445
Limited partnerships/LLCs	-	-	-	29,545,099	29,545,099
Total	**$ 22,541,090**	**$ 63,350,648**	**$ -**	**$ 47,882,950**	**$ 133,774,688**

(a) In accordance with ASC Subtopic 820-10, "Fair Value Measurements," certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified within the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy amounts to amounts presented in the Statements of Net Assets Available for Benefits.

Note 5 - Fair Value of Investments that Calculate Net Asset Value ("NAV") Practical Expedient

Investments	*Fair Value* 12/31/2025*	*Fair Value* 12/31/2024*	*Redemption Frequency*	*Redemption Notice Period*
Investments in Commingled funds	$ 6,818,450	$ 8,003,393	Daily	Various
Investments in 103-12 entity	$ -	$ 2,847,445	Daily	N/A
Investments in Limited partnerships/LLCs	$ 34,154,572	$ 29,545,099	Various	Various
Investments in Common/Collective Trust	$ 8,304,138	$ 7,487,013	Daily	Various

* The fair values of the investments have been estimated using the net asset value of the investment.

Note 6 - Risks and Uncertainties

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events such as an international conflict, which would impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the Statements of Net Assets Available for Benefits.

Note 7 - Plan Termination

CNE intends to continue the Plan indefinitely but reserves the right to terminate the Plan at any time. Upon termination, the Plan's assets would be allocated for the benefit of Participants and beneficiaries in the manner specified by the Plan and in accordance with ERISA.

Note 7 - Plan Termination (Continued)

If the Plan was terminated, certain benefits under the Plan would be insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The PBGC guaranteed up to $7,432 per month for plans terminating in 2025 and $7,108 per month for plans terminating in 2024 (assuming 65 years of age and a straight-life annuity). 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.

In the event that the Plan is terminated, the assets then remaining, after providing for the administrative expenses of the Plan, would be allocated first to Participants, spouses or beneficiaries receiving benefits at least three years prior to the termination date; next, to pay all other insured benefits as provided for under Title IV, Section 4044 of ERISA; then to provide all other vested benefits under the provisions of the Plan that are not insured under ERISA; and, finally, to provide all other accrued benefits for Participants who were not vested as of the date of Plan termination.

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

Note 8 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service Participants have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated Participants or their beneficiaries, beneficiaries of Participants who have died, and present employees. Benefits payable under the Plan are accumulated based on Participants' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant service rendered through the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of the accumulated Plan benefits was determined by an independent actuary as of January 1, 2025 and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Note 8 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Interest discount rate	6.00% per annum for 2025 and 2024.
Mortality basis	For 2025 and 2024, Pri-2012 mortality tables (with blue collar, white collar, and mixed collar adjustments; according to job classification, where available) with separate tables for employees, retirees, and contingent survivors, projected forward generationally using Scale MP-2021.
Form of payment	50% of participants are assumed to elect a lump sum option immediately, 25% are assumed to elect a lump sum option at age 65 and 25% are assumed to elect an annuity payable at age 65.

Participants are assumed to retire between the ages of 55 and 65 based on eligibility for early retirement. The interest discount rate is based on the month of September and the three segment rates yield curve. During 2025 and 2024, the shortfall amortization installment was $2,422,315 and $1,700,359, respectively, which was included in the Plan's minimum required contribution for each respective year.

The actuarial present value of accumulated Plan benefits for the Plan as of January 1, 2025 is as follows:

Vested benefits:	
Active employees	$ 62,551,555
Participants with deferred benefits	39,800,641
Participants receiving benefits	43,730,129
Total vested benefits	146,082,325
Nonvested benefits	3,673,068
Total actuarial present value of accumulated plan benefits	**$ 149,755,393**

The present value of accumulated Plan benefits was calculated on the assumption of an ongoing Plan. If the Plan were to terminate, the value shown above would be revised to reflect assumptions and methods appropriate upon Plan termination.

Note 8 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

There were changes in assumptions and methods made by the actuary included in the actuarial present value of the accumulated Plan benefits as of January 1, 2025 including the following:

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by Internal Revenue Code ("IRC") 430.
- The lump sum conversion mortality was changed from the 2024 PPA optional combined unisex mortality table for the prior valuation to the 2025 PPA optional combined unisex mortality table for the current valuation.
- The expected plan-related expenses were updated from $2,600,000 to $2,200,000.

The following presents the changes in the actuarial present value of accumulated Plan benefits for the year ended January 1, 2025:

Actuarial present value of accumulated plan benefits, beginning of year	$ 148,757,354
Increase (decrease) during the year attributable to:	
Decrease in discount period	8,792,999
Benefits accumulated	2,418,030
Benefits paid	(9,250,786)
Actuarial gains	(962,204)
Net change	998,039
Actuarial present value of accumulated plan benefits as of January 1	**$ 149,755,393**

Note 9 - Tax Status

The Internal Revenue Service has determined and informed CNE, by a letter dated August 30, 2021, that the Plan and the related Trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9 - Tax Status (Continued)

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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

ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee is considered a party-in-interest transaction.

Plan investments include a Bank of America overnight deposit account and corporate obligations. Bank of America, N.A., is also the Plan trustee and, therefore, these transactions qualify as party-in-interest transactions. These investments and transactions are considered to be party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Supplemental Schedules

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
*	BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY	Cash-Interest Bearing	$ 2,000	$ 2,000
	FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	Cash-Interest Bearing	59,956	59,957
	Total Cash-Interest Bearing		**61,956**	**61,957**
	ARTISAN GLOBAL OPPORTUNITIES TR	Commingled Funds	956,127	3,150,935
	ACADIAN INTERNATIONAL ALL-CAP FUND	Commingled Funds	1,398,242	3,667,515
	Total Commingled Funds		**2,354,369**	**6,818,450**
	BLACKROCK LIQUIDITY FUND T FUND INSTL CL	Money Market Funds	3,689,697	3,689,697
	BLF FEDFUND	Money Market Funds	1,775,542	1,775,542
	Total Money Market Funds		**5,465,239**	**5,465,239**
	ARTISAN:GLBL VAL;INST	Mutual Funds	1,917,673	3,267,213
	EDGEWOOD GROWTH FUND CL INST	Mutual Funds	8,089,060	7,947,697
	HARBOR SMALL CAP VALUE FUND CL RETIRMNT	Mutual Funds	2,193,049	2,613,041
	DODGE & COX INTL STOCK FD CL I	Mutual Funds	1,141,831	1,554,248
	GS GQG PARTNERS INTL OPPS FD CL R6	Mutual Funds	1,362,106	1,568,742
	Total Mutual Funds		**14,703,719**	**16,950,941**
	ARISTOTLE VALUE EQUITY CIT CL A	Common/Collective Trust	5,208,309	8,304,138
	Total Common/Collective Trust		**5,208,309**	**8,304,138**
	LGIMA LONG DURATION US CREDIT FUND LLC	Limited Partnerships/Limited Liability Companies	23,114,579	28,248,215
	RYDER COURT GLOBAL EMERGING MKTS OPPORTUNITIES FUND (DST)	Limited Partnerships/Limited Liability Companies	4,015,302	5,906,357
	Total Limited Partnerships/Limited Liability Companies		**27,129,881**	**34,154,572**
	ALIGNED DATA CE ABS 2021 1A A2 01.937%AUG15 46	Asset/Mortgage-Backed Obligations	110,000	108,030
	AMERICAN TOWER TRUST I ASSET BACKED 144A 03.652% MAR 23 2028	Asset/Mortgage-Backed Obligations	94,954	94,075
	APPLEBEE'S FUND ABS 2023 1A A2 07.824%MAR05 53	Asset/Mortgage-Backed Obligations	82,175	81,187
	BANK 2021-BNK31 CMO 2021 BN31 AS VAR%FEB15 54	Asset/Mortgage-Backed Obligations	51,498	43,629
	BARINGS EQUIPME ABS 2025 B A4 04.290%SEP13 50	Asset/Mortgage-Backed Obligations	54,989	55,124
	BBCMS TRUST CMO 2024 5C29 AS 05.627%SEP15 57	Asset/Mortgage-Backed Obligations	82,675	82,290
	BENCHMARK 2018- CMO 2018 B8 A5 04.231%JAN15 52	Asset/Mortgage-Backed Obligations	66,530	69,466
	BENCHMARK 2024- CMO 2024 V10 AS VAR%SEP15 57	Asset/Mortgage-Backed Obligations	75,853	77,496
	BENCHMARK 2024- CMO 2024 V11 AM VAR%NOV15 57	Asset/Mortgage-Backed Obligations	77,247	78,434
	BENCHMARK 2024- CMO 2024 V6 AS 06.384%MAR15 57	Asset/Mortgage-Backed Obligations	66,950	67,965
	BNSF RAILWAY CO 2015-1 P PASS THRU CERTS 144A 03.442% JUN 16 2028	Asset/Mortgage-Backed Obligations	53,434	53,313
	CALI MORTGAGE T CMO 2019 101C A 03.957%MAR10 39	Asset/Mortgage-Backed Obligations	59,762	62,852
	CD 2019-CD8 MOR CMO 2019 CD8 A4 02.912%AUG15 57	Asset/Mortgage-Backed Obligations	71,138	75,119
	COINSTAR FUNDIN ABS 2017 1A A2 05.216%APR25 47	Asset/Mortgage-Backed Obligations	41,435	47,063
	CROWLEY CONRO LLC US GOVT GUARANT 04.181% AUG 15 2043	Asset/Mortgage-Backed Obligations	42,195	32,282
	CVS PASS-THROUGH TRUST PASS THRU CERTS GLB 06.036% DEC 10 2028	Asset/Mortgage-Backed Obligations	36,781	32,180
	DBGS 2018-C1 MO CMO 2018 C1 A3 04.197%OCT15 51	Asset/Mortgage-Backed Obligations	102,080	89,643
	DRIVEN BRANDS F ABS 2020 1A A2 03.786%JUL20 50	Asset/Mortgage-Backed Obligations	70,052	72,826
	EDI ABS ISSUER ABS 2025 1A A2 04.450%JUL25 55	Asset/Mortgage-Backed Obligations	52,873	53,339
	EDVESTINU PRIVA ABS 2019 A A 03.580%NOV25 38	Asset/Mortgage-Backed Obligations	15,800	14,701
	ENFIN RESIDENTI ABS 2024 2A A 05.980%SEP20 55	Asset/Mortgage-Backed Obligations	86,215	85,829
	ETHIOPIAN LEASING 2012 US GOVT GUARANT GLB 02.566% AUG 14 2026	Asset/Mortgage-Backed Obligations	14,661	13,743
	EXTENET ISSUER ABS 2024 1A A2 05.335%JUL25 54	Asset/Mortgage-Backed Obligations	74,436	75,471
	FRONTIER ISSUER ABS 2023 1 A2 06.600%AUG20 53	Asset/Mortgage-Backed Obligations	62,496	65,596
	HOTWIRE FUNDING ABS 2021 1 A2 02.311%NOV20 51	Asset/Mortgage-Backed Obligations	70,000	68,561
	IMS ECUADORIAN CMO 2021 1 GA 03.400%AUG18 43	Asset/Mortgage-Backed Obligations	52,381	48,574
	JOHN SEVIER COMB CYCLE SECURED 04.626% JAN 15 2042	Asset/Mortgage-Backed Obligations	93,288	74,741
	LIFE 2021-BMR M CMO 2021 BMR C VAR%MAR15 38	Asset/Mortgage-Backed Obligations	11,748	11,698
	LMDV ISSUER CO ABS 2025 1A A2 05.310%DEC15 55	Asset/Mortgage-Backed Obligations	29,992	30,060
	MASSACHUSETTS EDL FING AUTH LN A OID TAXABLE JUN20 02.300%FEB25 2040	Asset/Mortgage-Backed Obligations	23,861	22,901
	MKT 2020-525M M CMO 2020 525M A 02.694%FEB12 40	Asset/Mortgage-Backed Obligations	82,312	86,071
	MORGAN STANLEY CMO 2018 BOP A VAR%AUG15 33	Asset/Mortgage-Backed Obligations	53,650	43,644
	NEW ECONOMY ASS ABS 2021 1 A1 01.910%OCT20 61	Asset/Mortgage-Backed Obligations	90,129	83,479
	ONE MARKET PLAZ CMO 2017 1MKT A 03.613%FEB10 32	Asset/Mortgage-Backed Obligations	82,395	83,733
	PG&E WILDFIRE RECOVERY SER A-4 GLB 04.451% DEC 01 2047	Asset/Mortgage-Backed Obligations	59,998	53,300
	RFR TRUST 2025- CMO 2025 SGRM A VAR%MAR11 41	Asset/Mortgage-Backed Obligations	69,998	71,663
	SBA PART CERTFS ABS 2009 20A 1 05.720%JAN01 29	Asset/Mortgage-Backed Obligations	26,093	24,043
	SBA PART CERTFS ABS 2013 20G 1 03.150%JUL01 33	Asset/Mortgage-Backed Obligations	34,002	31,407
	SBA SMALL BUSIN ABS 2018 10A 1 03.187%MAR10 28	Asset/Mortgage-Backed Obligations	21,427	20,946
	SBA SMALL BUSIN ABS 2019 10A 1 03.113%MAR10 29	Asset/Mortgage-Backed Obligations	15,372	14,965
	SBA SMALL BUSIN ABS 2023 10A 1 05.168%MAR10 33	Asset/Mortgage-Backed Obligations	94,043	96,011

* Indicates party-in-interest as defined by ERISA.

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	SBA SMALL BUSIN ABS 2023 10B 1 05.688%SEP10 33	Asset/Mortgage-Backed Obligations	$ 67,430	$ 69,508
	SBA SMALL BUSIN ABS 2024 10A 1 05.035%MAR10 34	Asset/Mortgage-Backed Obligations	97,289	98,496
	SBA SMALL BUSIN ABS 2025 10B 1 04.532%SEP10 35	Asset/Mortgage-Backed Obligations	74,936	74,954
	SBA TOWER TRUST ASSET BACKED 144A 01.631% NOV 15 2026	Asset/Mortgage-Backed Obligations	90,000	88,056
	SBA TOWER TRUST SECURED 144A 04.831% OCT 15 2029	Asset/Mortgage-Backed Obligations	80,000	80,546
	SEB FUNDING LLC ABS 2021 1A A2 04.969%JAN30 52	Asset/Mortgage-Backed Obligations	89,775	89,663
	SERVICEMASTER F ABS 2020 1 A2II 03.337%JAN30 51	Asset/Mortgage-Backed Obligations	28,503	29,350
	SOUTHAVEN CMBD CYCLE GEN SECURED 03.846% AUG 15 2033	Asset/Mortgage-Backed Obligations	62,185	53,659
	SPRINT SPECTRUM / SPEC I 144A 05.152% MAR 20 2028	Asset/Mortgage-Backed Obligations	64,378	56,732
	SUBWAY FUNDING ABS 2024 1A A2II 06.268%JUL30 54	Asset/Mortgage-Backed Obligations	49,770	50,555
	SUMMIT ISSUER L ABS 2025 1A A2 05.208%NOV20 55	Asset/Mortgage-Backed Obligations	65,420	65,201
	SWITCH ABS ISSU ABS 2024 2A A2 05.436%JUN25 54	Asset/Mortgage-Backed Obligations	68,832	70,209
	SWTCH 2024-1A CMO 2024 1A A2 06.280%MAR25 54	Asset/Mortgage-Backed Obligations	39,649	40,398
	THIRAX 1 LLC US GOVT GUARANT GLB 00.968% JAN 14 2033	Asset/Mortgage-Backed Obligations	65,220	58,210
	THIRAX 1 LLC US GOVT GUARANT GLB 01.462% MAR 07 2033	Asset/Mortgage-Backed Obligations	62,624	56,723
	UNITED STATES S ABS 2023 25K 1 05.710%NOV01 48	Asset/Mortgage-Backed Obligations	61,695	64,813
	UNITI FIBER ABS ABS 2025 1A A2 05.877%APR20 55	Asset/Mortgage-Backed Obligations	70,459	71,497
	VRTX TRUST 2025 CMO 2025 HQ A VAR%AUG05 42	Asset/Mortgage-Backed Obligations	85,000	85,367
	ZAYO ISSUER LLC ABS 2025 1A A2 05.648%MAR20 55	Asset/Mortgage-Backed Obligations	80,356	81,392
	SERVPRO MASTER ABS 2025 1A A2 05.525%OCT25 55	Asset/Mortgage-Backed Obligations	85,000	84,708
	VASA TRUST 2021 CMO 2021 VASA A VAR%JUL15 39	Asset/Mortgage-Backed Obligations	100,000	98,565
	BMARK 2024-V8 CMO 2024 V8 AM VAR%JUL15 57	Asset/Mortgage-Backed Obligations	51,500	53,001
	UNITED STATES S ABS 2023 25H 1 05.150%AUG01 48	Asset/Mortgage-Backed Obligations	39,901	40,670
	Total Asset/Mortgage-Backed Obligations		**4,036,840**	**3,959,723**
	FHLMC G0 8732 03%2046	Asset/Mortgage-Backed Government and Agency	29,181	25,364
	FHLMC G6 1795 04%2047	Asset/Mortgage-Backed Government and Agency	25,655	24,347
	FHLMC QD 7508 03 50%2052	Asset/Mortgage-Backed Government and Agency	73,331	66,108
	FHLMC RA 7554 04%2052	Asset/Mortgage-Backed Government and Agency	94,951	91,983
	FHLMC RA 7919 04%2052	Asset/Mortgage-Backed Government and Agency	72,179	70,814
	FHLMC RA 7922 04%2052	Asset/Mortgage-Backed Government and Agency	97,836	98,414
	FHLMC SD 0725 03%2051	Asset/Mortgage-Backed Government and Agency	76,126	78,985
	FHLMC SD 1288 04%2052	Asset/Mortgage-Backed Government and Agency	100,154	97,301
	FHLMC SD 1505 04 50%2052	Asset/Mortgage-Backed Government and Agency	73,062	73,104
	FHLMC SD 1601 04 50%2052	Asset/Mortgage-Backed Government and Agency	48,692	48,338
	FHLMC SD 1657 02 50%2052	Asset/Mortgage-Backed Government and Agency	79,795	84,979
	FHLMC SD 1701 02 50%2052	Asset/Mortgage-Backed Government and Agency	62,695	65,526
	FHLMC SD 2282 03 50%2052	Asset/Mortgage-Backed Government and Agency	73,987	73,026
	FHLMC SD 8238 04 50%2052	Asset/Mortgage-Backed Government and Agency	78,307	79,935
	FHLMC SL 1566 05 50%2053	Asset/Mortgage-Backed Government and Agency	94,678	95,632
	FHLMC SL 2476 04 50%2053	Asset/Mortgage-Backed Government and Agency	105,109	105,510
	FHLMC WN 2267 03 87%2032	Asset/Mortgage-Backed Government and Agency	105,716	106,199
	FHLMC WN 3226 04%2034	Asset/Mortgage-Backed Government and Agency	78,378	76,876
	FHLMC ZM 5332 03%2048	Asset/Mortgage-Backed Government and Agency	59,913	54,207
	FHLMC ZS 4692 02 50%2046	Asset/Mortgage-Backed Government and Agency	69,505	58,679
	FNMA PAL9696 04%2046	Asset/Mortgage-Backed Government and Agency	24,400	22,803
	FNMA PBC4777 02 50%2031	Asset/Mortgage-Backed Government and Agency	23,874	22,483
	FNMA PBM1047 04%2045	Asset/Mortgage-Backed Government and Agency	32,665	30,151
	FNMA PBM1257 02 50%2037	Asset/Mortgage-Backed Government and Agency	51,185	45,881
	FNMA PBN7753 03%2049	Asset/Mortgage-Backed Government and Agency	102,338	100,162
	FNMA PBO2201 03%2049	Asset/Mortgage-Backed Government and Agency	54,752	47,278
	FNMA PCA3792 03 50%2049	Asset/Mortgage-Backed Government and Agency	56,836	52,226
	FNMA PCA7231 02 50%2050	Asset/Mortgage-Backed Government and Agency	65,792	53,644
	FNMA PCB4128 04 50%2052	Asset/Mortgage-Backed Government and Agency	60,055	59,935
	FNMA PCB9652 05%2054	Asset/Mortgage-Backed Government and Agency	89,886	91,640
	FNMA PFA1614 05%2055	Asset/Mortgage-Backed Government and Agency	93,663	95,044
	FNMA PFM1675 03%2049	Asset/Mortgage-Backed Government and Agency	60,183	52,835
	FNMA PFM2189 03 50%2048	Asset/Mortgage-Backed Government and Agency	26,480	23,967
	FNMA PFM2870 03%2050	Asset/Mortgage-Backed Government and Agency	37,086	33,100
	FNMA PFM3049 04%2044	Asset/Mortgage-Backed Government and Agency	63,151	60,675
	FNMA PFM3505 02 50%2050	Asset/Mortgage-Backed Government and Agency	73,554	60,262
	FNMA PFM4860 02 50%2040	Asset/Mortgage-Backed Government and Agency	59,794	51,519
	FNMA PFM5005 02%2040	Asset/Mortgage-Backed Government and Agency	52,046	43,802
	FNMA PFM7518 02 50%2051	Asset/Mortgage-Backed Government and Agency	85,526	90,399
	FNMA PFM7685 03%2051	Asset/Mortgage-Backed Government and Agency	83,283	85,648
	FNMA PFS0252 03 50%2052	Asset/Mortgage-Backed Government and Agency	38,953	40,034
	FNMA PFS0837 03%2052	Asset/Mortgage-Backed Government and Agency	72,799	63,985
	FNMA PFS1448 04%2052	Asset/Mortgage-Backed Government and Agency	68,550	66,365

* Indicates party-in-interest as defined by ERISA.

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	FNMA PFS2575 02 50%2051	Asset/Mortgage-Backed Government and Agency	$ 50,352	$ 46,591
	FNMA PFS2661 04 50%2052	Asset/Mortgage-Backed Government and Agency	90,893	90,104
	FNMA PFS3102 04 50%2052	Asset/Mortgage-Backed Government and Agency	35,965	35,703
	FNMA PFS7014 05 50%2054	Asset/Mortgage-Backed Government and Agency	80,930	83,463
	FNMA PFS7115 05 50%2054	Asset/Mortgage-Backed Government and Agency	77,151	78,978
	FNMA PFS7430 03 50%2052	Asset/Mortgage-Backed Government and Agency	84,823	87,642
	FNMA PFS9649 05%2054	Asset/Mortgage-Backed Government and Agency	96,299	98,264
	FNMA PMA3182 03 50%2047	Asset/Mortgage-Backed Government and Agency	17,402	16,102
	FNMA P890858 04%2048	Asset/Mortgage-Backed Government and Agency	53,830	51,808
	GNM PCP6434C 05 50%2062	Asset/Mortgage-Backed Government and Agency	37,316	37,814
	GNM PMA1599M 03%2044	Asset/Mortgage-Backed Government and Agency	27,538	25,253
	GNM PMA5819M 05%2049	Asset/Mortgage-Backed Government and Agency	62,981	63,880
	GNM PMA7991M 04 50%2052	Asset/Mortgage-Backed Government and Agency	102,672	102,868
	GNM PMA8347M 04 50%2052	Asset/Mortgage-Backed Government and Agency	68,389	68,567
	GNM PMA8568M 04 50%2053	Asset/Mortgage-Backed Government and Agency	39,207	39,329
	GNM PMA8877M 04 50%2053	Asset/Mortgage-Backed Government and Agency	28,790	28,857
	GNM PMA9360M 04 50%2053	Asset/Mortgage-Backed Government and Agency	93,030	94,947
	Total Asset/Mortgage-Backed Government and Agency		**3,923,669**	**3,819,335**
	AUSTIN TEX RENT CAR SPL FAC REV AGI TAXABLE MAR21 02.858%NOV15 2042	Government and Agency	60,056	49,557
	CALIFORNIA ST GO BDS TAXABLE DEC10 07.600%NOV01 2040	Government and Agency	29,876	30,601
	CALIFORNIA ST TAXABLE VARIOUS PURP OID TAXABLE MAR23 05.125%MAR01 2038	Government and Agency	63,212	66,019
	CALIFORNIA ST UNIV REV SYSTEMWIDE SER B TAXABLE JUL21 02.795%NOV01 2041	Government and Agency	90,000	68,770
	GENEVA N Y DEV CORP REV TAXABLE A PRF26 TAXABLE SEP20 04.518%SEP01 2045	Government and Agency	86,267	64,802
	GOLDEN ST TOB SCRTZN CRP CA RV TAXABLE B TAXABLE OCT21 02.346%JUN01 2030	Government and Agency	74,391	69,539
	GRAND PKWY TRANSN CRP TEX REV SER B TAXABLE FEB20 03.236%OCT01 2052	Government and Agency	57,468	38,096
	HAWAII ST ARPTS SYS CUST FACRV TAXABLE A TAXABLE AUG19 03.140%JUL01 2047	Government and Agency	65,000	46,952
	ILLINOIS ST TAXABLE PENSION FDG GO TAXABLE JUN03 05.100%JUN01 2033	Government and Agency	60,057	62,597
	KANSAS ST DEV FIN AUTH REV TAXABLE H TAXABLEAUG15 04.727%APR15 2037	Government and Agency	55,342	45,485
	MET GVT NSH-DVD CO TN HEFB RV SER B TAXABLE NOV21 03.235%JUL01 2052	Government and Agency	60,484	40,093
	MET WASH DC ARPT AT DULLES REV B AGI TAXABLE FEB22 03.562%OCT01 2041	Government and Agency	55,000	45,129
	MIAMI-DADE CNTY FLA SCH BRD CTFS PARTN A TAXABLE JUN10 06.235%JUN15 2027	Government and Agency	113,135	92,825
	MICHIGAN ST UNIV REVS TAXABLE GEN A TAXABLE MAR22 04.165%AUG15 2122	Government and Agency	75,841	67,950
	NEW JERSEY ST TPK AUTH TPK REV TPK F TAXABLE APR09 07.414%JAN01 2040	Government and Agency	47,938	47,942
	NEW YORK N Y GO BDS 2011 SER C-1 TAXABLE OCT10 05.517%OCT01 2037	Government and Agency	40,573	40,687
	NEW YORK N Y TAXABLE GO BDS FISCAL SER H TAXABLE APR25 06.385%FEB01 2055	Government and Agency	51,825	52,767
	NY ST DORM AT REVS NON ST TAXABLE BDS B TAXABLE JUN25 05.832%JUL01 2055	Government and Agency	50,000	52,259
	NY ST DORM AT ST PERS TAX REV INCOME H TAXABLE OCT10 05.389%MAR15 2040	Government and Agency	30,112	30,239
	SAN JOSE CALIF ARPT REV TAXABLE REF C TAXABLE APR21 03.290%MAR01 2041	Government and Agency	70,000	55,462
	UPTOWN DEV AUTH TEX TAX INC RV SER B AGI TAXABLE FEB21 03.464%SEP01 2040	Government and Agency	45,000	37,273
	RESOLUTION FUNDING CORP PRINCIPAL STRIPS ZERO% APR 15 2030	Government and Agency	788,329	816,911
	RESOLUTION FUNDING CORP PRINCIPAL STRIPS ZERO% JAN 15 2030	Government and Agency	171,838	171,260
	TENNESSEE VALLEY AUTH SR UNSECURED 05.250% FEB 01 2055	Government and Agency	83,739	84,097
	TENNESSEE VALLEY AUTH STRIPS ZERO% JAN 15 2038	Government and Agency	56,216	56,797
	U.S. TREASURY BOND 1.125% AUG 15 2040	Government and Agency	1,304,102	1,381,710
	U.S. TREASURY BOND 1.375% AUG 15 2050	Government and Agency	3,933,822	2,074,890
	U.S. TREASURY BOND 2.000% NOV 15 2041	Government and Agency	387,432	380,372
	U.S. TREASURY BOND 2.250% FEB 15 2052	Government and Agency	622,527	452,006
	U.S. TREASURY BOND 2.250% MAY 15 2041	Government and Agency	537,577	536,922
	U.S. TREASURY BOND 2.875% MAY 15 2052	Government and Agency	618,451	471,656
	U.S. TREASURY BOND 3.000% AUG 15 2048	Government and Agency	335,930	266,555
	U.S. TREASURY BOND 3.000% AUG 15 2052	Government and Agency	426,153	368,848
	U.S. TREASURY BOND 3.000% FEB 15 2049	Government and Agency	1,162,154	1,104,960
	U.S. TREASURY BOND 3.000% MAY 15 2047	Government and Agency	665,252	450,564
	U.S. TREASURY BOND 3.125% AUG 15 2044	Government and Agency	12,069	7,915
	U.S. TREASURY BOND 3.625% FEB 15 2053	Government and Agency	537,088	447,714
	U.S. TREASURY BOND 3.625% MAY 15 2053	Government and Agency	156,088	141,566
	U.S. TREASURY BOND 4.000% NOV 15 2052	Government and Agency	52,012	43,358
	U.S. TREASURY BOND 4.375% FEB 15 2038	Government and Agency	821,583	706,209
	U.S. TREASURY BOND 4.500% AUG 15 2039	Government and Agency	4,151,570	4,107,052
	U.S. TREASURY BOND 4.500% FEB 15 2036	Government and Agency	2,668,914	2,064,220
	U.S. TREASURY BOND 4.500% NOV 15 2054	Government and Agency	1,914,979	1,876,968
	U.S. TREASURY BOND 4.750% AUG 15 2055	Government and Agency	20,853,043	20,463,851
	U.S. TREASURY BOND 4.750% FEB 15 2037	Government and Agency	2,341,597	1,675,872
	U.S. TREASURY BOND 5.000% MAY 15 2037	Government and Agency	81,567	80,267
	U.S. TREASURY NOTE 1.250% MAY 15 2050	Government and Agency	1,146,137	801,772

* Indicates party-in-interest as defined by ERISA.

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	U.S. TREASURY NOTE 1.375% DEC 31 2028	Government and Agency	$ 700,754	$ 722,930
	U.S. TREASURY NOTE 1.375% NOV 15 2031	Government and Agency	777,617	818,796
	U.S. TREASURY NOTE 1.500% FEB 15 2030	Government and Agency	656,258	679,705
	U.S. TREASURY NOTE 2.875% AUG 15 2028	Government and Agency	106,518	108,235
	U.S. TREASURY NOTE 3.500% FEB 15 2033	Government and Agency	531,358	534,512
	U.S. TREASURY NOTE 3.750% NOV 30 2032	Government and Agency	1,351,606	1,344,278
	U.S. TREASURY NOTE 4.000% NOV 15 2035	Government and Agency	1,518,525	1,508,014
	U.S. TREASURY NOTE 4.000% OCT 31 2029	Government and Agency	87,191	86,113
	U.S. TREASURY STRIP ZERO% FEB 15 2032	Government and Agency	196,523	223,429
	U.S. TREASURY STRIP ZERO% FEB 15 2036	Government and Agency	1,950,444	2,187,900
	U.S. TREASURY STRIP ZERO% NOV 15 2031	Government and Agency	1,263,689	1,519,150
	U.S. TREASURY STRIPS ZERO% FEB 15 2031	Government and Agency	2,736,816	3,297,728
	Total Government and Agency		**58,989,045**	**55,170,146**
	AERCAP IRELAND CAP/GLOBA COMPANY GUARNT GLB 03.300% JAN 30 2032	Foreign Obligations	58,042	60,016
	AS MILEAGE PLAN IP LTD SER 144A 05.308% OCT 20 2031	Foreign Obligations	50,048	50,451
	DELTA AIR LINES/SKYMILES 144A 04.750% OCT 20 2028	Foreign Obligations	32,691	30,182
	FLEX LTD GLB 05.375% NOV 13 2035	Foreign Obligations	54,925	54,871
	JBS USA/FOOD/FINANCE GLB 04.375% FEB 02 2052	Foreign Obligations	34,988	27,207
	JBS USA/FOOD/FINANCE GLB 06.500% DEC 01 2052	Foreign Obligations	49,987	51,547
	LA HIPOTECARIA CMO 2019 1A AAA 04.250%SEP29 46	Foreign Obligations	52,398	48,273
	LLOYDS BANKING GROUP PLC SUBORDINATED GLB VAR%JUN 13 2036	Foreign Obligations	35,352	36,803
	NVENT FINANCE SARL COMPANY GUARNT GLB 05.650% MAY 15 2033	Foreign Obligations	37,852	41,714
	ROYAL CARIBBEAN CRUISES 144A 06.000% FEB 01 2033	Foreign Obligations	40,350	41,098
	USD BANK NOVA SCOTIA VARI% OCT 27 2085	Foreign Obligations	40,200	41,011
	USD GILDAN ACTIVEWEA 144A 5.400% OCT 07 2035	Foreign Obligations	50,089	49,857
	USD TORONTO DOM BANK VARI% SEP 10 2034	Foreign Obligations	50,000	50,823
	USD VCM LEASE SA 2.516% SEP 28 2027	Foreign Obligations	5,979	5,725
	USD XSTRATA FIN CAN 144A 6.000% NOV 15 2041	Foreign Obligations	56,302	56,709
	WESTPAC BANKING CORP SUBORDINATED GLB VAR%NOV 15 2035	Foreign Obligations	64,652	58,860
	Total Foreign Obligations		**713,855**	**705,147**
	ABIVAX SA-ADR	Common Stock	29,491	40,996
	ADAPTIVE BIOTCHNLGS CORP	Common Stock	19,600	19,715
	ADMA BIOLOGICS INC SHS	Common Stock	37,810	41,478
	ALKAMI TECH INC REG SHS	Common Stock	41,472	36,474
	API GROUP CORP REG SHS	Common Stock	28,366	29,231
	APPLIED DIGITAL CORP	Common Stock	14,370	15,202
	APPLIED INDUSTRL TECH	Common Stock	38,946	44,421
	ASCENDIS PHARMA A/S ADR	Common Stock	88,818	166,114
	AVIDITY BIOSCIENCES INC REG SHS	Common Stock	14,605	21,134
	AVIENT CORPORATION	Common Stock	39,556	29,428
	BICYCLE THERAPEUTICS LTD SHS SPONSOR ADR	Common Stock	26,011	9,990
	BIO RAD LABS CL A	Common Stock	31,056	29,390
	BIRKENSTK HLDG PLC	Common Stock	51,981	40,491
	BLOOM ENERGY CORP CL A	Common Stock	17,978	34,148
	BRAZE INC REG SHS CL A	Common Stock	48,996	44,817
	CALIX NETWORKS INC	Common Stock	36,629	36,310
	CASELLA WASTE SYS INC A	Common Stock	49,660	53,769
	COMFORT SYSTEMS USA INC	Common Stock	23,563	85,863
	COMMVAULT SYS INC	Common Stock	62,196	43,249
	CREDO TECH GROUP HLDG LTD	Common Stock	21,740	42,448
	DESCARTES SYSTEMS GROUP	Common Stock	32,549	27,964
	DORMAN PRODUCTS INC	Common Stock	41,706	34,124
	DUTCH BROS INC	Common Stock	29,137	27,427
	DYNATRACE INC REG SHS	Common Stock	50,312	48,021
	EAST WEST BANCORP INC	Common Stock	39,362	45,968
	F N B CORP	Common Stock	27,568	29,600
	FABRINET	Common Stock	29,120	54,178
	FIRSTCASH HLDGS INC	Common Stock	43,230	48,611
	FORMFACTOR INC	Common Stock	8,546	14,782
	FTAI AVIATION LTD	Common Stock	64,870	109,252
	GENEDX HLDGS CORP	Common Stock	32,189	48,903
	GENIUS SPORTS LTD REG SHS	Common Stock	38,515	39,992
	GUARDANT HEALTH INC	Common Stock	22,711	34,421
	HAMILTON LANE INC REG SH CL A	Common Stock	29,527	29,414
	HEALTHEQUITY INC SHS	Common Stock	61,934	55,332
	HOULIHAN LOKEY INC	Common Stock	56,283	56,786
	IMAX CORP	Common Stock	43,390	52,446
	IONQ INC	Common Stock	11,680	14,358
	IRHYTHM HOLDINGS INC	Common Stock	20,297	34,246
	ITT INC SHS	Common Stock	35,128	61,770

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See Independent Auditors' Report.

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	KARMAN HOLDINGS INC REG SHS	Common Stock	$ 30,258	$ 37,902
	KRATOS DEFNS & SEC SOLTN NEW	Common Stock	42,806	40,612
	LATTICE SEMICNDTR CORP	Common Stock	30,197	31,272
	LEGENCE CORP	Common Stock	40,253	41,620
	LEGEND BIOTECH CORP SHS ADR	Common Stock	34,970	22,414
	MASIMO CORP	Common Stock	51,446	43,180
	MKS INC	Common Stock	34,580	35,635
	NEXTPOWER INC CLASS A	Common Stock	33,672	58,712
	NIQ GLOBAL INTELLIGENCE NIQ GLOBAL INTELLIGENCE PLC	Common Stock	31,029	25,823
	ONTO INNOVATION INC	Common Stock	29,162	33,151
	OPTION CARE HEALTH INC	Common Stock	24,888	28,674
	PALOMAR HOLDINGS INC REG SHS	Common Stock	41,729	55,791
	PATTERN GROUP INC REG SHS CL A	Common Stock	10,033	8,159
	PERMIAN RES CORP	Common Stock	21,963	22,546
	PRIMERICA INC COM	Common Stock	30,649	35,137
	PRIMORIS SERVICES CORP	Common Stock	32,072	53,877
	PROCORE TECHNOLOGIES INC REG SHS	Common Stock	43,086	48,518
	RADNET INC	Common Stock	22,273	22,475
	RAMBUS INC CAL	Common Stock	11,522	20,032
	REGAL REXNORD CORP	Common Stock	35,371	34,799
	REVOLUTION MEDICINES INC REG SHS	Common Stock	28,564	58,383
	RHYTHM PHARMACEUTICALS INC SHS	Common Stock	25,352	39,819
	RIGETTI COMPUTING INC REG SHS	Common Stock	14,386	12,404
	SAIA INC	Common Stock	37,286	41,795
	SEMTECH CORPORATION	Common Stock	21,978	35,961
	SPX TECHNOLOGIES INC REG SHS	Common Stock	15,749	18,005
	STEPSTONE GROUP INC REG SHS CL A	Common Stock	28,943	30,224
	TECHNIPFMC PLC REG SHS	Common Stock	21,749	22,057
	TOPBUILD CORP SHS	Common Stock	61,995	65,499
	VAXCYTE INC	Common Stock	57,781	49,601
	VITA COCO CO INC	Common Stock	22,696	34,085
	WINTRUST FINL CP ILL COM	Common Stock	37,569	45,162
	XENON PHARMACEUTICALS INC SHS	Common Stock	15,109	16,489
	Total Common Stocks		**2,462,014**	**2,902,076**
	APTARGROUP INC GLB 04.750% MAR 30 2031	Corporate Obligations	30,014	30,212
	AT&T INC GLB 03.500% JUN 01 2041	Corporate Obligations	33,686	35,397
	AT&T INC GLB 05.350% SEP 01 2040	Corporate Obligations	18,673	19,638
	AT&T INC GLB 05.400% FEB 15 2034	Corporate Obligations	19,206	20,737
*	BANK OF AMERICA CORP $1000 PAR FXD RATE RESET 6.625% PERPETUAL	Corporate Obligations	45,045	46,888
*	BANK OF AMERICA CORP SUBORDINATED GLB VAR%MAR 08 2037	Corporate Obligations	40,409	42,378
	BANK OF AMERICA CORP VAR%JUL 22 2033	Corporate Obligations	39,898	40,786
	BANK OF NY MELLON CORP SR SUBORDINATED GLB VAR%JUL 21 2039	Corporate Obligations	50,000	52,251
	BEACON FUNDING TRUST 144A 06.266% AUG 15 2054	Corporate Obligations	41,376	40,609
	BGC GROUP INC GLB 06.600% JUN 10 2029	Corporate Obligations	45,771	46,928
	BOEING CO GLB 05.705% MAY 01 2040	Corporate Obligations	41,897	45,935
	BOSTON GAS COMPANY 144A 06.119% JUL 20 2053	Corporate Obligations	46,901	50,009
	BROWN & BROWN INC GLB 05.650% JUN 11 2034	Corporate Obligations	41,306	41,272
	BUNGE LTD FINANCE CORP COMPANY GUARNT GLB 02.750% MAY 14 2031	Corporate Obligations	49,916	55,091
	CHENIERE ENERGY INC GLB 05.650% APR 15 2034	Corporate Obligations	49,895	51,869
	CITIGROUP INC SUBORDINATED GLB VAR%FEB 13 2035	Corporate Obligations	82,720	88,333
	DT MIDSTREAM INC COMPANY GUARNT 144A 05.800% DEC 15 2034	Corporate Obligations	29,775	31,134
	DUKE ENERGY CORP JR SUBORDINATED GLB VAR%JAN 15 2082	Corporate Obligations	40,568	43,683
	EASTERN ENERGY GAS GLB 05.800% JAN 15 2035	Corporate Obligations	58,220	58,073
	GENERAL MOTORS FINL CO GLB 05.625% APR 04 2032	Corporate Obligations	50,610	52,061
	GENERAL MOTORS FINL COGLB 06.150% JUL 15 2035	Corporate Obligations	31,711	31,614
	HILL CITY FUNDING TRUST 144A 04.046% AUG 15 2041	Corporate Obligations	48,055	48,533
	HP ENTERPRISE CO GLB 05.000% OCT 15 2034	Corporate Obligations	53,300	54,517
	HUBBELL INC GLB 04.800% NOV 15 2035	Corporate Obligations	44,609	44,709
	HUNTING BANCSHARES SUBORDINATED GLB VAR%NOV 18 2039	Corporate Obligations	55,000	57,313
	JPMORGAN CHASE & CO GLB VAR%APR 22 2032	Corporate Obligations	58,091	59,413
	JPMORGAN CHASE & CO JR SUBORDNTD SER OO GLB VAR% PERPETUAL	Corporate Obligations	35,000	36,369
	LOUISVILLE GAS & ELEC 1ST MORTGAGE SER . GLB 05.850% AUG 15 2055	Corporate Obligations	49,986	50,365
	MASS INSTITUTE OF TECH - 05.618% JUN 01 2055	Corporate Obligations	45,000	46,182
	MATTEL INC GLB 05.000% NOV 17 2030	Corporate Obligations	44,868	45,312
	MDC HOLDINGS INC COMPANY GUARNT 06.000% JAN 15 2043	Corporate Obligations	54,946	51,321
	METLIFE INC SUBORDINATED SER G GLB VAR%MAR 15 2055	Corporate Obligations	45,000	47,455
	MORGAN STANLEY SUBORDINATED GLB VAR%APR 20 2037	Corporate Obligations	20,036	20,344
	MORGAN STANLEY SUBORDINATED GLB VAR%FEB 07 2039	Corporate Obligations	39,576	42,039
	MOTOROLA SOLUTIONS INC GLB 05.400% APR 15 2034	Corporate Obligations	49,979	51,632
	NATIONWIDE MUTUAL INSURA SUBORDINATED 144A 09.375% AUG 15 2039	Corporate Obligations	77,811	60,175
	NEW YORK LIFE INSURANCE SUBORDINATED 144A 05.875% MAY 15 2033	Corporate Obligations	86,008	68,942
	NORTHWELL HEALTHCARE INC SECURED 04.260% NOV 01 2047	Corporate Obligations	58,283	41,054

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(E.I.N. 05-0490997 - Plan Number 001)

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

December 31, 2025

(a)	*(b) Identity of Issue*	*(c) Description of Investment*	*(d) Cost*	*(e) Current Value*
	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 06.063% MAR 30 2040	Corporate Obligations	$ 72,041	$ 58,448
	NRG ENERGY INC 144A 04.450% JUN 15 2029	Corporate Obligations	62,018	54,757
	ORACLE CORP GLB 05.500% SEP 27 2064	Corporate Obligations	32,134	27,932
	ONEOK INC NEW BOND D06/01/25 05.450% JD47	Corporate Obligations	33,152	32,236
	PACIFIC GAS & ELECTRIC 1ST MORTGAGE GLB 06.150% MAR 01 2055	Corporate Obligations	34,980	34,624
	PACIFIC GAS & ELECTRIC 1ST MORTGAGE GLB 06.750% JAN 15 2053	Corporate Obligations	38,107	37,224
	PG&E WILDFIRE RECOVERY SER A-4 GLB 05.212% DEC 01 2047	Corporate Obligations	54,999	53,060
	PNC FINANCIAL SERVICES JR SUBORDNTD SER T GLB VAR% PERPETUAL	Corporate Obligations	60,270	58,820
	PULTE HOMES INC COMPANY GUARNT 06.000% FEB 15 2035	Corporate Obligations	77,453	80,627
	SAIC INC GLB 05.950% DEC 01 2040	Corporate Obligations	14,496	15,298
	SCIENCE APPLICATIONS INT COMPANY GUARNT 05.500% JUL 01 2033	Corporate Obligations	43,614	35,748
	SCIENCE APPLICATIONS INT COMPANY GUARNT GLB 07.125% JUL 01 2032	Corporate Obligations	33,496	27,791
	SEMPRA JR SUBORDINATED GLB VAR%APR 01 2055	Corporate Obligations	74,414	76,451
	TARGA RESOURCES CORP COMPANY GUARNT GLB 06.500% FEB 15 2053	Corporate Obligations	25,475	26,053
	TOTE SHIPHOLDINGS INC US GOVT GUARANT 03.400% OCT 16 2040	Corporate Obligations	100,485	80,937
	TRUIST FINANCIAL CORP SER MTN VAR%JAN 26 2034	Corporate Obligations	38,351	40,755
	TTX CO 144A 04.600% FEB 01 2049	Corporate Obligations	59,863	52,084
	US BANCORP GLB VAR%JUN 12 2034	Corporate Obligations	55,930	58,679
	VISTRA OPERATIONS CO LLC COMPANY GUARNT 144A 06.950% OCT 15 2033	Corporate Obligations	36,858	39,002
	VMWARE INC GLB 02.200% AUG 15 2031	Corporate Obligations	57,035	62,199
	WESTVACO CORP COMPANY GUARNT 07.950% FEB 15 2031	Corporate Obligations	49,536	40,040
	WEYERHAEUSER CO - 06.875% DEC 15 2033	Corporate Obligations	61,103	50,258
	Total Corporate Obligations		**2,868,955**	**2,793,596**
	Total Investments		**$ 127,917,851**	**141,105,320**

***** Indicates party-in-interest as defined by ERISA.

CARE NEW ENGLAND PENSION PLAN

(E.I.N. 05-0490997 - Plan Number 001)

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2025

(a) Identity of party involved	*(b) Description of asset (include interest rate and maturity in case of a loan)*	*(c) Purchase price*	*(d) Selling price*	*(e) Lease rental*	*(f) Expense incurred with transaction*	*(g) Cost of asset*	*(h) Current value of asset on transaction date*	*(i) Net gain or (loss)*
Series transactions in excess of 5% of plan assets								
BLF FEDFUND		$ 16,654,652	$ -	$ -	$ -	$ 16,654,652	$ 16,654,652	$ -
BLF FEDFUND		-	15,687,039	-	-	15,687,039	15,687,039	-
BLACKROCK LIQUIDITY FUND T FUND INSTL CL		17,889,175	-	-	-	17,889,175	17,889,175	-
BLACKROCK LIQUIDITY FUND T FUND INSTL CL		-	15,511,347	-	-	15,511,347	15,511,347	-
U.S. TREASURY BOND 4.250% AUG 15 2054		-	20,464,629	-	-	20,464,629	20,464,629	-
U.S. TREASURY BOND 4.50% NOV 15 2054		20,631,730	-	-	-	20,631,730	20,631,730	-
U.S. TREASURY BOND 4.50% NOV 15 2054		-	18,268,366	-	-	18,268,366	18,268,366	-
U.S. TREASURY BOND 4.625% FEB 15 2055		18,622,104	-	-	-	18,622,104	18,622,104	-
U.S. TREASURY BOND 4.625% FEB 15 2055		-	18,751,821	-	-	18,751,821	18,751,821	-
U.S. TREASURY BOND 4.75% MAY 15 2055		20,616,238	-	-	-	20,616,238	20,616,238	-
U.S. TREASURY BOND 4.75% MAY 15 2055		-	20,956,788	-	-	20,956,788	20,956,788	-
U.S. TREASURY BOND 4.75% AUG 15 2055		20,853,043	-	-	-	20,853,043	20,853,043	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		28,519,360	-	-	-	28,519,360	28,519,360	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		-	28,559,740	-	-	28,559,740	28,559,740	-
		$ 143,786,302	**$ 138,199,730**	**$ -**	**$ -**	**$ 281,986,032**	**$ 281,986,032**	**$ -**

See Independent Auditors' Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	24	1	0	0	0	0	0	0	0	25
25-29	0	58	8	1	0	0	0	0	0	0	67
30-34	0	41	26	5	0	0	0	0	0	0	72
35-39	0	28	27	23	43	5	0	0	0	0	126
40-44	0	25	11	25	70	37	1	0	0	0	169
45-49	0	26	9	13	63	55	19	3	0	0	188
50-54	0	14	19	11	60	57	37	15	1	0	214
55-59	0	8	18	13	72	89	48	33	30	4	315
60-64	1	11	7	15	65	62	37	39	43	14	294
65-69	0	5	4	8	34	34	18	22	13	16	154
70 & over	0	1	2	0	8	2	4	3	4	3	27
Total	1	241	132	114	415	341	164	115	91	37	1,651

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2025

Number and average account balance[2,3] distributed by attained age and attained years of credited service

	Attained Years of Credited Service[4]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	1	0	0	0	0	0	0	1
35-39	0	0	2	4	29	5	0	0	0	0	40
					3,551						3,795
40-44	0	2	1	7	58	29	1	0	0	0	98
					7,223	13,910					9,345
45-49	0	0	1	6	55	44	17	3	0	0	126
					10,854	18,744					16,069
50-54	0	0	3	3	51	50	31	13	1	0	152
					6,139	23,158	32,716				20,713
55-59	0	1	6	6	56	78	42	31	29	4	253
					7,791	28,628	41,749	66,746	90,275		39,113
60-64	1	1	0	5	54	52	32	35	42	13	235
					11,339	25,912	59,164	70,037	109,470	-	53,335
65-69	0	0	1	7	29	31	17	19	13	14	131
					11,816	34,933					66,474
70 & over	0	0	1	0	8	1	3	1	4	3	21
											99,066
Total	1	4	15	39	340	290	143	102	89	34	1,057
				13,755	8,624	24,694	45,485	69,806	105,245	162,474	37,332

[2] Cash Balances no longer receive pay accruals.
[3] Includes 23 VNA participants and 28 non-VNA participants with frozen benefits that do not have a cash balance
[4] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Butler 1199 as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	24	1	0	0	0	0	0	0	0	25
		54,446									54,319
25-29	0	58	8	1	0	0	0	0	0	0	67
		66,598									65,338
30-34	0	41	26	4	0	0	0	0	0	0	71
		52,281	50,930								52,951
35-39	0	28	25	19	14	0	0	0	0	0	86
		64,019	77,132								72,821
40-44	0	23	10	18	12	8	0	0	0	0	71
		54,267									63,144
45-49	0	26	8	7	8	11	2	0	0	0	62
		66,213									66,523
50-54	0	14	16	8	9	7	6	2	0	0	62
											69,554
55-59	0	7	12	7	16	11	6	2	1	0	62
											71,496
60-64	0	10	7	10	11	10	5	4	1	1	59
											72,310
65-69	0	5	3	1	5	3	1	3	0	2	23
											64,915
70 & over	0	1	1	0	0	1	1	2	0	0	6
											-
Total	0	237	117	75	75	51	21	13	2	3	594
		59,241	63,326	69,849	73,589	80,433	75,966				66,020

[5] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.36%	5.32%

Annual rates of increase:

• Interest credit	4.00%
• Compensation	3.00%
• Future Social Security wage bases	3.00%

Plan-related expenses	$2,200,000

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes eligible to be a participant.
New or rehired employees	It was assumed that there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality:

- PPA (All participants)

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Retirement:

- All participants

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Age	Unisex Rate (%)
55-59	5.0
60-61	7.5
62-64	10.0
65-68	30.0
69	50.0
70+	100.0

Disability rates

None

Termination:

- All participants

Representative termination rates (not due to disability, retirement or mortality) at which participants terminate by age are given below:

Age	Unisex Rate (%)
20-29	10.0
30-34	7.5
35-54	5.0
55 and over	0.0

SCHEDULE SB ATTACHMENTS

Percent married:	For purposes of valuing the pre-retirement surviving spouse's benefit:
• CNE	85% of eligible male participants are assumed to be married and 55% of eligible female participants are assumed to be married.
• VNA	80% of eligible participants are assumed to be married.
Spouse age	Husbands assumed to be 3 years older than wives.
Form of payment:	

Participants eligible for the pension account formula:

Active participants: 50% are assumed to take a lump sum immediately, 25% are assumed to take a lump sum at age 65 and 25% are assumed to take an annuity payable at age 65.

Vested terminated participants: 50% are assumed to take a lump sum and 50% are assumed to take an annuity, both payable at age 65.

CNE participants eligible for the pre-1999 benefit formula and Butler 1199:

Retirement eligible: Annuity upon termination of employment

Non-retirement eligible: Annuity payable at age 65

Vested terminated participants: Annuity payable at age 55

VNA participants:

Retirement eligible: Annuity upon termination of employment

Non-retirement eligible and vested terminated participants: Annuity payable at age 65

SCHEDULE SB ATTACHMENTS

Additional Assumptions

Cash flow:

• Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
• Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
• Amount and timing of contributions	Contributions are assumed to be made based on the scheduled contributions provided by Care New England.
Funding policy	Care New England has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets to pay pension benefits to participants. The contributions are designed to meet or exceed the minimum funding standards of Employee Retirement Income Security Act of 1974 (ERISA) as amended by Pension Protection Act of 2006 (PPA).

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Care New England and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The Plan pays small benefits with a present value up to $5,000 in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Continuing active participants with no pay and/or hours were assumed to have correct pay and/or hours information.
- Participants included in the current year data as active, but who were also currently receiving benefit payments from the trustee, were valued as participants in-pay.
- New records without a sex were assumed to be female.
- New records without a Birthdate were assumed to be 73.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**Care New England Pension Plan**
Plan Sponsor EIN	**05-0490997**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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
CARE NEW ENGLAND 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
Care New England

D Employer Identification Number (EIN)
05-0490997

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**	135,709,581
b Actuarial value	**2b**	135,775,900

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	431	45,382,929	45,382,929
b For terminated vested participants	1,311	41,267,170	41,267,170
c For active participants	1,651	66,181,956	70,193,795
d Total	3,393	152,832,055	156,843,894

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	2,671,302
b Expected plan-related expenses	**6b**	2,200,000
c Target normal cost	**6c**	4,871,302

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

Kevin Gontowski /KAG
Signature of actuary

10/7/2026
Date

Kevin Gontowski
Type or print name of actuary

2606296
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

203-326-5400
Telephone number (including area code)

PO Box 674401
Houston TX 77267
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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.06%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,494
	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 5.12%		76
	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		1,570
	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	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.56%
15	Adjusted funding target attainment percentage	15	86.56%
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	90.81%
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
04/11/2025	1,751,000	0			
07/01/2025	1,751,000	0			
10/14/2025	1,751,000	0			
01/15/2026	1,642,000	0			
07/13/2026	1,824,000	0			
09/14/2026	690,000	0			
			Totals ▶ 18(b)	9,409,000	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	8,982,523

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	4,871,302
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21,067,994	2,422,315
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**	7,293,617

	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**	7,293,617
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	8,982,523
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,688,906
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 SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	5.0	1000	50	2750
56	5.0	950	47	2660
57	5.0	903	45	2572
58	5.0	857	43	2486
59	5.0	815	41	2403
60	7.5	774	58	3482
61	7.5	716	54	3275
62	10.0	662	66	4105
63	10.0	596	59	3754
64	10.0	536	54	3432
65	30.0	483	145	9412
66	30.0	338	101	6689
67	30.0	236	71	4754
68	30.0	166	50	3377
69	50.0	116	58	3998
70	100.0	58	58	4056
			1,000	63,205

Weighted Average Retirement Age: **63.2**

The number of participants retiring at a given age is based on the assumed percentage rate of retirement times the number of participants remaining at each age (assuming 1,000 participants). The weighted amounts are then based on the number of retirees in the given year times the age. The weighted amounts are totaled and then divided by the total number of retirees (1,000).

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

• Applicable month	September
• Interest rate basis	3-Segment Rates

	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.36%	5.32%

Annual rates of increase:

• Interest credit	4.00%
• Compensation	3.00%
• Future Social Security wage bases	3.00%

Plan-related expenses	$2,200,000

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes eligible to be a participant.
New or rehired employees	It was assumed that there will be no new or rehired employees.

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Mortality:

- PPA (All participants)

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Retirement:

- All participants

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below:

Age	Unisex Rate (%)
55-59	5.0
60-61	7.5
62-64	10.0
65-68	30.0
69	50.0
70+	100.0

Disability rates

None

Termination:

- All participants

Representative termination rates (not due to disability, retirement or mortality) at which participants terminate by age are given below:

Age	Unisex Rate (%)
20-29	10.0
30-34	7.5
35-54	5.0
55 and over	0.0

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Percent married:	For purposes of valuing the pre-retirement surviving spouse's benefit:
• CNE	85% of eligible male participants are assumed to be married and 55% of eligible female participants are assumed to be married.
• VNA	80% of eligible participants are assumed to be married.
Spouse age	Husbands assumed to be 3 years older than wives.
Form of payment:	

Participants eligible for the pension account formula:

Active participants: 50% are assumed to take a lump sum immediately, 25% are assumed to take a lump sum at age 65 and 25% are assumed to take an annuity payable at age 65.

Vested terminated participants: 50% are assumed to take a lump sum and 50% are assumed to take an annuity, both payable at age 65.

CNE participants eligible for the pre-1999 benefit formula and Butler 1199:

Retirement eligible: Annuity upon termination of employment

Non-retirement eligible: Annuity payable at age 65

Vested terminated participants: Annuity payable at age 55

VNA participants:

Retirement eligible: Annuity upon termination of employment

Non-retirement eligible and vested terminated participants: Annuity payable at age 65

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Additional Assumptions

Cash flow:

• Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
• Timing of benefit payments	Benefit payments are assumed to be made uniformly throughout the year and, on average, at mid-year.
• Amount and timing of contributions	Contributions are assumed to be made based on the scheduled contributions provided by Care New England.
Funding policy	Care New England has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets to pay pension benefits to participants. The contributions are designed to meet or exceed the minimum funding standards of Employee Retirement Income Security Act of 1974 (ERISA) as amended by Pension Protection Act of 2006 (PPA).

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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Actuarial value of assets for determining minimum required contributions

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Care New England and, based on that review, is not aware of any other significant benefits required to be valued that were not.

The Plan pays small benefits with a present value up to $5,000 in a single lump sum payment. Such lump sums are not explicitly valued; rather, such participants' benefits are valued using the benefit choice assumptions described above.

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Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- Continuing active participants with no pay and/or hours were assumed to have correct pay and/or hours information.
- Participants included in the current year data as active, but who were also currently receiving benefit payments from the trustee, were valued as participants in-pay.
- New records without a sex were assumed to be female.
- New records without a Birthdate were assumed to be 73.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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Schedule SB, Part V
Summary of Plan Provisions

B.1 Plan Provisions: Excluding Butler 1199 Employees and VNA Employees

Plan Provisions

The plan was originally effective April 1, 1999. The plan was amended and restated effective January 1, 2012. The most recent amendment was as of September 1, 2017.

Plan year	Calendar year
Eligibility requirements	Employees who work more than 1,000 hours in a year are included in the Plan on the first day of the year immediately preceding the completion of one year of service. Certain job classifications, such as Brown University academic faculty, physician, or physician in residence at Women & Infants Hospital, are excluded. Effective August 1, 1999, Butler physicians and outpatient therapists are no longer eligible to accrue benefits. Effective January 1, 2011, there were no new plan participants other than Butler 1199 employees. Butler 1199 employees are covered under the plan provisions as summarized B.2 below.

Definitions

Vesting service	One year of vested service for 1,000 hours completed in a calendar year
Pension account	The pension account, established as of January 1, 1999 (based on the participant's accrued benefit at that time), is credited annually with annual contribution credits, matching credits, and interest credits.
Normal retirement date (NRD)	The first day of the month coinciding with or next following the attainment of age 65

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Interest credits

Interest credits are applied on December 31 to the pension account as of the preceding January 1, based on the 2-month average of one-year Treasury bill rates for the months of August and September of the preceding year. The interest credit percentage rate is guaranteed to be at least 4% per year, but cannot be greater than the third segment rate of the Statutory Interest Rate in effect as of the first date of the calendar year (if higher than 4%).

Contribution credit

The annual contribution credit for participants who work over 1,000 hours is based on the participant's age and Vesting Service as of the beginning of the plan year as follows:

Sum of Age and Years of Vesting Service	Basic Credit Percentage of Compensation (%)
Less than 40	3.0
40 – 44	3.5
45-49	4.0
50-54	4.5
55-59	5.0
60-64	5.5
65-69	6.0
70-74	7.0
75-79	8.0
80 or more	9.0

Effective January 1, 2011, the contribution credit is $0.

Matching contribution credits

Each participant who contributes to a 403(b) plan during the calendar year and who works over 1,000 hours will also be credited with a matching contribution credit. Contributions are matched as follows: 100% on the first $500 contributed plus 50% on additional amounts, capped at 2% of pay.

Effective January 1, 2009, the matching contribution credit is $0.

Eligibility for Benefits

Normal retirement

Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit.

Early retirement

A participant may retire upon the attainment of age 55 and the completion of 3 years of Vesting Service.

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Vested termination	A participant who terminates service with three or more years of Vesting Service will be entitled to a Deferred Vested Benefit.
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement:

• Benefit amount	The benefit at retirement equals the actuarial equivalent of the participant's Pension Account. The Pension Account is equal to the sum of his or her Opening Balance, Annual Contribution Credits, Matching Contribution Credits, and Interest Credits reduced by the Actuarial Equivalent of any pension benefits earned for the same period of employment under any other qualified pension plan in which Care New England is a participating employer.
• Payment date	Payments will commence on the later of the first day of the month following a participant's retirement or the date of application for benefits.

Early retirement:

• Benefit amount	The amount of benefit is equal to the amount computed above, based on the participant's pension account, if applicable, at the date of termination. If a participant elects to commence receiving benefits before his or her NRD, the benefit amount shall equal the greater of (a) his or her Pension Account Annuity, or (b) the actuarial equivalent of the accrued benefit the participant would have received had his or her early retirement benefit begun on his or her NRD.
• Payment date	A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.

Vested termination:

• Benefit amount	The amount of benefit is equal to the amount computed above, based on the participant's pension account, if applicable, at the date of termination.

• Payment date	A participant's Deferred Vested Benefit commences in full on his or her NRD or, if he or she so elects, in a reduced amount prior to his or her NRD (but at least 6 months after Date of Termination).

Other Plan Provisions

Forms of payment:

• Normal form	Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a joint and 50% survivor basis for married participants.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity; 10-year certain and continuous annuity; a 50%, 75% or 100% joint and survivor benefit; or a lump sum payout.
Actuarial equivalence	Actuarial equivalence is based on statutory interest and mortality for converting cash balances to annuities, and on the UP-1984 mortality table with setbacks and 7% interest for determining annuity options.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

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B.2 Plan Provisions: Butler 1199 Employees

Plan Provisions

The plan was originally effective October 1, 1962. The plan was amended and restated effective October 1, 1989. The plan was merged into the former Kent County Memorial Hospital Pension Plan on October 1, 1998 to become part of the Care New England Pension Plan. The Care New England Pension Plan was amended and restated effective January 1, 2012. The most recent amendment is effective as of December 31, 2016.

Eligibility requirements	Butler 1199 employees who work a 1,000-hour 12-month year of service and have attained age 21 are eligible.

Definitions

Vesting service	Continuous service from date of hire, or beginning of calendar year in which employee attained age 18 if later, to October 1, 1975 computed to the nearest 1/10th year. After October 1, 1975 one year of Vesting Service credited for each plan year in which employee works 1,000 or more hours.
Compensation	Average gross earnings for the 60 months preceding the date of calculation.
Social security taxable wage base	The earnings base used to compute the Social Security tax, and Social Security earnings for a given year. For benefit calculation purposes, the wage base for the calendar year that begins within the plan year is used.
Normal retirement date (NRD)	Age 65 and 5 years of participation.
Benefit service	Continuous service from date of hire to October 1, 1975 computed to the nearest 1/10th year. After October 1, 1975, a year of service is credited for a plan year with at least 2,000 hours of service as a participant. A partial year of service may be credited in a year when vesting service is earned, the participant terminates employment, or becomes a participant.

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Minimum benefit	All employees covered by the Plan on December 31, 1975 will be entitled to a minimum monthly benefit which will be based on salary and credited service and which will be calculated according to the benefit formula in effect prior to the plan revision.

Eligibility for Benefits

Normal retirement	Participants who have attained Normal Retirement Age
Early retirement	After age 55 with 5 or more years of Vesting Service
Vested termination	After 5 or more years of Vesting Service
Pre-retirement death benefit	After 5 or more years of Vesting Service

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Benefits Paid Upon the Following Events

Normal retirement:

- Benefit amount

The maximum of (i) or (ii) below:

(i) Accrued benefit at September 30, 1985 under the previous formula, or

(ii) 1.7% of average compensation for the five plan years ending September 30, 1985 times service as of September 30, 1985

Plus

For each Plan Year after September 30, 1985 and before October 1, 1990:

1.7% of each year's compensation plus 0.75% of each year's compensation in excess of one-half of the taxable wage base, the sum multiplied by benefit service for that plan year,

Plus

For each Plan Year after October 1, 1990:

The sum of (a) plus (b) below, multiplied by benefit service for the year:

(a) 1.625% of compensation, plus

(b) for each year the Participant's total benefit service does not exceed 35 years, 0.625% of compensation in excess of covered compensation.

Furthermore, the accrued benefit determined as of September 30, 1998 was increased by 1% per year of service up to a maximum of 15%.

- Payment date

The first of the month coincident or following Normal Retirement Age.

Early retirement:

- Benefit amount

Same as Normal Retirement based on Compensation and Benefit Service at the date of early retirement.

• Payment date	First day of the month coincident with or next following age 65 or at date of early retirement but reduced by 5/9% or each of the first 60 complete calendar months and 5/18% for each of the next 60 complete calendar months preceding age 65.

Vested termination:

• Benefit amount	Same as Normal Retirement based on Compensation and Benefit Service at the date of termination.
• Payment date	Same as Early Retirement.

Pre-retirement death benefit:

• Benefit amount	Calculated as if the member had retired early and elected a 50% Joint and Survivor Option on the day prior to his death.
• Payment date	First of the month following the later of the participant's date of death, or the month the participant would have been eligible for early retirement.

Other Plan Provisions

Forms of payment:

• Normal form	The normal form of payment is a life annuity or actuarially equivalent Qualified Joint and Survivor Annuity (QJSA) if the employee has been married at least one year. The QJSA is the monthly benefit payable for the life of the retired employee and continuing to the surviving spouse in an amount equal to ½ of the retired employee's monthly benefit.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10-year certain and continuous annuity, or as a 50%, 66 2/3%, 75% or 100% joint and survivor benefit.
Actuarial equivalence	Actuarial equivalence is based on the UP-1984 mortality table with setbacks and 6.5% interest for determining annuity options.

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Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

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B.3 Plan Provisions: Employee Benefit Plan of Kent County Visiting Nurse Association

Plan Provisions

The plan was originally effective March 1, 1969. Effective December 31, 2016, the Employee Benefit Plan of Kent County Visiting Nurse Association was merged into the Care New England Pension Plan. The most recent amendment was as of September 1, 2017.

Eligibility requirements	Age 21 and one Year of Service Effective October 1, 1998, employees compensated on a per diem basis are excluded from participating.
Plan entry date	An eligible employee will enter the Plan on the first day of the month coincident with or next following completion of the eligibility requirements. The plan was closed to new entrants effective December 31, 2007.

Definitions

Vesting service	100% upon entering the Plan
Year of service:	For eligibility and vesting purposes, 12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.
• Eligibility	Computation period commences on employee's date of hire and is measured on each anniversary date of hire thereafter.
• Benefit accrual	Computation period commences on the first day of the plan year, and includes total years and completed months as a participant.
• Vesting	Computation period commences on the first day of the plan year.
Normal retirement date (NRD)	First day of the month coincident with or next following a participant's 65th birthday.

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Compensation	W-2 compensation paid for the plan year. For plan years beginning after December 31, 1998, no more than $200,000 of compensation will be considered for plan purposes. This limit is $200,000 is subject to adjustment by the Secretary for the Treasury or his delegate.
Average compensation	Compensation averaged over the 3 consecutive years out of the last 10 years as an employee producing the highest average prior to termination of employment.
Covered compensation	The average of the taxable wage bases for the 35 calendar years ending with the year in which the participant attains social security retirement age. For this purpose, unrounded values will be used.
Accrued benefit	The Normal Retirement Benefit based on Average Compensation and Years of Benefit Accrual Service to date.
Top-heavy minimum accrued benefit	A participant will receive a minimum benefit equal to 2% of a 5-year average compensation for each Year of Service in which the Plan is top-heavy (actuarially reduced for normal form of benefit other than a life annuity).

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Attainment of age 55
Disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement
Postponed retirement	Participants who continue employment after their NRD and defer receipt of their pension

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Benefits Paid Upon the Following Events

Normal retirement	1.30% of Average Compensation multiplied by Years of Benefit Accrual Service, plus 0.50% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Accrual Service (maximum 35). Benefit accruals under the Plan ceased effective December 31, 2007.
Early retirement	The Accrued Benefit, reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the benefit commencement date precedes the participant's NRD.
Disability	Actuarial Equivalent of the Accrued Benefit. Benefits will continue to accrue until a participant's NRD.
Pre-retirement death	Pre-retirement survivor annuity equals to 66-2/3% of the benefit the participant would have received if retired and elected this option.
Postponed retirement	Based on the accrued benefit determined at actual retirement.

Other Plan Provisions

Forms of payment:

• Normal form	Single life annuity
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10- or 15-year certain and continuous annuity, or as a 66 2/3% or 75% joint and survivor benefit. Actuarial equivalence is based on the statutory mortality table with no setbacks and a 7.50% interest rate.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

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Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	24	1	0	0	0	0	0	0	0	25
25-29	0	58	8	1	0	0	0	0	0	0	67
30-34	0	41	26	5	0	0	0	0	0	0	72
35-39	0	28	27	23	43	5	0	0	0	0	126
40-44	0	25	11	25	70	37	1	0	0	0	169
45-49	0	26	9	13	63	55	19	3	0	0	188
50-54	0	14	19	11	60	57	37	15	1	0	214
55-59	0	8	18	13	72	89	48	33	30	4	315
60-64	1	11	7	15	65	62	37	39	43	14	294
65-69	0	5	4	8	34	34	18	22	13	16	154
70 & over	0	1	2	0	8	2	4	3	4	3	27
Total	1	241	132	114	415	341	164	115	91	37	1,651

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Care New England Pension Plan
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Plan Sponsor: Care New England
Valuation Date: January 1, 2025

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Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plan as of January 1, 2025

Number and average account balance[2,3] distributed by attained age and attained years of credited service

	Attained Years of Credited Service[4]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	1	0	0	0	0	0	0	1
35-39	0	0	2	4	29	5	0	0	0	0	40
					3,551						3,795
40-44	0	2	1	7	58	29	1	0	0	0	98
					7,223	13,910					9,345
45-49	0	0	1	6	55	44	17	3	0	0	126
					10,854	18,744					16,069
50-54	0	0	3	3	51	50	31	13	1	0	152
					6,139	23,158	32,716				20,713
55-59	0	1	6	6	56	78	42	31	29	4	253
					7,791	28,628	41,749	66,746	90,275		39,113
60-64	1	1	0	5	54	52	32	35	42	13	235
					11,339	25,912	59,164	70,037	109,470	-	53,335
65-69	0	0	1	7	29	31	17	19	13	14	131
					11,816	34,933					66,474
70 & over	0	0	1	0	8	1	3	1	4	3	21
											99,066
Total	1	4	15	39	340	290	143	102	89	34	1,057
				13,755	8,624	24,694	45,485	69,806	105,245	162,474	37,332

[2] Cash Balances no longer receive pay accruals.
[3] Includes 23 VNA participants and 28 non-VNA participants with frozen benefits that do not have a cash balance
[4] Age and service for purposes of determining category are based on exact (not rounded) values.

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EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

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Schedule SB, Line 26a

Schedule of Active Participant Data for Butler 1199 as of January 1, 2025

Number accruing pay-related benefits and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[5]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	24	1	0	0	0	0	0	0	0	25
		54,446									54,319
25-29	0	58	8	1	0	0	0	0	0	0	67
		66,598									65,338
30-34	0	41	26	4	0	0	0	0	0	0	71
		52,281	50,930								52,951
35-39	0	28	25	19	14	0	0	0	0	0	86
		64,019	77,132								72,821
40-44	0	23	10	18	12	8	0	0	0	0	71
		54,267									63,144
45-49	0	26	8	7	8	11	2	0	0	0	62
		66,213									66,523
50-54	0	14	16	8	9	7	6	2	0	0	62
											69,554
55-59	0	7	12	7	16	11	6	2	1	0	62
											71,496
60-64	0	10	7	10	11	10	5	4	1	1	59
											72,310
65-69	0	5	3	1	5	3	1	3	0	2	23
											64,915
70 & over	0	1	1	0	0	1	1	2	0	0	6
											-
Total	0	237	117	75	75	51	21	13	2	3	594
		59,241	63,326	69,849	73,589	80,433	75,966				66,020

[5] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

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Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,616,640	6,849,983	4,667,679	16,134,302
2026	7,826,730	2,360,090	4,544,176	14,730,996
2027	6,117,722	2,472,765	4,409,020	12,999,507
2028	5,756,808	2,417,803	4,266,237	12,440,848
2029	5,399,640	2,782,824	4,115,125	12,297,589
2030	5,081,230	2,461,684	3,958,002	11,500,916
2031	4,873,314	2,495,120	3,799,220	11,167,654
2032	4,661,416	2,491,163	3,635,279	10,787,858
2033	4,420,138	2,480,234	3,465,622	10,365,994
2034	4,157,665	2,265,618	3,290,147	9,713,430
2035	3,948,305	2,317,618	3,111,788	9,377,711
2036	3,738,295	2,463,293	2,932,109	9,133,697
2037	3,521,466	2,311,298	2,750,016	8,582,780
2038	3,359,199	2,298,772	2,566,299	8,224,270
2039	3,231,470	2,332,016	2,381,882	7,945,368
2040	3,161,222	2,405,006	2,197,789	7,764,017
2041	3,109,654	2,442,613	2,015,158	7,567,425
2042	3,038,265	2,266,055	1,835,204	7,139,524
2043	2,968,509	2,286,482	1,659,161	6,914,152
2044	2,931,308	2,269,675	1,488,271	6,689,254
2045	2,905,882	2,341,313	1,323,759	6,570,954
2046	2,846,951	2,175,196	1,166,820	6,188,967
2047	2,791,846	1,928,077	1,018,597	5,738,520
2048	2,743,807	1,869,945	880,139	5,493,891
2049	2,715,261	1,781,073	752,359	5,248,693
2050	2,724,570	1,689,094	635,939	5,049,603
2051	2,714,901	1,577,125	531,286	4,823,312
2052	2,674,331	1,489,414	438,511	4,602,256
2053	2,630,840	1,386,600	357,435	4,374,875
2054	2,586,341	1,307,706	287,618	4,181,665

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Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	2,528,747	1,225,439	228,391	3,982,577
2056	2,452,654	1,139,668	178,909	3,771,231
2057	2,367,755	1,064,224	138,203	3,570,182
2058	2,289,297	991,356	105,243	3,385,896
2059	2,216,296	921,414	78,986	3,216,696
2060	2,139,891	854,516	58,410	3,052,817
2061	2,070,064	790,783	42,552	2,903,399
2062	1,993,917	730,366	30,532	2,754,815
2063	1,901,976	673,244	21,569	2,596,789
2064	1,808,649	619,337	14,998	2,442,984
2065	1,718,847	568,561	10,261	2,297,669
2066	1,628,441	520,792	6,903	2,156,136
2067	1,537,806	475,891	4,564	2,018,261
2068	1,447,476	433,713	2,964	1,884,153
2069	1,359,303	394,118	1,889	1,755,310
2070	1,273,008	356,986	1,181	1,631,175
2071	1,188,601	322,213	724	1,511,538
2072	1,106,378	289,707	434	1,396,519
2073	1,026,293	259,386	255	1,285,934
2074	948,315	231,182	147	1,179,644

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	7,742,952	15.00000	7,742,952	721,956
2. Shortfall	01/01/2024	(1,704,248)	14.00000	(1,587,791)	(155,053)
3. Shortfall	01/01/2023	14,472,904	13.00000	12,896,429	1,325,439
4. Shortfall	01/01/2022	(8,920,003)	12.00000	(7,577,428)	(824,310)
5. Shortfall	01/01/2021	772,847	11.00000	621,629	72,061
6. Shortfall	01/01/2020	(8,816,413)	10.00000	(6,647,074)	(827,744)
7. Shortfall	01/01/2019	22,820,845	9.00000	15,619,277	2,109,966
Total				21,067,994	2,422,315

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,616,640	6,849,983	4,667,679	16,134,302
2026	7,826,730	2,360,090	4,544,176	14,730,996
2027	6,117,722	2,472,765	4,409,020	12,999,507
2028	5,756,808	2,417,803	4,266,237	12,440,848
2029	5,399,640	2,782,824	4,115,125	12,297,589
2030	5,081,230	2,461,684	3,958,002	11,500,916
2031	4,873,314	2,495,120	3,799,220	11,167,654
2032	4,661,416	2,491,163	3,635,279	10,787,858
2033	4,420,138	2,480,234	3,465,622	10,365,994
2034	4,157,665	2,265,618	3,290,147	9,713,430
2035	3,948,305	2,317,618	3,111,788	9,377,711
2036	3,738,295	2,463,293	2,932,109	9,133,697
2037	3,521,466	2,311,298	2,750,016	8,582,780
2038	3,359,199	2,298,772	2,566,299	8,224,270
2039	3,231,470	2,332,016	2,381,882	7,945,368
2040	3,161,222	2,405,006	2,197,789	7,764,017
2041	3,109,654	2,442,613	2,015,158	7,567,425
2042	3,038,265	2,266,055	1,835,204	7,139,524
2043	2,968,509	2,286,482	1,659,161	6,914,152
2044	2,931,308	2,269,675	1,488,271	6,689,254
2045	2,905,882	2,341,313	1,323,759	6,570,954
2046	2,846,951	2,175,196	1,166,820	6,188,967
2047	2,791,846	1,928,077	1,018,597	5,738,520
2048	2,743,807	1,869,945	880,139	5,493,891
2049	2,715,261	1,781,073	752,359	5,248,693
2050	2,724,570	1,689,094	635,939	5,049,603
2051	2,714,901	1,577,125	531,286	4,823,312
2052	2,674,331	1,489,414	438,511	4,602,256
2053	2,630,840	1,386,600	357,435	4,374,875
2054	2,586,341	1,307,706	287,618	4,181,665

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	2,528,747	1,225,439	228,391	3,982,577
2056	2,452,654	1,139,668	178,909	3,771,231
2057	2,367,755	1,064,224	138,203	3,570,182
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2070	1,273,008	356,986	1,181	1,631,175
2071	1,188,601	322,213	724	1,511,538
2072	1,106,378	289,707	434	1,396,519
2073	1,026,293	259,386	255	1,285,934
2074	948,315	231,182	147	1,179,644

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	5.0	1000	50	2750
56	5.0	950	47	2660
57	5.0	903	45	2572
58	5.0	857	43	2486
59	5.0	815	41	2403
60	7.5	774	58	3482
61	7.5	716	54	3275
62	10.0	662	66	4105
63	10.0	596	59	3754
64	10.0	536	54	3432
65	30.0	483	145	9412
66	30.0	338	101	6689
67	30.0	236	71	4754
68	30.0	166	50	3377
69	50.0	116	58	3998
70	100.0	58	58	4056
			1,000	63,205

Weighted Average Retirement Age: **63.2**

The number of participants retiring at a given age is based on the assumed percentage rate of retirement times the number of participants remaining at each age (assuming 1,000 participants). The weighted amounts are then based on the number of retirees in the given year times the age. The weighted amounts are totaled and then divided by the total number of retirees (1,000).

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

B.1 Plan Provisions: Excluding Butler 1199 Employees and VNA Employees

Plan Provisions

The plan was originally effective April 1, 1999. The plan was amended and restated effective January 1, 2012. The most recent amendment was as of September 1, 2017.

Plan year	Calendar year
Eligibility requirements	Employees who work more than 1,000 hours in a year are included in the Plan on the first day of the year immediately preceding the completion of one year of service. Certain job classifications, such as Brown University academic faculty, physician, or physician in residence at Women & Infants Hospital, are excluded. Effective August 1, 1999, Butler physicians and outpatient therapists are no longer eligible to accrue benefits. Effective January 1, 2011, there were no new plan participants other than Butler 1199 employees. Butler 1199 employees are covered under the plan provisions as summarized B.2 below.

Definitions

Vesting service	One year of vested service for 1,000 hours completed in a calendar year
Pension account	The pension account, established as of January 1, 1999 (based on the participant's accrued benefit at that time), is credited annually with annual contribution credits, matching credits, and interest credits.
Normal retirement date (NRD)	The first day of the month coinciding with or next following the attainment of age 65

SCHEDULE SB ATTACHMENTS

Interest credits

Interest credits are applied on December 31 to the pension account as of the preceding January 1, based on the 2-month average of one-year Treasury bill rates for the months of August and September of the preceding year. The interest credit percentage rate is guaranteed to be at least 4% per year, but cannot be greater than the third segment rate of the Statutory Interest Rate in effect as of the first date of the calendar year (if higher than 4%).

Contribution credit

The annual contribution credit for participants who work over 1,000 hours is based on the participant's age and Vesting Service as of the beginning of the plan year as follows:

Sum of Age and Years of Vesting Service	Basic Credit Percentage of Compensation (%)
Less than 40	3.0
40 – 44	3.5
45-49	4.0
50-54	4.5
55-59	5.0
60-64	5.5
65-69	6.0
70-74	7.0
75-79	8.0
80 or more	9.0

Effective January 1, 2011, the contribution credit is $0.

Matching contribution credits

Each participant who contributes to a 403(b) plan during the calendar year and who works over 1,000 hours will also be credited with a matching contribution credit. Contributions are matched as follows: 100% on the first $500 contributed plus 50% on additional amounts, capped at 2% of pay.

Effective January 1, 2009, the matching contribution credit is $0.

Eligibility for Benefits

Normal retirement

Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit.

Early retirement

A participant may retire upon the attainment of age 55 and the completion of 3 years of Vesting Service.

SCHEDULE SB ATTACHMENTS

Vested termination	A participant who terminates service with three or more years of Vesting Service will be entitled to a Deferred Vested Benefit.
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement:

• Benefit amount	The benefit at retirement equals the actuarial equivalent of the participant's Pension Account. The Pension Account is equal to the sum of his or her Opening Balance, Annual Contribution Credits, Matching Contribution Credits, and Interest Credits reduced by the Actuarial Equivalent of any pension benefits earned for the same period of employment under any other qualified pension plan in which Care New England is a participating employer.
• Payment date	Payments will commence on the later of the first day of the month following a participant's retirement or the date of application for benefits.

Early retirement:

• Benefit amount	The amount of benefit is equal to the amount computed above, based on the participant's pension account, if applicable, at the date of termination. If a participant elects to commence receiving benefits before his or her NRD, the benefit amount shall equal the greater of (a) his or her Pension Account Annuity, or (b) the actuarial equivalent of the accrued benefit the participant would have received had his or her early retirement benefit begun on his or her NRD.
• Payment date	A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.

Vested termination:

• Benefit amount	The amount of benefit is equal to the amount computed above, based on the participant's pension account, if applicable, at the date of termination.

• Payment date	A participant's Deferred Vested Benefit commences in full on his or her NRD or, if he or she so elects, in a reduced amount prior to his or her NRD (but at least 6 months after Date of Termination).

Other Plan Provisions

Forms of payment:

• Normal form	Benefits are normally payable in an unreduced amount as a life annuity for unmarried participants and in a reduced amount on a joint and 50% survivor basis for married participants.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity; 10-year certain and continuous annuity; a 50%, 75% or 100% joint and survivor benefit; or a lump sum payout.
Actuarial equivalence	Actuarial equivalence is based on statutory interest and mortality for converting cash balances to annuities, and on the UP-1984 mortality table with setbacks and 7% interest for determining annuity options.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

B.2 Plan Provisions: Butler 1199 Employees

Plan Provisions

The plan was originally effective October 1, 1962. The plan was amended and restated effective October 1, 1989. The plan was merged into the former Kent County Memorial Hospital Pension Plan on October 1, 1998 to become part of the Care New England Pension Plan. The Care New England Pension Plan was amended and restated effective January 1, 2012. The most recent amendment is effective as of December 31, 2016.

Eligibility requirements	Butler 1199 employees who work a 1,000-hour 12-month year of service and have attained age 21 are eligible.

Definitions

Vesting service	Continuous service from date of hire, or beginning of calendar year in which employee attained age 18 if later, to October 1, 1975 computed to the nearest 1/10th year. After October 1, 1975 one year of Vesting Service credited for each plan year in which employee works 1,000 or more hours.
Compensation	Average gross earnings for the 60 months preceding the date of calculation.
Social security taxable wage base	The earnings base used to compute the Social Security tax, and Social Security earnings for a given year. For benefit calculation purposes, the wage base for the calendar year that begins within the plan year is used.
Normal retirement date (NRD)	Age 65 and 5 years of participation.
Benefit service	Continuous service from date of hire to October 1, 1975 computed to the nearest 1/10th year. After October 1, 1975, a year of service is credited for a plan year with at least 2,000 hours of service as a participant. A partial year of service may be credited in a year when vesting service is earned, the participant terminates employment, or becomes a participant.

SCHEDULE SB ATTACHMENTS

Minimum benefit	All employees covered by the Plan on December 31, 1975 will be entitled to a minimum monthly benefit which will be based on salary and credited service and which will be calculated according to the benefit formula in effect prior to the plan revision.

Eligibility for Benefits

Normal retirement	Participants who have attained Normal Retirement Age
Early retirement	After age 55 with 5 or more years of Vesting Service
Vested termination	After 5 or more years of Vesting Service
Pre-retirement death benefit	After 5 or more years of Vesting Service

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement:

- Benefit amount

The maximum of (i) or (ii) below:

(i) Accrued benefit at September 30, 1985 under the previous formula, or

(ii) 1.7% of average compensation for the five plan years ending September 30, 1985 times service as of September 30, 1985

Plus

For each Plan Year after September 30, 1985 and before October 1, 1990:

1.7% of each year's compensation plus 0.75% of each year's compensation in excess of one-half of the taxable wage base, the sum multiplied by benefit service for that plan year,

Plus

For each Plan Year after October 1, 1990:

The sum of (a) plus (b) below, multiplied by benefit service for the year:

(a) 1.625% of compensation, plus

(b) for each year the Participant's total benefit service does not exceed 35 years, 0.625% of compensation in excess of covered compensation.

Furthermore, the accrued benefit determined as of September 30, 1998 was increased by 1% per year of service up to a maximum of 15%.

- Payment date

The first of the month coincident or following Normal Retirement Age.

Early retirement:

- Benefit amount

Same as Normal Retirement based on Compensation and Benefit Service at the date of early retirement.

• Payment date	First day of the month coincident with or next following age 65 or at date of early retirement but reduced by 5/9% or each of the first 60 complete calendar months and 5/18% for each of the next 60 complete calendar months preceding age 65.

Vested termination:

• Benefit amount	Same as Normal Retirement based on Compensation and Benefit Service at the date of termination.
• Payment date	Same as Early Retirement.

Pre-retirement death benefit:

• Benefit amount	Calculated as if the member had retired early and elected a 50% Joint and Survivor Option on the day prior to his death.
• Payment date	First of the month following the later of the participant's date of death, or the month the participant would have been eligible for early retirement.

Other Plan Provisions

Forms of payment:

• Normal form	The normal form of payment is a life annuity or actuarially equivalent Qualified Joint and Survivor Annuity (QJSA) if the employee has been married at least one year. The QJSA is the monthly benefit payable for the life of the retired employee and continuing to the surviving spouse in an amount equal to ½ of the retired employee's monthly benefit.
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10-year certain and continuous annuity, or as a 50%, 66 2/3%, 75% or 100% joint and survivor benefit.
Actuarial equivalence	Actuarial equivalence is based on the UP-1984 mortality table with setbacks and 6.5% interest for determining annuity options.

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

B.3 Plan Provisions: Employee Benefit Plan of Kent County Visiting Nurse Association

Plan Provisions

The plan was originally effective March 1, 1969. Effective December 31, 2016, the Employee Benefit Plan of Kent County Visiting Nurse Association was merged into the Care New England Pension Plan. The most recent amendment was as of September 1, 2017.

Eligibility requirements	Age 21 and one Year of Service Effective October 1, 1998, employees compensated on a per diem basis are excluded from participating.
Plan entry date	An eligible employee will enter the Plan on the first day of the month coincident with or next following completion of the eligibility requirements. The plan was closed to new entrants effective December 31, 2007.

Definitions

Vesting service	100% upon entering the Plan
Year of service:	For eligibility and vesting purposes, 12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.
• Eligibility	Computation period commences on employee's date of hire and is measured on each anniversary date of hire thereafter.
• Benefit accrual	Computation period commences on the first day of the plan year, and includes total years and completed months as a participant.
• Vesting	Computation period commences on the first day of the plan year.
Normal retirement date (NRD)	First day of the month coincident with or next following a participant's 65th birthday.

SCHEDULE SB ATTACHMENTS

Compensation	W-2 compensation paid for the plan year. For plan years beginning after December 31, 1998, no more than $200,000 of compensation will be considered for plan purposes. This limit is $200,000 is subject to adjustment by the Secretary for the Treasury or his delegate.
Average compensation	Compensation averaged over the 3 consecutive years out of the last 10 years as an employee producing the highest average prior to termination of employment.
Covered compensation	The average of the taxable wage bases for the 35 calendar years ending with the year in which the participant attains social security retirement age. For this purpose, unrounded values will be used.
Accrued benefit	The Normal Retirement Benefit based on Average Compensation and Years of Benefit Accrual Service to date.
Top-heavy minimum accrued benefit	A participant will receive a minimum benefit equal to 2% of a 5-year average compensation for each Year of Service in which the Plan is top-heavy (actuarially reduced for normal form of benefit other than a life annuity).

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Attainment of age 55
Disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement
Postponed retirement	Participants who continue employment after their NRD and defer receipt of their pension

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	1.30% of Average Compensation multiplied by Years of Benefit Accrual Service, plus 0.50% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Accrual Service (maximum 35). Benefit accruals under the Plan ceased effective December 31, 2007.
Early retirement	The Accrued Benefit, reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the benefit commencement date precedes the participant's NRD.
Disability	Actuarial Equivalent of the Accrued Benefit. Benefits will continue to accrue until a participant's NRD.
Pre-retirement death	Pre-retirement survivor annuity equals to 66-2/3% of the benefit the participant would have received if retired and elected this option.
Postponed retirement	Based on the accrued benefit determined at actual retirement.

Other Plan Provisions

Forms of payment:

• Normal form	Single life annuity
• Optional forms in lieu of normal form	Participants may elect to receive their benefit as a life annuity, 10- or 15-year certain and continuous annuity, or as a 66 2/3% or 75% joint and survivor benefit. Actuarial equivalence is based on the statutory mortality table with no setbacks and a 7.50% interest rate.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Care New England Pension Plan
EIN / PN: 50-490997/001
Plan Sponsor: Care New England
Valuation Date: January 1, 2025

Plan Name	**Care New England Pension Plan**
Plan Sponsor EIN	**05-0490997**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
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as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
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EIN / PN: 50-490997/001
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