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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1966

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

10 CHARLES STREET
SUITE 250
PROVIDENCE, RI 02904

2b Employer Identification Number (EIN)
05-0259004

2c Plan Sponsor's telephone number
401-729-2198

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**	1512
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)**	137
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	126
b	Retired or separated participants receiving benefits	**6b**	859
c	Other retired or separated participants entitled to future benefits	**6c**	402
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1387
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	93
f	Total. Add lines **6d** and **6e**.	**6f**	1480
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	1004GAC	418	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	34442815
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	36675365
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1155470		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	-74779		
	▶ REALIZED AND UNREALIZED GAINS AND LOSSES				
	(6) Total additions			7c(6)	1080691
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	37756056
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3262974		
	(2) Administration charge made by carrier	7e(2)	50267		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	3313241
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	34442815

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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**	84172549
b Actuarial value	**2b**	82591493

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	948	78196036	78196036
b For terminated vested participants	429	18888541	18888541
c For active participants	137	8580666	8878906
d Total	1514	105665243	105963483

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1500000
c Target normal cost	**6c**	1500000

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 6.09 %	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)		3209
	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 5.06 %		162
	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		3371
	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	77.94 %
15	Adjusted funding target attainment percentage	15	77.94 %
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	78.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1098000	0			
07/01/2025	1098000	0			
10/14/2025	1098000	0			
01/15/2026	1042000	0			
09/14/2026	480000	0			
			Totals ► 18(b)	4816000	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	4632545

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**	59

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**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	23371990	3129000
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**	4629000

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

36 Additional cash requirement (line 34 minus line 35)	**36**	4629000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4632545

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3545
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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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 GLOBAL

82-4458472

(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

DODGE & COX

94-6067274

(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

GOLDMAN SACHS

13-4019460

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

HARBOR FUNDS

34-1570746

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

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

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

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

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

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

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

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	164516	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51	NONE	50865	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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?
13 28 50 51	NONE	50267	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	30369	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	24822	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	23520	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)

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?
28 51	NONE	22851	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	21247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABERDEEN ASSET MANAGEMENT INC

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	19651	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: WILSON LOWRY

b EIN: 53-0181291

c Position: ENROLLED ACTUARY

d Address: PO BOX 674401
C/O WILLIS TOWERS WATSON
HOUSTON, TX 77267

e Telephone: 617-638-3700

Explanation: ENROLLED ACTUARY RETIRED AND WORK WAS REASSIGNED WITHIN WILLIS TOWERS WATSON.

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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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: EMERGING MARKETS SMALL CO 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)
61-1581337-003	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	3774835

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	7743715

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

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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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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)	1225000	1522000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28817	24915
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1150180	2329306
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2361122	2679298
(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)	7176862	7743715
(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)	6383694	3774835
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24834288	25720084
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	36675365	34442815
(15) Other	1c(15)	4242439	8878538

		(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	84077767	87115506
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	84077767	87115506

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)	4816000	
(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)		4816000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	82450	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1155470	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1237920
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	9493	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	523818	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		533311
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	27147392	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	26978248	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		169144
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1314833	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1314833

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		725429
(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)		595225
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3831218
c Other income	2c		-91911
d Total income. Add all **income** amounts in column (b) and enter total	2d		13131169
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8426414	
(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)		8426414
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)	50884	
(3) Recordkeeping fees	2i(3)	60000	
(4) IQPA audit fees	2i(4)	23520	
(5) Investment advisory and investment management fees	2i(5)	118941	
(6) Bank or trust company trustee/custodial fees	2i(6)	50865	
(7) Actuarial fees	2i(7)	104516	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1258290	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1667016
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10093430
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3037739
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 583848.

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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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): 01-0233346 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 | 2

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: 47.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.0 %
High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 40.0 %

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

The Memorial Hospital Defined Benefit Pension Plan and Trust

December 31, 2025 and 2024

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

Financial Statements
and Supplemental Schedules

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CBIZ CPAs P.C.

53 State Street
17th Floor
Boston, MA 02109

P: 617.807.5000

Independent Auditors' Report

Plan Administrator
The Memorial Hospital Defined Benefit Pension Plan and Trust

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

We have performed the audits of the financial statements of The Memorial Hospital Defined Benefit Pension Plan and Trust (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 qualified institutions 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 qualified institutions agree 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

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2025	***2024***
Assets		
Investments, at fair value	$ 51,125,776	$ 46,148,585
Group annuity unallocated insurance contract, at contract value	34,442,815	36,675,365
Total investments	**85,568,591**	**82,823,950**
Receivables:		
Employer contributions	1,522,000	1,225,000
Accrued investment income	24,915	28,817
Total receivables	**1,546,915**	**1,253,817**
Net assets available for benefits	**$ 87,115,506**	**$ 84,077,767**

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

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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 dividends	$ 1,709,237	$ 1,665,149
Net appreciation in fair value of investments	6,591,852	3,296,548
Total investment income	8,301,089	4,961,697
Employer contributions	4,816,000	4,537,000
Total additions to net assets	**13,117,089**	**9,498,697**
Deductions from net assets attributed to:		
Benefits paid to participants	8,426,414	8,292,366
Administrative expenses	1,652,936	1,603,145
Total deductions from net assets	**10,079,350**	**9,895,511**
Net increase (decrease) in net assets available for benefits	**3,037,739**	**(396,814)**
Net assets available for benefits, beginning of year	84,077,767	84,474,581
Net assets available for benefits, end of year	**$ 87,115,506**	**$ 84,077,767**

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

Note 1 - Description of the Plan

The following description of The Memorial Hospital Defined Benefit Pension Plan and Trust (the "Plan") is provided for general information purposes only. Plan participants should refer to the Plan document for more complete information.

General

The Plan is a noncontributory defined benefit plan established on April 1, 1966 and restated on January 1, 2021, by The Memorial Hospital of Rhode Island ("Hospital") for the purpose of providing employees with certain retirement benefits. Care New England ("CNE" or "Employer") is the successor to the Hospital and sponsors the Plan. Bank of America, N.A. is the Trustee/Custodian of the Plan and John Hancock Life Insurance Company is the insurance company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All investments are non-participant directed.

Effective May 31, 2012, the Plan was frozen, except in connection with bargaining agreements. In conjunction with the freezing of benefit accruals for non-union participants effective May 31, 2012, in no event will a non-union participant's compensation earned after May 31, 2012 be considered in the determination of average monthly compensation under the Plan's benefit formula.

Effective June 1, 2013, the Plan was frozen to bargaining unit employees, except those bargaining unit employees who worked in excess of 1,000 hours as of the freeze, June 1, 2013. In conjunction with the freezing of benefit accruals for union participants effective June 1, 2013, in no event will a union participant's compensation earned after June 1, 2013 be considered in the determination of average monthly compensation under the Plan's benefit formula.

The Plan's Adjusted Funding Target Attainment Percentage ("AFTAP") for the Plan years beginning January 1, 2025 and 2024 were 77.94% and 78.22%, respectively.

Eligibility

An employee became eligible to participate in the Plan after the completion of one year of service and attainment of age 21, excluding those employees eligible to participate in a Teachers Insurance Annuity Association – College Retirement Equities Fund plan (TIAA-CREF), residents, interns, fellows, and students.

Vesting

A participant became vested, or earned the right to a benefit, when the participant completed five years of vesting service. A participant earned one year of vesting service for each calendar year during which the participant completed 1,000 hours of service.

Note 1 - Description of the Plan (Continued)

Benefits

Normal Retirement – The normal retirement date is the first day of the month coincident with or following attainment of age 65. The annual benefit payable upon normal retirement is based upon a formula, which takes into account years of credited service, age, and the compensation level of the participant, as defined in the Plan.

Early Retirement – A participant who has completed five years or more of credited service and who has reached the age of 55 is entitled to elect an early retirement date and receive a reduced benefit, as defined in the Plan.

Deferred Vested Benefits – Participants who terminate their service with five or more years of vesting service, but have not attained the age of 55, will be entitled to a deferred vested benefit on their normal retirement date or, at their option, in a reduced amount prior to their normal retirement date.

Death and Disability Benefits – The beneficiary of a deceased participant who is 100% vested shall receive a monthly benefit equal to the greater of (1) 50% of the present value of the accrued pension benefit or (2) a pre-retirement survivor annuity, as defined in the Plan. If the participant is not vested in the Plan at the time of death, no death benefits are available to the participant's beneficiary. An active participant who becomes totally disabled receives an amount equal to 100% of their accrued benefit in the form of a life annuity.

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, except for the insurance group annuity contract which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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 is funded by contributions from CNE under provisions of ERISA in amounts necessary on an actuarial basis to provide the Plan with assets sufficient to meet its pension obligation to Plan members. CNE's contributions meet the minimum funding requirement of ERISA.

Payment of Benefits

Benefits to participants 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 and Insurance Company

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. and John Hancock Life Insurance Company, the trustee/custodian and insurance company of the Plan, respectively, have 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 - Group Annuity Contract with Insurance Company

The Plan entered into a group annuity contract with John Hancock Life Insurance Company ("John Hancock") on April 1, 1966. John Hancock maintains the contributions in the Immediate Participation Guarantee (IPG) Fund, and these contributions are then assigned to the general investment account of John Hancock (account). The IPG is valued at contract value by John Hancock Life Insurance Company. The value is based upon the investment yields and required cash flows for contracts maintained by John Hancock that are included in its general investment account. The account is credited with net earnings and charged for participant withdrawals and administrative expenses based on the investment experience of John Hancock in its general investment account. Contract or book value, as reported to the Plan by John Hancock, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

On October 2, 2017, pursuant to the provisions of Group Annuity Contract (GAC) No. 1004 between John Hancock Life Insurance Company and The Memorial Hospital, a letter was sent to John Hancock serving as official notice of Memorial Hospital's request to discontinue GAC 1004. The contract was discontinued effective December 31, 2017, as evidenced by Amendment No. 9 to GAC 1004.

The Plan retains the assets and liabilities associated with the contract until full settlement. The Plan is no longer subject to cash calls for the contract and upon discontinuance any excess funds will be transferred to the Plan's assets.

The total contract value of the investment contract was $34,442,815 and $36,675,365 at December 31, 2025 and 2024, respectively.

Note 5 - 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.

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 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 probable that the Plan will sell the investment for an amount different from its 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.

Note 5 - Fair Value Measurements (Continued)

103-12 investment entity fund's (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.

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

The following 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	$ 25,720,084	$ -	$ -	$ -	$ 25,720,084
Common stocks	2,679,298	-	-	-	2,679,298
Money market fund	2,329,306	-	-	-	2,329,306
Commingled funds	-	-	-	6,934,718	6,934,718
Common/collective trust	-	-	-	7,743,715	7,743,715
Limited partnerships/limited liability companies	-	-	-	5,718,655	5,718,655
Total	**$ 30,728,688**	**$ -**	**$ -**	**$ 20,397,088**	**$ 51,125,776**

Note 5 - 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	$ 23,093,380	$ -	$ -	$ -	$ 23,093,380
Common stocks	4,102,031	-	-	-	4,102,031
Money market fund	1,150,180	-	-	-	1,150,180
Commingled funds	-	-	-	6,866,623	6,866,623
Common/collective trust	-	-	-	7,176,862	7,176,862
103-12 entity	-	-	-	1,863,518	1,863,518
Limited partnerships/limited liability companies	-	-	-	1,895,991	1,895,991
Total	**$ 28,345,591**	**$ -**	**$ -**	**$ 17,802,994**	**$ 46,148,585**

(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 6 - 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	$ 6,934,718	$ 6,866,623	Daily	Various
Investments in 103-12 Entity	$ -	$ 1,863,518	Daily	N/A
Investments in Limited Partnerships/ Limited Liability Companies	$ 5,718,655	$ 1,895,991	Monthly	Monthly
Investments in Common/Collective Trust	$ 7,743,715	$ 7,176,862	Daily	Various

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

Note 7 - 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 a pandemic or 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 8 - 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.

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 9 - 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.

Interest discount rate	6.00% per annum for 2025 and 2024.
Mortality basis	For 2025 and 2024, healthy mortality using Pri-2012 mortality tables (with blue, white, and mixed collar adjustments) with separate tables for employees, retirees, and contingent survivors, projected forward generationally using Scale MP-2021. Disabled mortality using Pri-2012 disabled retiree mortality tables projected forward generationally using Scale MP-2021.
Form of payment	60% of participants elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

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 $3,129,000 and $2,989,948, respectively, which was included in the Plan's minimum required contribution for each respective year.

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 expected plan-related expenses were updated from $1,400,000 to $1,500,000.

Note 9 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

Vested benefits:		
Active employees	$	8,107,987
Participants with deferred benefits		17,694,245
Participants receiving benefits		75,311,513
Total vested accumulated benefits		101,113,745
Nonvested benefits		289,095
Total actuarial present value of accumulated plan benefits	**$**	**101,402,840**

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.

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	$	103,367,671
Increase (decrease) during the year attributable to:		
Decrease in discount period		5,954,055
Benefits paid		(8,266,828)
Actuarial gains		347,942
Net change		(1,964,831)
Actuarial present value of accumulated plan benefits as of January 1	**$**	**101,402,840**

Note 10 - Tax Status

The Internal Revenue Service has determined and informed CNE, by a letter dated September 19, 2012, 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.

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 11 - 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. 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

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - 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*
*	JOHN HANCOCK LIFE INSURANCE COMPANY	Group Annuity Contract	$ 34,442,815	$ 34,442,815
	Total Group Annuity Contracts		**34,442,815**	**34,442,815**
*	BOA MONEY MARKET SAVINGS ACCOUNT	Money Market Funds	2,329,306	2,329,306
	Total Money Market Funds		**2,329,306**	**2,329,306**
	ABIVAX SA-ADR	Common Stock	27,363	38,029
	ADAPTIVE BIOTCHNLGS CORP	Common Stock	18,077	18,189
	ADMA BIOLOGICS INC SHS	Common Stock	34,916	38,304
	ALKAMI TECH INC REG SHS	Common Stock	38,245	33,636
	API GROUP CORP REG SHS	Common Stock	26,214	27,012
	APPLIED DIGITAL CORP	Common Stock	13,262	14,025
	APPLIED INDUSTRL TECH	Common Stock	36,043	41,083
	ASCENDIS PHARMA A/S ADR	Common Stock	76,172	153,320
	AVIDITY BIOSCIENCES INC REG SHS	Common Stock	13,509	19,547
	AVIENT CORPORATION	Common Stock	36,665	27,148
	BICYCLE THERAPEUTICS LTD SHS SPONSOR ADR	Common Stock	22,662	9,218
	BIO RAD LABS CL A	Common Stock	29,766	27,269
	BIRKENSTK HLDG PLC	Common Stock	47,953	37,342
	BLOOM ENERGY CORP CL A	Common Stock	16,618	31,454
	BRAZE INC REG SHS CL A	Common Stock	45,204	41,354
	CALIX NETWORKS INC	Common Stock	33,805	33,505
	CASELLA WASTE SYS INC A	Common Stock	44,546	49,656
	COMFORT SYSTEMS USA INC	Common Stock	20,276	80,263
	COMMVAULT SYS INC	Common Stock	57,315	39,864
	CREDO TECH GROUP HLDG LTD	Common Stock	20,127	39,138
	DESCARTES SYSTEMS GROUP	Common Stock	30,082	25,860
	DORMAN PRODUCTS INC	Common Stock	38,368	31,413
	DUTCH BROS INC	Common Stock	26,795	25,223
	DYNATRACE INC REG SHS	Common Stock	45,505	44,293
	EAST WEST BANCORP INC	Common Stock	36,285	42,371
	F N B CORP	Common Stock	25,557	27,446
	FABRINET	Common Stock	26,665	50,081
	FIRSTCASH HLDGS INC	Common Stock	39,968	44,945
	FORMFACTOR INC	Common Stock	7,923	13,722
	FTAI AVIATION LTD	Common Stock	59,723	100,787
	GENEDX HLDGS CORP	Common Stock	29,610	45,001
	GENIUS SPORTS LTD REG SHS	Common Stock	35,541	36,906
	GUARDANT HEALTH INC	Common Stock	20,958	31,766
	HAMILTON LANE INC REG SH CL A	Common Stock	27,099	26,996
	HEALTHEQUITY INC SHS	Common Stock	57,052	51,027
	HOULIHAN LOKEY INC	Common Stock	51,999	52,431

* Represents a party-in-interest as defined by ERISA.

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - 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*
	IMAX CORP	Common Stock	$ 39,997	$ 48,344
	IONQ INC	Common Stock	10,733	13,192
	IRHYTHM HOLDINGS INC	Common Stock	18,608	31,584
	ITT INC SHS	Common Stock	28,825	56,911
	KARMAN HOLDINGS INC REG SHS	Common Stock	27,925	34,975
	KRATOS DEFNS & SEC SOLTN NEW	Common Stock	39,437	37,424
	LATTICE SEMICNDTR CORP	Common Stock	27,920	28,917
	LEGENCE CORP	Common Stock	37,210	38,392
	LEGEND BIOTECH CORP SHS ADR	Common Stock	32,286	20,696
	MASIMO CORP	Common Stock	47,410	39,798
	MKS INC	Common Stock	31,944	32,919
	NEXTPOWER INC CLASS A	Common Stock	30,457	54,095
	NIQ GLOBAL INTELLIGENCE PLC	Common Stock	28,593	23,795
	ONTO INNOVATION INC	Common Stock	26,812	30,467
	OPTION CARE HEALTH INC	Common Stock	22,115	26,476
	PALOMAR HOLDINGS INC REG SHS	Common Stock	37,995	51,478
	PATTERN GROUP INC REG SHS CL A	Common Stock	9,251	7,524
	PERMIAN RES CORP	Common Stock	20,268	20,806
	PRIMERICA INC COM	Common Stock	26,927	32,553
	PRIMORIS SERVICES CORP	Common Stock	29,608	49,780
	PROCORE TECHNOLOGIES INC REG SHS	Common Stock	39,800	44,808
	RADNET INC	Common Stock	20,576	20,763
	RAMBUS INC CAL	Common Stock	10,656	18,470
	REGAL REXNORD CORP	Common Stock	32,488	31,993
	REVOLUTION MEDICINES INC REG SHS	Common Stock	26,283	53,843
	RHYTHM PHARMACEUTICALS INC SHS	Common Stock	23,499	36,822
	RIGETTI COMPUTING INC REG SHS	Common Stock	13,286	11,452
	SAIA INC	Common Stock	28,473	38,529
	SEMTECH CORPORATION	Common Stock	20,311	33,234
	SPX TECHNOLOGIES INC REG SHS	Common Stock	14,542	16,605
	STEPSTONE GROUP INC REG SHS CL A	Common Stock	26,729	27,914
	TECHNIPFMC PLC REG SHS	Common Stock	20,079	20,364
	TOPBUILD CORP SHS	Common Stock	57,275	60,493
	VAXCYTE INC	Common Stock	51,700	45,771
	VITA COCO CO INC	Common Stock	20,956	31,488
	WINTRUST FINL CP ILL COM	Common Stock	34,377	41,806
	XENON PHARMACEUTICALS INC SHS	Common Stock	13,915	15,193
	Total Common Stock		**2,247,134**	**2,679,298**
	ARTISAN:GLBL VAL;INST	Mutual Fund	2,313,390	3,361,201
	BLACKROCK STRATEGIC INC OPPTNT PT CL CLASS K	Mutual Fund	2,398,869	2,387,050
	DODGE & COX INCOME FUND CL I	Mutual Fund	7,004,044	7,165,204

* Represents a party-in-interest as defined by ERISA.

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - 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*
	DODGE & COX INTL STOCK FD CL I	Mutual Fund	$ 1,153,873	$ 1,570,648
	EDGEWOOD GROWTH FUND CL INST	Mutual Fund	7,484,306	7,285,384
	GS GQG PARTNERS INTL OPPS FD CL R6	Mutual Fund	1,179,960	1,361,316
	HARBOR SMALL CAP VALUE FUND CL RETIRMNT	Mutual Fund	2,273,833	2,589,281
	Total Mutual Fund		**23,808,275**	**25,720,084**
	RYDER COURT GLOBAL EMERGING MKTS OPPORTUNITIES FUND (DST)	Limited Partnership/Limited Liability Company	4,498,006	5,718,655
	Total Limited Partnership/Limited Liability Company		**4,498,006**	**5,718,655**
	ACADIAN INTERNATIONAL ALL-CAP FUND	Commingled Funds	1,817,696	3,774,835
	ARTISAN GLOBAL OPPORTUNITIES FUND	Commingled Funds	1,680,428	3,159,883
	Total Commingled Funds		**3,498,124**	**6,934,718**
	ARISTOTLE VALUE EQUITY CIT CL A	Common/Collective Trust	4,765,613	7,743,715
	Total Common/Collective Trust		**4,765,613**	**7,743,715**
	Total Investments		**$ 75,589,273**	**$ 85,568,591**

* Represents a party-in-interest as defined by ERISA.

THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

(E.I.N. 05-0259004 - 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								
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		$ 12,722,491	$ -	$ -	$ -	$ 12,722,491	$ 12,722,491	$ -
BANK OF AMERICA MONEY MARKET SAVINGS ACCOUNT		-	11,543,365	-	-	11,543,365	11,543,365	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		12,835,538	-	-	-	12,835,538	12,835,538	-
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY		-	12,835,538	-	-	12,835,538	12,835,538	-
		$ 25,558,029	**$ 24,378,903**	**$ -**	**$ -**	**$ 49,936,932**	**$ 49,936,932**	**$ -**

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	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	0	0	0	0	0	0	0	0
35-39	0	0	0	0	2	0	0	0	0	0	2
40-44	0	0	0	0	7	1	1	0	0	0	9
45-49	0	0	0	0	4	11	0	0	0	0	15
50-54	0	0	0	2	4	7	5	3	1	0	22
55-59	0	0	0	1	4	11	2	5	3	0	26
60-64	0	0	0	4	8	6	6	5	9	2	40
65-69	0	0	0	0	2	6	1	4	2	4	19
70 & over	0	0	0	0	1	0	0	0	0	3	4
Total	0	0	0	7	32	42	15	17	15	9	137

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

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
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

Interest 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	5.34%	5.31%

Annual rates of increase:

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on maximum benefits and compensation	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17).

Plan-related expenses	$1,500,000; expected to be paid from the trust

SCHEDULE SB ATTACHMENTS

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.

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).

Termination

Representative termination rates (not due to disability, retirement, or mortality) at which participants terminate by age are given below, These rates are from the T-7 turnover table.

Attained Age	Percentage
20	10.00%
25	9.75%
30	9.40%
35	8.84%
40	7.65%
45	6.71%
50	4.87%
55	2.59%
60	1.70%

Disability

None

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Rate (%)
55-59	15.0
60-61	20.0
62-64	25.0
65	55.0
66	40.0
67-69	50.0
70+	100.0

Form of payment

60% of participants elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

Marital assumptions:

- Percent married: 100% of male and female participants are assumed to be married.
- Spouse age: Husbands assumed to be 3 years older than wives.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which we have identified as the single life annuity for both single and married participants.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

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.
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	We believe that we have reflected all significant Plan provisions in this valuation.

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:

- Current year active participants missing hours information were assumed to have zero hours for the current year.
- 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 male (female) beneficiaries with no birth date information were assumed to be three years older (younger) than that of the original participant.
- Prior in-pay participants not in the current census data were assumed to remain in in-pay status with the same benefits as prior valuation.

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	**The Memorial Hospital Defined Pension Plan and Trust**
Plan Sponsor EIN	**05-0259004**
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
THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST

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)
05-0259004

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**	84,172,549
b Actuarial value	**2b**	82,591,493

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	948	78,196,036	78,196,036
b For terminated vested participants	429	18,888,541	18,888,541
c For active participants	137	8,580,666	8,878,906
d Total	1,514	105,665,243	105,963,483

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,500,000
c Target normal cost	**6c**	1,500,000

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 6.09%	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)		3,209
	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 5.06%		162
	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		3,371
	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	77.94 %
15	Adjusted funding target attainment percentage	15	77.94 %
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	78.22 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1,098,000	0			
07/01/2025	1,098,000	0			
10/14/2025	1,098,000	0			
01/15/2026	1,042,000	0			
09/14/2026	480,000	0			
			Totals ► 18(b)	4,816,000	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	4,632,545

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	59

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**	1,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	23,371,990	3,129,000
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**	4,629,000

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

36 Additional cash requirement (line 34 minus line 35)	**36**	4,629,000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	4,632,545
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3,545
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 creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	15.0	1000	150	8250
56	15.0	850	128	7140
57	15.0	723	108	6177
58	15.0	614	92	5343
59	15.0	522	78	4620
60	20.0	444	89	5324
61	20.0	355	71	4331
62	25.0	284	71	4402
63	25.0	213	53	3354
64	25.0	160	40	2556
65	55.0	120	66	4283
66	40.0	54	22	1423
67	50.0	32	16	1084
68	50.0	16	8	550
69	50.0	8	4	279
70	100.0	4	4	283
			1,000	59,398

Weighted Average Retirement Age: **59.4**

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).

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

Interest 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	5.34%	5.31%

Annual rates of increase:

• Compensation	N/A
• Future Social Security wage bases	N/A
• Statutory limits on maximum benefits and compensation	Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17).

Plan-related expenses	$1,500,000; expected to be paid from the trust

SCHEDULE SB ATTACHMENTS

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.

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).

Termination

Representative termination rates (not due to disability, retirement, or mortality) at which participants terminate by age are given below, These rates are from the T-7 turnover table.

Attained Age	Percentage
20	10.00%
25	9.75%
30	9.40%
35	8.84%
40	7.65%
45	6.71%
50	4.87%
55	2.59%
60	1.70%

Disability

None

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Rate (%)
55-59	15.0
60-61	20.0
62-64	25.0
65	55.0
66	40.0
67-69	50.0
70+	100.0

Form of payment

60% of participants elect a single life annuity and 40% of participants elect a 50% joint-and-survivor form of payment.

Marital assumptions:

- Percent married: 100% of male and female participants are assumed to be married.
- Spouse age: Husbands assumed to be 3 years older than wives.

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which we have identified as the single life annuity for both single and married participants.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

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.
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	We believe that we have reflected all significant Plan provisions in this valuation.

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:

- Current year active participants missing hours information were assumed to have zero hours for the current year.
- 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 male (female) beneficiaries with no birth date information were assumed to be three years older (younger) than that of the original participant.
- Prior in-pay participants not in the current census data were assumed to remain in in-pay status with the same benefits as prior valuation.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1966. The plan was amended and restated effective January 1, 2021.

Plan year	Calendar year
Covered employees	Attainment of age 21 Minimum months of service: 12 Minimum hours of service: 1,000
Participation date	January 1 or July 1 coinciding with or next following the date the requirements are met. The plan is frozen to new entrants effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.

Definitions

Vesting service	One year of vesting service for 1,000 hours completed in a calendar year
Year of service	A plan year in which the employee completes 1,000 hours of service
Normal retirement date (NRD)	The first day of the month coinciding with or preceding the attainment of age 65
Normal retirement benefit	37.5% of Average Monthly Compensation reduced by 1/30 for each Year of Service at NRD less than 30. Benefit accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Average monthly compensation	The monthly compensation of a participant averaged over the 5 consecutive plan years that produce the highest monthly average.

SCHEDULE SB ATTACHMENTS

Accrued benefit	Normal Retirement Benefit multiplied by ratio of actual service to projected service at 65. No reduction applies after termination older than age 60 with at least 30 years of service.

Eligibility for Benefits

Normal retirement	Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit. 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	Attainment of age 55 and completion of 5 years of service. A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.
Vested termination	Upon termination after 5 Years of Service. 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.
Total disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit. Benefit Accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Early retirement	The amount of benefit is equal to the Accrued Benefit reduced by 1/15 for each of the first five years and by 1/30 for each additional year by which early retirement precedes normal retirement. Effective January 1, 2001: If a Participant retires from active service at age 60 or older and has at least 30 Years of Service, his Normal Retirement Benefit shall be an amount equal to 37.5% of his Average Monthly Compensation.

SCHEDULE SB ATTACHMENTS

Vested termination	100% of the Accrued Benefit deferred to NRD
Total disability retirement	100% of the Accrued Benefit with no reduction for early retirement
Pre-retirement death	The annuity equivalent of 50% of the present value of the Accrued Benefit
Post-retirement death	Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

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 50% joint-and-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 or as a 50%, 75%, or 100% joint-and-survivor benefit. Actuarial equivalence is based on the UP-1984 mortality table with no setbacks and a 3.00% interest rate (interest rate subject to change depending on PBGC immediate annuity rate).

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

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	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	0	0	0	0	0	0	0	0
35-39	0	0	0	0	2	0	0	0	0	0	2
40-44	0	0	0	0	7	1	1	0	0	0	9
45-49	0	0	0	0	4	11	0	0	0	0	15
50-54	0	0	0	2	4	7	5	3	1	0	22
55-59	0	0	0	1	4	11	2	5	3	0	26
60-64	0	0	0	4	8	6	6	5	9	2	40
65-69	0	0	0	0	2	6	1	4	2	4	19
70 & over	0	0	0	0	1	0	0	0	0	3	4
Total	0	0	0	7	32	42	15	17	15	9	137

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

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
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	157,086	274,117	8,264,277	8,695,480
2026	376,245	596,221	8,011,818	8,984,284
2027	485,617	717,978	7,747,091	8,950,686
2028	564,661	807,597	7,476,852	8,849,110
2029	618,100	918,278	7,194,768	8,731,146
2030	654,007	1,055,384	6,902,438	8,611,829
2031	677,198	1,154,746	6,601,731	8,433,675
2032	691,753	1,247,182	6,292,402	8,231,337
2033	701,287	1,348,211	5,975,305	8,024,803
2034	705,160	1,420,902	5,650,035	7,776,097
2035	704,609	1,484,936	5,318,893	7,508,438
2036	700,811	1,539,552	4,985,136	7,225,499
2037	694,018	1,563,591	4,649,006	6,906,615
2038	684,552	1,574,561	4,312,444	6,571,557
2039	673,408	1,579,818	3,977,602	6,230,828
2040	660,343	1,584,365	3,646,720	5,891,428
2041	644,290	1,586,725	3,322,050	5,553,065
2042	626,696	1,578,385	3,005,823	5,210,904
2043	609,335	1,558,890	2,700,165	4,868,390
2044	589,809	1,531,459	2,407,083	4,528,351
2045	566,971	1,493,762	2,128,441	4,189,174
2046	542,929	1,452,448	1,865,890	3,861,267
2047	516,385	1,407,198	1,620,848	3,544,431
2048	487,849	1,353,591	1,394,478	3,235,918
2049	459,248	1,297,280	1,187,663	2,944,191
2050	429,697	1,238,360	1,000,931	2,668,988
2051	399,449	1,173,995	834,412	2,407,856
2052	369,097	1,105,877	687,834	2,162,808
2053	338,768	1,035,706	560,538	1,935,012
2054	309,119	964,647	451,522	1,725,288
2055	280,423	893,183	359,492	1,533,098

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
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
2056	252,929	821,861	282,936	1,357,726
2057	226,836	751,510	220,199	1,198,545
2058	202,301	682,938	169,568	1,054,807
2059	179,435	616,748	129,330	925,513
2060	158,305	553,479	97,838	809,622
2061	138,939	493,583	73,560	706,082
2062	121,328	437,433	55,110	613,871
2063	105,433	385,275	41,276	531,984
2064	91,188	337,252	31,021	459,461
2065	78,507	293,415	23,488	395,410
2066	67,284	253,722	17,987	338,993
2067	57,403	218,061	13,977	289,441
2068	48,741	186,263	11,044	246,048
2069	41,180	158,110	8,880	208,170
2070	34,606	133,356	7,259	175,221
2071	28,912	111,743	6,019	146,674
2072	24,003	92,998	5,047	122,048
2073	19,790	76,851	4,264	100,905
2074	16,193	63,038	3,619	82,850

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	1,491,330	15.00000	1,491,330	139,052
2. Shortfall	01/01/2024	(107,292)	14.00000	(99,956)	(9,761)
3. Shortfall	01/01/2023	4,677,535	13.00000	4,168,030	428,372
4. Shortfall	01/01/2022	(8,054,851)	12.00000	(6,842,492)	(744,360)
5. Shortfall	01/01/2021	1,779,287	11.00000	1,431,159	165,904
6. Shortfall	01/01/2020	(1,574,624)	10.00000	(1,187,175)	(147,836)
7. Shortfall	01/01/2019	35,666,294	9.00000	24,411,094	3,297,629
Total				23,371,990	3,129,000

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
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	157,086	274,117	8,264,277	8,695,480
2026	376,245	596,221	8,011,818	8,984,284
2027	485,617	717,978	7,747,091	8,950,686
2028	564,661	807,597	7,476,852	8,849,110
2029	618,100	918,278	7,194,768	8,731,146
2030	654,007	1,055,384	6,902,438	8,611,829
2031	677,198	1,154,746	6,601,731	8,433,675
2032	691,753	1,247,182	6,292,402	8,231,337
2033	701,287	1,348,211	5,975,305	8,024,803
2034	705,160	1,420,902	5,650,035	7,776,097
2035	704,609	1,484,936	5,318,893	7,508,438
2036	700,811	1,539,552	4,985,136	7,225,499
2037	694,018	1,563,591	4,649,006	6,906,615
2038	684,552	1,574,561	4,312,444	6,571,557
2039	673,408	1,579,818	3,977,602	6,230,828
2040	660,343	1,584,365	3,646,720	5,891,428
2041	644,290	1,586,725	3,322,050	5,553,065
2042	626,696	1,578,385	3,005,823	5,210,904
2043	609,335	1,558,890	2,700,165	4,868,390
2044	589,809	1,531,459	2,407,083	4,528,351
2045	566,971	1,493,762	2,128,441	4,189,174
2046	542,929	1,452,448	1,865,890	3,861,267
2047	516,385	1,407,198	1,620,848	3,544,431
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2053	338,768	1,035,706	560,538	1,935,012
2054	309,119	964,647	451,522	1,725,288
2055	280,423	893,183	359,492	1,533,098

Plan Name: The Memorial Hospital Defined Benefit Pension Plan and Trust
EIN / PN: 05-0259004/001
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SCHEDULE SB ATTACHMENTS

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2061	138,939	493,583	73,560	706,082
2062	121,328	437,433	55,110	613,871
2063	105,433	385,275	41,276	531,984
2064	91,188	337,252	31,021	459,461
2065	78,507	293,415	23,488	395,410
2066	67,284	253,722	17,987	338,993
2067	57,403	218,061	13,977	289,441
2068	48,741	186,263	11,044	246,048
2069	41,180	158,110	8,880	208,170
2070	34,606	133,356	7,259	175,221
2071	28,912	111,743	6,019	146,674
2072	24,003	92,998	5,047	122,048
2073	19,790	76,851	4,264	100,905
2074	16,193	63,038	3,619	82,850

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 creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate (%)	Remaining Employees	Number of Retirees	Weight
55	15.0	1000	150	8250
56	15.0	850	128	7140
57	15.0	723	108	6177
58	15.0	614	92	5343
59	15.0	522	78	4620
60	20.0	444	89	5324
61	20.0	355	71	4331
62	25.0	284	71	4402
63	25.0	213	53	3354
64	25.0	160	40	2556
65	55.0	120	66	4283
66	40.0	54	22	1423
67	50.0	32	16	1084
68	50.0	16	8	550
69	50.0	8	4	279
70	100.0	4	4	283
			1,000	59,398

Weighted Average Retirement Age: **59.4**

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).

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective April 1, 1966. The plan was amended and restated effective January 1, 2021.

Plan year	Calendar year
Covered employees	Attainment of age 21 Minimum months of service: 12 Minimum hours of service: 1,000
Participation date	January 1 or July 1 coinciding with or next following the date the requirements are met. The plan is frozen to new entrants effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.

Definitions

Vesting service	One year of vesting service for 1,000 hours completed in a calendar year
Year of service	A plan year in which the employee completes 1,000 hours of service
Normal retirement date (NRD)	The first day of the month coinciding with or preceding the attainment of age 65
Normal retirement benefit	37.5% of Average Monthly Compensation reduced by 1/30 for each Year of Service at NRD less than 30. Benefit accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Average monthly compensation	The monthly compensation of a participant averaged over the 5 consecutive plan years that produce the highest monthly average.

SCHEDULE SB ATTACHMENTS

Accrued benefit	Normal Retirement Benefit multiplied by ratio of actual service to projected service at 65. No reduction applies after termination older than age 60 with at least 30 years of service.

Eligibility for Benefits

Normal retirement	Any participant who has attained his or her NRD is eligible for a Normal Retirement Benefit. 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	Attainment of age 55 and completion of 5 years of service. A participant may commence benefits any time between Early Retirement Date and NRD, at the participant's election.
Vested termination	Upon termination after 5 Years of Service. 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.
Total disability retirement	Upon disablement
Pre-retirement death benefit	Death prior to retirement

Benefits Paid Upon the Following Events

Normal retirement	Accrued Benefit. Benefit Accruals are frozen effective May 31, 2012 for Non-Union Participants and effective June 1, 2013 for all Union Participants.
Early retirement	The amount of benefit is equal to the Accrued Benefit reduced by 1/15 for each of the first five years and by 1/30 for each additional year by which early retirement precedes normal retirement. Effective January 1, 2001: If a Participant retires from active service at age 60 or older and has at least 30 Years of Service, his Normal Retirement Benefit shall be an amount equal to 37.5% of his Average Monthly Compensation.

SCHEDULE SB ATTACHMENTS

Vested termination	100% of the Accrued Benefit deferred to NRD
Total disability retirement	100% of the Accrued Benefit with no reduction for early retirement
Pre-retirement death	The annuity equivalent of 50% of the present value of the Accrued Benefit
Post-retirement death	Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

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 50% joint-and-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 or as a 50%, 75%, or 100% joint-and-survivor benefit. Actuarial equivalence is based on the UP-1984 mortality table with no setbacks and a 3.00% interest rate (interest rate subject to change depending on PBGC immediate annuity rate).

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

None.

Plan Name	**The Memorial Hospital Defined Pension Plan and Trust**
Plan Sponsor EIN	**05-0259004**
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
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
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