Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1965

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)
EXETER HEALTH RESOURCES, INC.

5 ALUMNI DR
EXETER, NH 03833-2515

2b Employer Identification Number (EIN)
02-0222126

2c Plan Sponsor's telephone number
603-778-7311

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	ANDERSON, MATTHEW
	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

EXETER HEALTH RESOURCES, INC. BENEFITS COMMITTEE

5 ALUMNI DRIVE
EXETER, NH 03833-2515

3b Administrator's EIN: 26-3723044

3c Administrator's telephone number: 603-778-7311

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1891
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)**	1207
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1168
b	Retired or separated participants receiving benefits	**6b**	186
c	Other retired or separated participants entitled to future benefits	**6c**	515
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1869
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**.	**6f**	1874
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**	41
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:

1C 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

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**	118626895
b Actuarial value	**2b**	106764206

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	171	14844471	14844471
b For terminated vested participants	513	28025274	28025274
c For active participants	1207	58181624	58426789
d Total	1891	101051369	101296534

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

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

5 Effective interest rate	**5**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3494797
b Expected plan-related expenses	**6b**	558000
c Target normal cost	**6c**	4052797

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

MICHAEL JEROME
Type or print name of actuary

26-08714
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
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)	16093687	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2853443	0
9	Amount remaining (line 7 minus line 8)	13240244	0
10	Interest on line 9 using prior year's actual return of 17.47 %	2313071	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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)	15553315	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.04 %
15	Adjusted funding target attainment percentage	15	105.39 %
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	118.38 %
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
01/01/2025	0	2028905			
			Totals ► 18(b)	0	18(c) 2028905

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	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**	66

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**	4052797
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4052797

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	4052797	0	4052797

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

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

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

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

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

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

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

A Name of plan
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

SEGAL

13-1835864

(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 50	NONE	248649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW ENGLAND PENSION CONSULTANTS

1 MAIN ST.
CAMBRIDGE, MA 02142

(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	179311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON, 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 51	NONE	57413	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)

STATE STREET CORPORATION

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	37500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA CORPORATION

56-0906609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	32097	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, P.C.

13-5381590

(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	18375	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)

INCOME AND RESEARCH MANAGEMENT

04-4955404

(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	10774	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GQG PARTNERS GLOBAL EQUITY FUND

81-2947111

(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	10138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: HENRY P. NEARING
b EIN: 13-1835864
c Position: ENROLLED ACTUARY
d Address: 30 WATERSIDE DRIVE
SUITE 300
FARMINGTON, CT 06032
e Telephone: 860-678-3036

Explanation: COMPANY ACQUIRED AND ACTURIAL FIRM OF ACQUIRING COMPANY TOOK OVER THE WORK.

a Name: BAKER NEWMAN & NOYES LLC
b EIN: 01-0494526
c Position: ACCOUNTANT
d Address: 146 OLIVER STREET
BOSTON, MA 02110
e Telephone: 617-422-0700

Explanation: COMPANY ACQUIRED AND ACCOUNTING FIRM OF ACQUIRING COMPANY TOOK OVER THE WORK.

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
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

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: MSCI ACWI EQUITY INDEX NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-1743707-001	C	48417752

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

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
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

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	-3753637	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3948594	25860
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14451218	7978650
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	0	14961150
(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)	0	48417752
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67670555	52940491
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	33063901	0

		(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	115380631	124323903
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	115380631	124323903

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	2028905	
(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)		2028905
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	456140	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		456140
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1775798	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1775798
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18056929	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18064910	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-7981
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10933681	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10933681

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2207
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4222473
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		19411223
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9698258	
(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)		9698258
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18375	
(5) Investment advisory and investment management fees	2i(5)	225266	
(6) Bank or trust company trustee/custodial fees	2i(6)	60434	
(7) Actuarial fees	2i(7)	265172	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	200446	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		769693
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10467951
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8943272
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: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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 587563.

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
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

Part I Distributions

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

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

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

EIN(s): 56-0906609

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 | 117

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: 68.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 15.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 7.0 % Other: 10.0 %

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_____.

Exeter Health Resources, Inc.
Account Balance Pension Plan

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by
BDO USA, P.C., a Virginia professional corporation, and the U.S. member of
BDO International Limited, a UK company limited by guarantee.

Exeter Health Resources, Inc. Account Balance Pension Plan

Financial Statements and ERISA-Required Supplemental Schedules

Years ended December 31, 2025 and 2024

Exeter Health Resources, Inc. Account Balance Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Exeter Health Resources, Inc. Account Balance Pension Plan
Exeter, New Hampshire

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit needs 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from qualified institutions as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 3 to the 2025 financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section of our report

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP); and
- the certified investment information in the accompanying 2025 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by qualified institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2025 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 2025 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Our audit 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 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-required supplemental Schedule H (Form 5500), Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 and Schedule H (Form 5500), Part IV, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or

is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

Other Matter - 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 1, 2025 indicated that (a) the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with GAAP, and (b) the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 15, 2026

Financial Statements

Exeter Health Resources, Inc. Account Balance Pension Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value		
Money market funds	**$ -**	$ 14,451,218
Cash and cash equivalents	**7,978,650**	-
Mutual funds	**33,719,034**	28,226,692
Collective investment trust	**48,417,752**	39,443,863
Limited partnerships, limited liability companies and offshore funds	**34,182,607**	33,063,901
Investments, at fair value	**124,298,043**	115,185,674
Receivables		
Accrued investment income	**25,860**	124,946
Due from broker	**-**	70,011
Total Receivables	**25,860**	194,957
Total Assets	**124,323,903**	115,380,631
Liabilities		
Accrued administrative expenses	**-**	182,260
Net Assets Available for Benefits	**$ 124,323,903**	$ 115,198,371

See accompanying notes to financial statements.

Exeter Health Resources, Inc. Account Balance Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years ended December 31,	**2025**	2024
Additions		
Investment income:		
Net appreciation in fair value of investments	**$ 15,332,640**	$ 13,156,217
Interest and dividend income	**2,231,938**	2,235,462
Total Investment Income	**17,564,578**	15,391,679
Employee Contributions	**2,028,905**	2,262,493
Total Additions	**19,593,483**	17,654,172
Deductions		
Benefits paid to participants	**9,698,258**	8,780,880
Administrative expenses	**769,693**	807,677
Total Deductions	**10,467,951**	9,588,557
Net Increase	**9,125,532**	8,065,615
Net Assets Available for Benefits, beginning of year	**115,198,371**	107,132,756
Net Assets Available for Benefits, end of year	**$ 124,323,903**	$ 115,198,371

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Exeter Health Resources, Inc. Account Balance Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was adopted effective October 1, 1965 by Exeter Health Resources, Inc. Exeter Health Resources, Inc. (the Company or Employer) is the sponsor of the Plan. The Plan is a contributory, account balance defined benefit pension plan under Internal Revenue Code (IRC) Section 401(a), which covers all eligible employees of the Company and its subsidiary, Exeter Hospital, Inc., which is a participating employer under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Company and Beth Israel Lahey Health (BILH) signed a definitive agreement that established the terms under which the Company joined the BILH system. Together, the organizations seek to enhance and expand local access to high-quality care in New Hampshire. This transaction was finalized and became effective July 1, 2023. Under the agreement, the responsibility for oversight of the Plan was delegated to BILH, who has delegated to the BILH Retirement Plans Committee the responsibility to oversee the Plan, including the operation and administration of the Plan.

Eligibility

An employee of the Company and participating employer shall become a member of the Plan as of the first January or July 1 coinciding with or next following the date on which he or she has completed one year of eligibility service and reached 21st birthday.

Participant Accounts

Under the cash balance feature of the Plan, all participants have their own separate accounts. Participants may voluntarily contribute either 1%, 2% or 3% of their annual compensation. The employer matches all employee voluntary contributions. In addition, the employer contribution also consists of an additional amount equal to 3% of each Plan participant's annual compensation.

For each Plan year a participant's account balance shall be credited with interest at an effective annual yield on one-year United States Treasury constant maturities on the last business day of October, preceding the first day of the Plan year, as published in the Federal Reserve statistical release, plus 50 basis points. Credited interest rates were 4.77% and 5.94% for 2025 and 2024, respectively.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. The Plan elected to use the funding balance to meet the annual ERISA minimum funding requirement, therefore the Company has not made any employer contributions for the years ending December 31, 2025 and 2024.

Benefit Payments

The Plan generally provides for normal retirement benefits at age 65, early retirement benefits at age 55 and three years of service, disability benefits, and survivor benefits. A vested participant who terminates for any reason other than retirement, disability, or death, after completing three years of service, is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit.

Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than $1,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than $5,000 but greater than $1,000, the lump-sum payment will be made as a direct rollover to an eligible retirement plan specified by the participant or to an individual retirement plan account.

Vesting

Participants become 100% vested in the employer contributions at the earlier of completion of three years of vesting service, or attainment of normal retirement age of 65.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 5) are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries, and (c) beneficiaries of employees who have died. Benefits are determined based upon 3% of yearly compensation since January 1, 1987. For all participants of the Plan as of January 1, 1987, benefits include an amount equivalent to the actuarial equivalent of accrued benefits under the Plan prior to its restatement. In addition, the participants receive their voluntary contributions plus any employer related match, and interest earned thereon. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. All other administrative expenses of the Plan are paid by the Company and excluded from these financial statements. Investment related expenses are included in net appreciation in the fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 15, 2026, the date the financial statements were available to be issued.

3. Certified Investment Information

The plan administrator has elected the method of compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, investment transactions, and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A. (Bank of America) and State Street Bank & Trust (State Street), qualified institutions.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedules, including assessing whether the supplemental schedules are in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Collective investment trust and Limited partnerships, limited liability companies and offshore funds investments in the amount of $82,600,359 and $72,507,764 as of December 31, 2025 and 2024, respectively and related net appreciation in fair value of investments of $8,322,711 and $4,243,090, for the years ended December 31, 2025 and 2024, respectively, are not certified.

4. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Cash and Cash Equivalents - Cash and cash equivalents are valued at the net asset value (NAV) reported by the financial institution.

Money Market Funds - Money market funds are valued at the daily closing price as reported by the fund.

Mutual Funds - Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Investment Trust (CIT) – CIT is valued at the NAV of units held. The NAV, as provided by the trustee of the CIT, 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 CIT less its liabilities. This practical expedient is not used when it is determined to be probable that the CIT will sell for an amount different than the reported NAV. This is a direct filing entity.

Limited Partnership, Limited Liability Companies and Offshore Funds - Limited partnership, limited liability companies and offshore funds are valued at fair value as determined by the general partner of the limited partnerships and approved by the trustee. The NAV of the units held by the Plan at year-end is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the limited partnership units will sell for an amount different than the reported NAV. The NAV is based on the fair value of the underlying assets of the limited partnership less its liabilities.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured at fair value on a recurring basis:

December 31, 2025

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 7,978,650	$ -	$ -	$ 7,978,650
Mutual funds	33,719,034	-	-	33,719,034
	41,697,684	-	-	41,697,684
Collective investment trust measured at NAV	-	-	-	48,417,752
Limited partnership, limited liability companies and offshore funds measured at NAV	-	-	-	34,182,607
Total Investments, at fair value	$41,697,684	$ -	$ -	$124,298,043

December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market funds	$14,451,218	$ -	$ -	$14,451,218
Mutual funds	28,226,692	-	-	28,226,692
	42,677,910	-	-	42,677,910
Collective investment trust measured at NAV	-	-	-	39,443,863
Limited partnership, limited liability companies and offshore funds measured at NAV	-	-	-	33,063,901
Total Investments, at fair value	$42,677,910	$ -	$ -	$115,185,674

The collective investment trust, which was classified as Level 1 mutual fund in the prior year, was revised in the current year to conform with the current period presentation.

Investments Measured Using the NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024.

Investment Type	Fair Value as of December 31, 2025	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Forester Offshore Ltd. Class A2 07/24	$ 31,267	None	Quarterly	95 days
Forester Offshore Ltd. Class A2 10/24	447,317	None	Quarterly	95 days
Forester Offshore Ltd. Class A2 1/25	65,228	None	Quarterly	95 days
GQG Partners Global Equity	14,417,337	None	Monthly	15 days
IR+M Core Bond Fund	10,323,049	None	Monthly	5 days
Sands Capital Global Growth Fund	8,898,409	None	Daily	5 business days
MSCI ACWI Equity Index Non-Lendable Fund	48,417,752	None	Daily	5 business days

Investment Type	Fair Value as of December 31, 2024	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Forester Offshore Ltd. Class A2 07/24	$ 60,508	None	Quarterly	95 days
Forester Offshore Ltd. Class A2 10/24	846,479	None	Quarterly	95 days
Forester Offshore Ltd. Class A2 1/11	183,130	None	Quarterly	95 days
ARGA Emerging Markets Equity Fund	53,039	None	Monthly	30 days
GQG Partners Global Equity	14,236,989	None	Monthly	15 days
IR+M Core Bond Fund	9,612,696	None	Monthly	5 days
Sands Capital Global Growth Fund	8,071,060	None	Daily	5 business days
MSCI ACWI Equity Index Non-Lendable Fund	39,443,863	None	Daily	5 business days

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

Forester Offshore Ltd. - The fund's investment objective is to provide investors with maximum appreciation of capital while incurring reasonable risk by investing primarily in a diversified group of investment funds. Over the medium to long term, the Fund aims to achieve risk-adjusted returns that are superior to the broad market averages.

ARGA Emerging Markets Equity Fund - The partnership's investment objective is to generate long-term returns by investing primarily in equity and equity-linked securities of issuers that are either located in emerging markets or located in developed markets, but a significant portion of their revenues, earnings, assets or costs are from or in emerging markets, and that are trading at a discount to their perceived intrinsic value.

GQG Partners Global Equity Fund - The fund's investment objective is to maximize long-term capital appreciation by investing in equity securities or equity-linked instruments of companies located anywhere in the world, including, but not limited to, emerging markets countries and the United States.

IR+M Core Bond Fund - The Fund's investment objective is to outperform the Barclays Capital U.S. Aggregate Bond Index. The Fund seeks to achieve its objective through investing in fixed income securities including, but not limited to, U.S. dollar denominated bonds (high yield permitted) and other financial instruments which provide exposure to various fixed income characteristics.

Sands Capital Global Growth Fund - The fund's investment objective is to seek to provide long-term capital appreciation by investing primarily in large and mid-capitalization growth businesses.

5. Actuarial Present Value of Accumulated Plan Benefits

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

The accumulated plan benefit information as of the beginning of the plan year, as determined by the Plan's consulting actuary, is as follows:

January 1,	*2025*
Actuarial Present Value of Accumulated Plan Benefits	
Vested benefits:	
Active employees	$ 53,601,086
Participants with deferred benefits	25,714,703
Participants receiving benefits	14,057,069
Total Vested Benefit	93,372,858
Non-Vested Benefits	224,041
Total Actuarial Present Value of Accumulated Plan Benefits	$ 93,596,899

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits, as of January 1, 2024	$ 81,551,870
Increase (decrease) during the year attributable to:	
Benefits accumulated	4,981,861
Actuarial (gains)/losses	460,047
Decrease in the discount period	5,342,516
Actual benefits paid	(8,780,880)
Assumption changes	10,041,485
Net Increase	12,045,029
Actuarial Present Value of Accumulated Plan Benefits, as of January 1, 2025	$ 93,596,899

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

Mortality table	Pri-2012 mortality tables with a base year of 2012 without collar or amount adjustments, projected generationally using scale MP-2021
Interest rate	6.20%
Retirement age	Varying rates of retirement beginning at age 55 through age 72

The change in the actuarial assumptions is due to several factors, including:

a) The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date.

b) The account balance interest rates were changed from 5.94% for 2024 and 3.00% thereafter to 4.77% for 2025 and 4.40% thereafter to reflect actual rates for 2025 and future expectation.

c) The assumed plan-related expenses added to the target normal cost were changed from $400,000 for the 2024 plan year to $558,000 for the 2025 plan year. The underlying method has not changed.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025.

6. Related Party and Party-in-Interest Transactions

Certain Plan investments are in funds and accounts that are managed by Bank of America and State Street, trustees of the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to the service providers. These transactions are party-in-interest transactions, which are exempt from prohibited transaction rules under ERISA.

Administrative expenses charged to the Plan for the years ending December 31, 2025 and 2024 were $769,693 and $807,677, respectively. Administrative expenses include amounts paid for Pension Benefit Guaranty Corporation (PBGC) fees, trustee fees, investment management fees, actuarial fees and audit fees. The transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rule under ERISA.

7. Risks and Uncertainties

The Plan holds various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

As of December 31, 2025 and 2024, there were three investments held that individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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

8. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to the provisions set forth in ERISA.

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

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

b) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

c) Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.

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

e) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated May 5, 2020 that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. Although the Plan has been amended since the date of the determination letter, Plan management believes that the Plan and the related trust is currently designed and operated in compliance with the applicable requirements of the IRC and continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported in the financial statements to Form 5500:

December 31,	**2025**	2024
Net assets available for benefits per the financial statements	**$ 124,323,903**	$ 115,198,371
Accrued administrative expenses	**-**	182,260
Net Assets Available for Benefits per Form 5500	**$ 124,323,903**	$ 115,380,631

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to Form 5500:

December 31,	**2025**	2024
Increase in net assets available for benefits per the financial statements	**$ 9,125,532**	$ 8,065,615
Change in accrued administrative expenses	**(182,260)**	128,996
Net Increase per Form 5500	**$ 8,943,272**	$ 8,194,611

ERISA-Required Supplemental Schedules

Exeter Health Resources, Inc. Account Balance Pension Plan

Schedule H (Form 5500), Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 02-0222126 **Plan Number: 001**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and Cash Equivalents			
*	State Street	Short Term Investment Fund	$ 7,978,650	$ 7,978,650
	Mutual Funds			
	Artisan Partners	Global Value Fund	10,868,903	12,882,048
	FPA Funds	Crescent Fund	8,415,709	9,025,778
	Eaton Vance	Parametric Volatility Risk Premium Defense Fund	3,011,872	3,384,161
	Vanguard	Short-Term Treasury Index Fund	8,817,890	8,427,047
	Total Mutual Funds		31,114,374	33,719,034
	Collective Investment Trust			
	BlackRock	MSCI ACWI Equity Index Non-Lendable Fund	40,526,744	48,417,752
	Limited Partnership, limited liability companies and offshore funds			
	Forester Offshore, Ltd	Class A2 07/24	30,368	31,267
	Forester Offshore, Ltd	Class A2 10/24	434,637	447,317
	Forester Offshore, Ltd	Class A2 1/25	63,310	65,228
	GQG Partners	Global Equity	14,950,471	14,417,337
	Income Research + Management	Core Bond Fund	9,877,891	10,323,049
	Sands Capital Management	Global Growth Fund	8,387,917	8,898,409
	Total Limited Partnership, limited liability companies and offshore funds		33,744,594	34,182,607
	Total		$113,364,362	$124,298,043

* Party-in-interest as defined by ERISA.

Exeter Health Resources, Inc. Account Balance Pension Plan

Schedule H (Form 5500), Part IV, Line 4j – Schedule of Reportable Transactions

EIN: 02-0222126 **Plan Number: 001**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets: **						
GQG Partners	Global Equity	$ 14,950,471	$ -	$ -	$ 14,950,471	$ -
Forester Offshore, Ltd	Class A2 07/24	62,811	31,860	32,444	94,671	(584)
Forester Offshore, Ltd	Class A2 1/25	124,156	59,638	60,846	183,794	(1,208)
Forester Offshore, Ltd	Class A2 1/11	64,380	65,827	64,380	130,207	1,447
Forester Offshore, Ltd	Class A2 10/24	880,508	437,697	445,870	1,318,205	(8,173)
Income Research + Management	Core Bond Fund	9,888,348	10,649	10,457	9,898,997	192
ARGA Investment Management	Emerging Markets Equity	53,039	53,039	53,039	106,078	-
BlackRock	MSCI ACWI Equity Index Non-Lendable Fund	40,554,074	29,537	27,330	40,583,611	2,207
Sands Capital Management	Global Growth Fund	8,387,917	-	-	8,387,917	-
Artisan Partners	Global Value Fund	10,868,903	-	-	10,868,903	-
Eaton Vance	Parametric Volatility Risk Premium Defense Fund	3,011,872	-	-	3,011,872	-
FPA Funds	Crescent Fund	8,415,709	-	-	8,415,709	-
Vanguard	Short Term Treasury	8,817,890	-	-	8,817,890	-
State Street*	Short Term Investment Fund	13,696,900	5,718,250	5,718,250	19,415,150	-
Total Category (iii)		$ 119,776,978	$ 6,406,497	$ 6,412,616	$ 126,183,475	$ (6,119)

* Party-in-interest as defined by ERISA.

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

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

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

	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	22	1	0	0	0	0	0	0	0	23
	-	59,002	-	-	-	-	-	-	-	-	59,608
	-	3,240	-	-	-	-	-	-	-	-	3,333
25-29	0	65	21	1	0	0	0	0	0	0	87
	-	57,261	61,097	-	-	-	-	-	-	-	58,256
	-	5,656	11,811	-	-	-	-	-	-	-	7,337
30-34	0	64	51	9	0	0	0	0	0	0	124
	-	62,197	65,040	-	-	-	-	-	-	-	64,440
	-	5,821	20,802	-	-	-	-	-	-	-	15,181
35-39	1	53	55	16	8	0	0	0	0	0	133
	-	64,288	75,042	-	-	-	-	-	-	-	68,477
	-	6,886	29,187	-	-	-	-	-	-	-	23,625
40-44	3	42	48	14	16	14	0	0	0	0	137
	-	74,896	79,748	-	-	-	-	-	-	-	78,424
	-	9,051	29,844	-	-	-	-	-	-	-	39,494
45-49	0	20	34	19	25	6	4	0	0	0	108
	-	80,791	92,494	-	106,101	-	-	-	-	-	94,675
	-	7,830	31,309	-	92,719	-	-	-	-	-	56,232
50-54	1	25	21	13	35	22	8	1	0	0	126
	-	79,044	81,062	-	91,338	97,557	-	-	-	-	86,186
	-	7,760	28,122	-	93,967	123,685	-	-	-	-	68,329
55-59	0	31	29	13	38	24	15	8	2	1	161
	-	78,287	68,806	-	101,886	90,532	-	-	-	-	93,677
	-	9,490	24,903	-	95,959	121,014	-	-	-	-	85,787

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

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
Valuation Date: JANUARY 1, 2025

SCHEDULE SB ATTACHMENTS

60-64	1	26	42	17	31	22	22	1	4	6	172
	-	49,033	79,280	-	91,882	79,468	83,625	-	-	-	76,445
	-	5,147	26,889	-	101,942	125,177	149,678	-	-	-	78,917
65-69	0	14	20	18	19	20	7	6	1	4	109
	-	-	71,533	-	-	96,060	-	-	-	-	77,220
	-	-	29,622	-	-	132,702	-	-	-	-	72,049
70 & over	0	8	2	1	4	5	3	0	1	3	27
	-	-	-	-	-	-	-	-	-	-	42,544
	-	-	-	-	-	-	-	-	-	-	27,844
Total	6	370	324	121	176	113	59	16	8	14	1,207
	-	65,119	74,961	73,153	91,788	92,989	89,169	-	-	-	77,185
	-	6,637	26,150	46,911	91,829	121,160	138,683	-	-	-	51,221

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
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: Segment Rates from 4 Month Preceding Valuation Date

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	5.36%	5.32%

Annual rates of increase

- Compensation: 4.50%
- Account Balance Interest Rate: 4.77% for 2025, 4.40% thereafter

Future Employee Contributions: 2.00% if current earnings are less than 50,000, otherwise 2.50%

Plan-related expenses: $558,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate 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

Rates varying by age and gender

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	5.25%	7.88%
25	4.50%	6.75%
30	3.75%	5.63%
35	3.00%	4.50%
40	2.25%	3.38%
45	1.50%	2.25%
50	0.75%	1.13%
55	0.00%	0.00%

During the selected period (the first five years of plan membership) the rate of turnover of members will increase as follows

Membership Years	Rates
1	35%
2	25%
3	20%
4	15%
5	10%

Termination rates do not apply after early retirement age.

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 65.87.

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

Percentage retiring during the year	
Age	Rates
55	2.5%
56	2.5%
57	2.5%
58	2.5%
59	2.5%
60	2.5%
61	2.5%
62	8.5%
63	8.5%
64	12.0%
65	20.0%
66	12.0%
67	10.0%
68	10.0%
69	10.0%
70	30.0%
71	30.0%
72	100.0%

Unpredictable Contingent Event Benefit (UCEB) assumptions

Not applicable.

Benefit commencement date:

- Preretirement death benefit — Immediate
- Deferred vested benefit — Age 55 with at least 3 years of service
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

100% of participants are assumed to elect payment in the form of a lump sum. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4).

Percent married

100%. Spouse is assumed to be opposite gender.

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband
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.
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.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	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. 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.

SCHEDULE SB ATTACHMENTS

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. 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, no adjustments to the data were necessary.

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	**Exeter Health Resources, Inc. Account Balance Pension Plan**
Plan Sponsor EIN	**02-0222126**
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
EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
02-0222126

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**	118,626,895
b Actuarial value	**2b**	106,764,206

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	171	14,844,471	14,844,471
b For terminated vested participants	513	28,025,274	28,025,274
c For active participants	1,207	58,181,624	58,426,789
d Total	1,891	101,051,369	101,296,534

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

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

5 Effective interest rate	**5**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	3,494,797
b Expected plan-related expenses	**6b**	558,000
c Target normal cost	**6c**	4,052,797

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 Michael Jerome MJJ
Signature of actuary

10/7/2026
Date

Michael Jerome
Type or print name of actuary

2608714
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
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)	16,093,687	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,853,443	0
9	Amount remaining (line 7 minus line 8)	13,240,244	0
10	Interest on line 9 using prior year's actual return of 17.47%	2,313,071	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		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)	15,553,315	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.04 %
15	Adjusted funding target attainment percentage	15	105.39 %
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	118.38 %
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
01/01/2025	0	2,028,905			
			Totals ► 18(b)	0	18(c) 2,028,905

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	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**	66

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	4,052,797
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	4,052,797

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	4,052,797	0	4,052,797

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: Segment Rates from 4 Month Preceding Valuation Date

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	5.36%	5.32%

Annual rates of increase

- Compensation: 4.50%
- Account Balance Interest Rate: 4.77% for 2025, 4.40% thereafter

Future Employee Contributions: 2.00% if current earnings are less than 50,000, otherwise 2.50%

Plan-related expenses: $558,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy

Separate 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

Rates varying by age and gender

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
20	5.25%	7.88%
25	4.50%	6.75%
30	3.75%	5.63%
35	3.00%	4.50%
40	2.25%	3.38%
45	1.50%	2.25%
50	0.75%	1.13%
55	0.00%	0.00%

During the selected period (the first five years of plan membership) the rate of turnover of members will increase as follows

Membership Years	Rates
1	35%
2	25%
3	20%
4	15%
5	10%

Termination rates do not apply after early retirement age.

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 65.87.

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

Percentage retiring during the year	
Age	Rates
55	2.5%
56	2.5%
57	2.5%
58	2.5%
59	2.5%
60	2.5%
61	2.5%
62	8.5%
63	8.5%
64	12.0%
65	20.0%
66	12.0%
67	10.0%
68	10.0%
69	10.0%
70	30.0%
71	30.0%
72	100.0%

Unpredictable Contingent Event Benefit (UCEB) assumptions

Not applicable.

Benefit commencement date:

- Preretirement death benefit — Immediate
- Deferred vested benefit — Age 55 with at least 3 years of service
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment

Form of payment

100% of participants are assumed to elect payment in the form of a lump sum. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4).

Percent married

100%. Spouse is assumed to be opposite gender.

SCHEDULE SB ATTACHMENTS

Spouse age	Wife three years younger than husband
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.
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.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	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. 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.

SCHEDULE SB ATTACHMENTS

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

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. 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, no adjustments to the data were necessary.

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 most recent amendment reflected in the following plan provisions was adopted and effective December 1, 2024.

Covered employees

Each employee in the service of a participating employer on January 1, 1987 who was a member of the Exeter Hospital Employees' Pension Plan (the prior plan) on December 31, 1986, shall continue to be a member of the Plan.

Each other employee in the service of a participating employer on January 1, 1987 and each future employee shall become a member of the Plan as of the first January or July 1 coinciding with or next following the date on which they have:

a. Completed one year of eligibility service; and

b. Reached their 21st birthday.

An employee will be deemed to have completed a year of eligibility service if they complete 1,000 hours of service in the 12-month period commencing with their date of employment or re-employment, if applicable; or commencing with the first day of any Plan Year subsequent to his date of employment or reemployment, if applicable, if the employee fails to complete a year of service in the initial computation period.

Participation date

Date of becoming a covered employee

Definitions

Participating employees

Employee means any person employed by a participating employer. As of March 1, 1996, persons employed on a per diem basis became participating employees.

Vesting service

One year for each 1,000-hour year of employment. Prior to March 7, 2016, it was possible to earn partial years of service for vesting.

SCHEDULE SB ATTACHMENTS

Compensation

The total compensation paid as wages to the member by a participating employer and reportable to the Federal Government on Form W-2, including any amounts deferred under a plan maintained by a participating employer pursuant to Internal Revenue Code section 401(k), 403(b), 125, or 132(f)(4).E Effective January 1, 2002, compensation includes amounts deferred under a non-qualified deferred compensation plan. Effective January 1, 2025, compensation excludes the gross annual holiday bonus. Effective January 1, 2015, compensation excludes income payable in a non-cash form, such as imputed income for group life insurance and taxable non-cash fringe benefits.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit

Account Balance:
The account balance of each member shall consist of the following credited amounts:

a. For members of the prior plan as of December 31, 1986, the actuarial value of accumulated benefits under the prior plan determined at December 31, 1986; plus

b. 3% from January 1, 1987 through October 17, 2020; 0% from October 18, 2020 through September 30, 2021; 2% from October 1, 2021 through December 31, 2022 and 3% beginning January 1, 2023 of the member's compensation each plan year (if the member completes 1,000 hours in the calendar year); plus

c. The member's voluntary contributions at the rate of 1%, 2%, or 3% of compensation, ignoring any amounts deferred into a non-qualified deferred compensation plan ("Executive Supplement Benefit Program") for each plan year; plus

d. An additional 100% (0% for the period beginning October 18, 2020 and ending September 30, 2021) match of the contributions show in item (c) for each plan year (if the

member completes 1,000 hours in the calendar year); plus

The member's account balance provided by employer contributions and employee contributions shall be credited with a guaranteed effective annual rate of interest equal to the one-year United States Treasury Bill constant maturities annual rate as of the most recent business day occurring prior to January 1 of each plan year plus 50 basis points for all plan years between 2002 and 2018. For the 2019 plan year, the rate credited shall be the greater of the one-year United States Treasury Bill constant maturities annual rate on the last business day of October 2018 or the last business day of December 2018, plus 50 basis points. For the 2020 plan year and beyond, the rate credited will be the United States Treasury Bill constant maturities rate on the last business day of October, preceding the first day of the subsequent Plan Years plus 50 basis points. A summary of recent crediting rates is below:

Year	Crediting Rate
2025	4.77%
2024	5.94%
2023	5.16%
2022	0.65%
2021	0.63%
2020	2.03%
2019	3.19%
2018	2.26%
2017	1.35%
2016	1.15%
2015	0.75%

Minimum benefit:
Any member of the prior plan who has completed the following requirements as of December 31, 1986:

a. Attained age 50 and had completed at least 10 years of continuous service; or
b. Completed at least 20 years of continuous service and shall be entitled to a minimum benefit under the prior plan as if it had continued unchanged after December 31, 1986.

A member's accrued benefit under this Plan shall be the greater of:

a. The life annuity commencing at their Normal Retirement Date or later determination date, that is the Actuarial Equivalent of their accumulated Account Balance at

Normal Retirement Date, where future interest credits are based on the then current rate; or

b. The minimum prior plan benefit, if applicable.

Beginning with the 2020 plan year, the actuarial equivalence calculation uses the 417(e) rates for the fourth month (September) prior to the first day of the plan year in which the distribution is made and the mortality table under section 417(e) of the Code.

In no event shall this accrued benefit be less in value than the accrued benefit determined as of December 31, 1997. Effective January 1, 2008 for active employees, this minimum was modified to include any employee contributions made subsequent to December 31, 1997.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing three years of vesting service.
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing three years of service (prior to January 1, 2016, 5 years).
Disability	Prior to January 1, 2007, completion of 5 years of service and is eligible for and receiving disability benefits under Title II of the Social Security Act. Effective January 1, 2007, a participant who first becomes disabled is no longer permitted to contribute to the plan.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and competition of 3 years of service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The member will receive the greater of: a. For members of the plan as of January 1, 1998, the Accrued Benefit at Normal Retirement Date reduced by 5/9 of 1% for each of the first 60 months by which the date of commencement precedes Normal Retirement Date and by 5/18 of 1% of each of the remaining months between these dates; or b. The amount immediately payable that is actuarially equivalent to the accumulated Account Balance. The benefit is payable on the first day of any month following early retirement date.
Postponed retirement	The member's benefit is based on the accrued benefit or cash balance determined as their actual retirement date.
Deferred vested termination	A deferred retirement benefit payable at normal retirement date equal to the member's Accrued Benefit. A member who has completed at least 3 years (prior to January 1, 2016, 5 years) of service at termination date may elect at age 55 to have their benefit commence at any time prior to normal retirement date reduced in the same manner as the early retirement benefit.
Disablement	Calculated in the same manner as the early retirement benefit.
Preretirement death	a. 50% of the amount payable to the member as if they had retired early on the first day of the month in which they died and had elected the Joint and Survivor Annuity with 50% continued; or b. The surviving spouse shall receive an annuity for life based on the member's Accrued Benefit at date of death, commencing on the member's earliest retirement age and equal to 50% of the benefit had he retired early and elected a 50% Joint and Survivor Annuity.

The surviving spouse may elect a single sum value equal to the Actuarial Equivalent present value of the member's Accrued Benefit at date of death.

In the event an active member dies prior to retirement and the surviving spouse coverage is not applicable, their beneficiary will be entitled to their accumulated Account Balance.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, 10 year certain and life and may be elected up to 180 days prior to retirement and will be actuarially equivalent (Unisex Pension 1984 Mortality Table and 7.50% interest rate) to the normal form of benefit.

Also, the Committee may authorize payment of member's vested Accrued Benefit attributable to employer contributions in a lump sum if less than $20,000 ($50,000 effective January 1, 2016). At retirement, the member may elect a single lump sum value equal to the actuarial equivalent present value of their accrued benefit. Spousal consent is required if more than $7,000 ($5,000 before December 1, 2024). Any lump sum payable shall be no less than the member's Account Balance.

Benefits Accrued and Payable Prior to January 1, 1998

All benefits being paid to retired members and beneficiaries and all benefits accrued for terminated vested members prior to January 1, 1998 shall be based on the plan provisions in effect December 31, 1997.

Credited Service and Social Security Benefits

Credited service and Social Security Benefits for grandfathered benefits shall be based on the plan provisions in effect December 31, 1997.

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining pension cost funding requirements WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The account balance interest rates changed from 5.94% for 2024 and 3.00% thereafter to 4.77% for 2025 and 4.40% thereafter to reflect actual rates for 2025 and future expectation.
- The assumed plan-related expenses added to the target normal cost were changed from $400,000 for the 2024 plan year to $558,000 for the 2025 plan year. The underlying method has not changed.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The valuation software used to produce the actuarial information in this report is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

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

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

	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	22	1	0	0	0	0	0	0	0	23
	-	59,002	-	-	-	-	-	-	-	-	59,608
	-	3,240	-	-	-	-	-	-	-	-	3,333
25-29	0	65	21	1	0	0	0	0	0	0	87
	-	57,261	61,097	-	-	-	-	-	-	-	58,256
	-	5,656	11,811	-	-	-	-	-	-	-	7,337
30-34	0	64	51	9	0	0	0	0	0	0	124
	-	62,197	65,040	-	-	-	-	-	-	-	64,440
	-	5,821	20,802	-	-	-	-	-	-	-	15,181
35-39	1	53	55	16	8	0	0	0	0	0	133
	-	64,288	75,042	-	-	-	-	-	-	-	68,477
	-	6,886	29,187	-	-	-	-	-	-	-	23,625
40-44	3	42	48	14	16	14	0	0	0	0	137
	-	74,896	79,748	-	-	-	-	-	-	-	78,424
	-	9,051	29,844	-	-	-	-	-	-	-	39,494
45-49	0	20	34	19	25	6	4	0	0	0	108
	-	80,791	92,494	-	106,101	-	-	-	-	-	94,675
	-	7,830	31,309	-	92,719	-	-	-	-	-	56,232
50-54	1	25	21	13	35	22	8	1	0	0	126
	-	79,044	81,062	-	91,338	97,557	-	-	-	-	86,186
	-	7,760	28,122	-	93,967	123,685	-	-	-	-	68,329
55-59	0	31	29	13	38	24	15	8	2	1	161
	-	78,287	68,806	-	101,886	90,532	-	-	-	-	93,677
	-	9,490	24,903	-	95,959	121,014	-	-	-	-	85,787

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

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
Valuation Date: JANUARY 1, 2025

SCHEDULE SB ATTACHMENTS

60-64	1	26	42	17	31	22	22	1	4	6	172
	-	49,033	79,280	-	91,882	79,468	83,625	-	-	-	76,445
	-	5,147	26,889	-	101,942	125,177	149,678	-	-	-	78,917
65-69	0	14	20	18	19	20	7	6	1	4	109
	-	-	71,533	-	-	96,060	-	-	-	-	77,220
	-	-	29,622	-	-	132,702	-	-	-	-	72,049
70 & over	0	8	2	1	4	5	3	0	1	3	27
	-	-	-	-	-	-	-	-	-	-	42,544
	-	-	-	-	-	-	-	-	-	-	27,844
Total	6	370	324	121	176	113	59	16	8	14	1,207
	-	65,119	74,961	73,153	91,788	92,989	89,169	-	-	-	77,185
	-	6,637	26,150	46,911	91,829	121,160	138,683	-	-	-	51,221

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
Valuation Date: JANUARY 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,826,092	6,874,119	1,381,094	13,081,305
2026	4,267,841	1,428,249	1,356,066	7,052,156
2027	4,572,085	1,609,426	1,329,841	7,511,352
2028	4,331,764	2,208,530	1,302,078	7,842,372
2029	4,777,725	2,077,113	1,272,067	8,126,905
2030	4,772,543	3,043,290	1,239,167	9,055,000
2031	5,007,261	1,704,880	1,204,580	7,916,721
2032	4,642,675	1,885,452	1,168,309	7,696,436
2033	4,183,127	1,061,622	1,129,766	6,374,515
2034	3,877,626	888,755	1,089,659	5,856,040
2035	3,981,675	2,158,144	1,047,363	7,187,182
2036	3,971,006	1,761,389	1,002,897	6,735,292
2037	3,746,767	1,310,464	956,317	6,013,548
2038	3,585,330	778,177	907,733	5,271,240
2039	3,762,829	1,158,866	857,319	5,779,014
2040	2,984,478	959,703	805,310	4,749,491
2041	2,976,804	983,779	752,005	4,712,588
2042	2,742,592	1,027,562	697,756	4,467,910
2043	2,644,922	739,830	642,961	4,027,713
2044	2,696,948	1,060,420	588,069	4,345,437
2045	2,762,945	1,352,727	533,554	4,649,226
2046	2,848,574	1,137,689	479,908	4,466,171
2047	2,122,506	1,512,517	427,641	4,062,664
2048	2,165,961	586,828	377,276	3,130,065
2049	2,149,128	946,617	329,339	3,425,084
2050	2,028,954	834,360	284,316	3,147,630
2051	2,021,613	561,523	242,620	2,825,756
2052	1,980,875	642,642	204,569	2,828,086
2053	1,773,132	218,138	170,363	2,161,633
2054	1,282,442	695,263	140,085	2,117,790
2055	1,166,628	1,048,659	113,705	2,328,992
2056	1,071,845	629,597	91,082	1,792,524
2057	1,002,987	166,041	71,995	1,241,023
2058	996,409	1,406,545	56,150	2,459,104
2059	909,375	286,820	43,211	1,239,406
2060	762,692	620,045	32,823	1,415,560
2061	565,608	116,661	24,616	706,885
2062	474,733	286,338	18,239	779,310
2063	470,554	544,772	13,361	1,028,687
2064	317,441	0	9,682	327,123
2065	309,768	304,291	6,946	621,005
2066	181,356	0	4,937	186,293
2067	123,050	0	3,478	126,528
2068	123,183	0	2,428	125,611
2069	49,064	0	1,680	50,744

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
Valuation Date: JANUARY 1, 2025

SCHEDULE SB ATTACHMENTS

2070	40,687	0	1,151	41,838
2071	25,827	0	780	26,607
2072	12,911	0	522	13,433
2073	4,937	0	345	5,282

SCHEDULE SB ATTACHMENTS

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

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

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,826,092	6,874,119	1,381,094	13,081,305
2026	4,267,841	1,428,249	1,356,066	7,052,156
2027	4,572,085	1,609,426	1,329,841	7,511,352
2028	4,331,764	2,208,530	1,302,078	7,842,372
2029	4,777,725	2,077,113	1,272,067	8,126,905
2030	4,772,543	3,043,290	1,239,167	9,055,000
2031	5,007,261	1,704,880	1,204,580	7,916,721
2032	4,642,675	1,885,452	1,168,309	7,696,436
2033	4,183,127	1,061,622	1,129,766	6,374,515
2034	3,877,626	888,755	1,089,659	5,856,040
2035	3,981,675	2,158,144	1,047,363	7,187,182
2036	3,971,006	1,761,389	1,002,897	6,735,292
2037	3,746,767	1,310,464	956,317	6,013,548
2038	3,585,330	778,177	907,733	5,271,240
2039	3,762,829	1,158,866	857,319	5,779,014
2040	2,984,478	959,703	805,310	4,749,491
2041	2,976,804	983,779	752,005	4,712,588
2042	2,742,592	1,027,562	697,756	4,467,910
2043	2,644,922	739,830	642,961	4,027,713
2044	2,696,948	1,060,420	588,069	4,345,437
2045	2,762,945	1,352,727	533,554	4,649,226
2046	2,848,574	1,137,689	479,908	4,466,171
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2064	317,441	0	9,682	327,123
2065	309,768	304,291	6,946	621,005
2066	181,356	0	4,937	186,293
2067	123,050	0	3,478	126,528
2068	123,183	0	2,428	125,611
2069	49,064	0	1,680	50,744

Plan Name: EXETER HEALTH RESOURCES, INC. ACCOUNT BALANCE PENSION PLAN
EIN / PN: 02-0222126
Plan Sponsor: EXETER HEALTH RESOURCES, INC.
Valuation Date: JANUARY 1, 2025

SCHEDULE SB ATTACHMENTS

2070	40,687	0	1,151	41,838
2071	25,827	0	780	26,607
2072	12,911	0	522	13,433
2073	4,937	0	345	5,282

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted and effective December 1, 2024.

Covered employees	Each employee in the service of a participating employer on January 1, 1987 who was a member of the Exeter Hospital Employees' Pension Plan (the prior plan) on December 31, 1986, shall continue to be a member of the Plan. Each other employee in the service of a participating employer on January 1, 1987 and each future employee shall become a member of the Plan as of the first January or July 1 coinciding with or next following the date on which they have: a. Completed one year of eligibility service; and b. Reached their 21st birthday. An employee will be deemed to have completed a year of eligibility service if they complete 1,000 hours of service in the 12-month period commencing with their date of employment or re-employment, if applicable; or commencing with the first day of any Plan Year subsequent to his date of employment or reemployment, if applicable, if the employee fails to complete a year of service in the initial computation period.
Participation date	Date of becoming a covered employee

Definitions

Participating employees	Employee means any person employed by a participating employer. As of March 1, 1996, persons employed on a per diem basis became participating employees.
Vesting service	One year for each 1,000-hour year of employment. Prior to March 7, 2016, it was possible to earn partial years of service for vesting.

SCHEDULE SB ATTACHMENTS

Compensation

The total compensation paid as wages to the member by a participating employer and reportable to the Federal Government on Form W-2, including any amounts deferred under a plan maintained by a participating employer pursuant to Internal Revenue Code section 401(k), 403(b), 125, or 132(f)(4).E Effective January 1, 2002, compensation includes amounts deferred under a non-qualified deferred compensation plan. Effective January 1, 2025, compensation excludes the gross annual holiday bonus. Effective January 1, 2015, compensation excludes income payable in a non-cash form, such as imputed income for group life insurance and taxable non-cash fringe benefits.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Monthly pension benefit

Account Balance:
The account balance of each member shall consist of the following credited amounts:

a. For members of the prior plan as of December 31, 1986, the actuarial value of accumulated benefits under the prior plan determined at December 31, 1986; plus

b. 3% from January 1, 1987 through October 17, 2020; 0% from October 18, 2020 through September 30, 2021; 2% from October 1, 2021 through December 31, 2022 and 3% beginning January 1, 2023 of the member's compensation each plan year (if the member completes 1,000 hours in the calendar year); plus

c. The member's voluntary contributions at the rate of 1%, 2%, or 3% of compensation, ignoring any amounts deferred into a non-qualified deferred compensation plan ("Executive Supplement Benefit Program") for each plan year; plus

d. An additional 100% (0% for the period beginning October 18, 2020 and ending September 30, 2021) match of the contributions show in item (c) for each plan year (if the

member completes 1,000 hours in the calendar year); plus

The member's account balance provided by employer contributions and employee contributions shall be credited with a guaranteed effective annual rate of interest equal to the one-year United States Treasury Bill constant maturities annual rate as of the most recent business day occurring prior to January 1 of each plan year plus 50 basis points for all plan years between 2002 and 2018. For the 2019 plan year, the rate credited shall be the greater of the one-year United States Treasury Bill constant maturities annual rate on the last business day of October 2018 or the last business day of December 2018, plus 50 basis points. For the 2020 plan year and beyond, the rate credited will be the United States Treasury Bill constant maturities rate on the last business day of October, preceding the first day of the subsequent Plan Years plus 50 basis points. A summary of recent crediting rates is below:

Year	Crediting Rate
2025	4.77%
2024	5.94%
2023	5.16%
2022	0.65%
2021	0.63%
2020	2.03%
2019	3.19%
2018	2.26%
2017	1.35%
2016	1.15%
2015	0.75%

Minimum benefit:
Any member of the prior plan who has completed the following requirements as of December 31, 1986:

a. Attained age 50 and had completed at least 10 years of continuous service; or
b. Completed at least 20 years of continuous service and shall be entitled to a minimum benefit under the prior plan as if it had continued unchanged after December 31, 1986.

A member's accrued benefit under this Plan shall be the greater of:

a. The life annuity commencing at their Normal Retirement Date or later determination date, that is the Actuarial Equivalent of their accumulated Account Balance at

Normal Retirement Date, where future interest credits are based on the then current rate; or

b. The minimum prior plan benefit, if applicable.

Beginning with the 2020 plan year, the actuarial equivalence calculation uses the 417(e) rates for the fourth month (September) prior to the first day of the plan year in which the distribution is made and the mortality table under section 417(e) of the Code.

In no event shall this accrued benefit be less in value than the accrued benefit determined as of December 31, 1997. Effective January 1, 2008 for active employees, this minimum was modified to include any employee contributions made subsequent to December 31, 1997.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing three years of vesting service.
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death or retirement after completing three years of service (prior to January 1, 2016, 5 years).
Disability	Prior to January 1, 2007, completion of 5 years of service and is eligible for and receiving disability benefits under Title II of the Social Security Act. Effective January 1, 2007, a participant who first becomes disabled is no longer permitted to contribute to the plan.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse and competition of 3 years of service.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	The member will receive the greater of: a. For members of the plan as of January 1, 1998, the Accrued Benefit at Normal Retirement Date reduced by 5/9 of 1% for each of the first 60 months by which the date of commencement precedes Normal Retirement Date and by 5/18 of 1% of each of the remaining months between these dates; or b. The amount immediately payable that is actuarially equivalent to the accumulated Account Balance. The benefit is payable on the first day of any month following early retirement date.
Postponed retirement	The member's benefit is based on the accrued benefit or cash balance determined as their actual retirement date.
Deferred vested termination	A deferred retirement benefit payable at normal retirement date equal to the member's Accrued Benefit. A member who has completed at least 3 years (prior to January 1, 2016, 5 years) of service at termination date may elect at age 55 to have their benefit commence at any time prior to normal retirement date reduced in the same manner as the early retirement benefit.
Disablement	Calculated in the same manner as the early retirement benefit.
Preretirement death	a. 50% of the amount payable to the member as if they had retired early on the first day of the month in which they died and had elected the Joint and Survivor Annuity with 50% continued; or b. The surviving spouse shall receive an annuity for life based on the member's Accrued Benefit at date of death, commencing on the member's earliest retirement age and equal to 50% of the benefit had he retired early and elected a 50% Joint and Survivor Annuity.

SCHEDULE SB ATTACHMENTS

The surviving spouse may elect a single sum value equal to the Actuarial Equivalent present value of the member's Accrued Benefit at date of death.

In the event an active member dies prior to retirement and the surviving spouse coverage is not applicable, their beneficiary will be entitled to their accumulated Account Balance.

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% or 100% joint and survivor annuity, 10 year certain and life and may be elected up to 180 days prior to retirement and will be actuarially equivalent (Unisex Pension 1984 Mortality Table and 7.50% interest rate) to the normal form of benefit.

Also, the Committee may authorize payment of member's vested Accrued Benefit attributable to employer contributions in a lump sum if less than $20,000 ($50,000 effective January 1, 2016). At retirement, the member may elect a single lump sum value equal to the actuarial equivalent present value of their accrued benefit. Spousal consent is required if more than $7,000 ($5,000 before December 1, 2024). Any lump sum payable shall be no less than the member's Account Balance.

Benefits Accrued and Payable Prior to January 1, 1998

All benefits being paid to retired members and beneficiaries and all benefits accrued for terminated vested members prior to January 1, 1998 shall be based on the plan provisions in effect December 31, 1997.

Credited Service and Social Security Benefits

Credited service and Social Security Benefits for grandfathered benefits shall be based on the plan provisions in effect December 31, 1997.

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

No future plan changes were recognized in determining pension cost funding requirements WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name	**Exeter Health Resources, Inc. Account Balance Pension Plan**
Plan Sponsor EIN	**02-0222126**
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 25
Change in Method

The valuation software used to produce the actuarial information in this report is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 3% of those values as determined by the prior enrolled actuary. The actuarial value of plan assets, as determined by the new enrolled actuary as of the valuation date for the prior plan year (using actuarial assumptions of the prior enrolled actuary), is within 2% of the value for that prior plan year as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Rev. Proc. 2017-56.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The account balance interest rates changed from 5.94% for 2024 and 3.00% thereafter to 4.77% for 2025 and 4.40% thereafter to reflect actual rates for 2025 and future expectation.
- The assumed plan-related expenses added to the target normal cost were changed from $400,000 for the 2024 plan year to $558,000 for the 2025 plan year. The underlying method has not changed.